

THE VICTORIOUS CHRISTIAN LIFE:  
THE PHENOMENON OF CHRISTIAN SPIRITUALITY IN OVERCOMING  
ALCOHOL DEPENDENCE

by

Michael John Byrne

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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Submitted to the  
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Doctor of Philosophy

by

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January, 2013

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Abstract

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Interviews were conducted with graduates of a northeastern evangelical Christian-based treatment program to discover insights regarding the role that the phenomenon of *Christian spirituality* played in their recovery. Eight themes were extracted from three periods of time in the participants' lives as they related to the phenomenon of *Christian spirituality*: prior to treatment; during treatment; and after treatment. These themes revealed that the participants lacked resiliencies to overcome alcohol dependence themselves. All participants reported that critical aspects of *Christian spirituality*, such as regeneration and cultivation of a divine-human relationship through lifestyle exercise of Spiritual Disciplines and diligent application of the fruit of the Holy Spirit and Christian virtues worked to transform them during and after treatment.

## Dedication

This paper is dedicated with my precious wife, Susan, to our Lord Jesus Christ, our Lord and Savior, and our Source of Abundant Life. No one knows the depth of sacrifice and undying commitment that Susan, as my “Barnabas,” has demonstrated through this unprecedented spiritual journey.

Susan has demonstrated Christ-like lovingkindness, faithfulness, supernatural longsuffering and perseverance. She has selflessly stood by my side through her ongoing war with life-threatening illness. In the midst of her battle she has rallied and placed me and my needs above her own.

Many have read of the “Proverbs 31 Woman” and have been greatly inspired. God has blessed me with the honor of being married to her; being loved by her; and loving her. THANK YOU DEAREST FAIREST; I LOVE YOU ALWAYS!

Who can find a virtuous woman? For her price is far above rubies. The heart of her husband doth safely trust in her, so that he shall have no need of spoil. She will do him good and not evil all the days of her life.” (Proverbs 31:11, 12)

During this spiritual journey we have been encouraged by the Christ-like modeling of my professors in their lovingkindness toward me, both in word and deed. We have also been deeply challenged and encouraged to commit the rest of our lives to pursuing the path of discipleship that the participants have submitted themselves to at America’s Keswick Colony of Mercy.

We desire to consistently exercise private and corporate Spiritual Disciplines in the cultivation of our divine-human relationship. With a single-hearted focus and wholehearted effort we desire to exercise the fruit of the Holy Spirit and the Christian virtues in all our thoughts, attitudes, words and actions by God’s amazing grace.

## Acknowledgements

I would like to thank our Lord Jesus Christ for His redemptive work on the Cross for William Raws. God gave him a “Victorious Christian Life” over alcohol dependence through a divine human relationship and a vision for other men struggling as he had.

I would like to thank all the faithful patriots who have picked up his mantel at America’s Keswick Colony of Mercy and continue to provide men with the opportunity to experience God’s amazing grace and the “Victorious Christian Life.”

I would like to thank the men who valiantly shared their life stories in order to glorify God for their “Victorious Christian Life” and offer living hope to dependent men.

I would like to thank Dr. John Thomas, my chairperson, who consistently provided a prophetic voice of encouragement, exhortation, and comfort in the pursuit of perfection to the glory of God; both in and out of the classroom. He continually modeled Christ-like gentleness and kindness; which created a desire in my heart to emulate these Christian virtues. Thank you from my heart

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## **CHAPTER ONE: INTRODUCTION**

This chapter begins with an overview of the benefits of spirituality in holistic health care for alcohol dependence. The background to the problem is provided next, followed by the purpose of the study, research questions and limitations. Definitions are furnished, along with the study's significance and theoretical/conceptual framework. This chapter concludes with an organization of remaining chapters and a summary.

### **Benefits of Spirituality in Holistic Treatment of Alcohol Dependence**

Extant research demonstrates the benefits of including spirituality in holistic treatment of alcohol dependence (e.g., Cook, 2004, 2006, 2007; Geppert, Bogenschutz & Miller, 2007; Kelemen, Erdos, & Madacsy, 2007; Miller & Bogenschutz, 2007; Piderman, Schneekloth, Pankratz, Maloney, & Altchuler, 2007; Robinson, Cranford, Webb, & Brower, 2007; Shelby, 2001; Sherman & Fischer, 2002; Sterling, Weinstein, Losardo, Raively, Hill, Petrone, & Gottheil, 2007; Tonigan, 2007; Tonigan, Miller, & Schermer, 2002). Zemore (2007) sums up the trend of addressing spirituality in the treatment of alcohol dependence: "There is increasing professional and popular interest in the relationship of spirituality and religion to health in general, and in linkage of alcohol dependence, religion and spirituality in particular" (p. 389). Poage, Ketzenberger, and Olson (2004) found a positive association between spirituality with contentment and length of sobriety (pp. 1857-1862).

In the last decade systematic research regarding spirituality's relationship with physical and psychological well-being has increased rapidly (Berry, 2005). Neff (2006) characterized spirituality as a positive and protective element in decreasing

psychopathology and substance abuse and their symptoms, and in improving a self-awareness of well-being. Spirituality as a positive and protective element is the second most researched area related to spirituality and treatment since 2003 (p. 118). Dowling, Gestsdottir, Anderson, von Eye, Almerigi, and Lerner (2004) found that personal spirituality and communal spirituality (religiosity) provide positive elements which contribute to adolescent thriving (pp.7-16).

Miller (2006) stated that personal devotion (spirituality) is rated the highest protective factor for adolescent physical well-being and mental health. Adolescents who seek God's guidance in daily decision-making registered the lowest scores on morbidity rates associated with mental illness and physical risk taking behaviors (i.e, substance abuse, drunk driving, depression, etc.).

Research supports multifaceted benefits of personal devotion against youth morbidity. In light of these research findings, the American Psychiatric Association (APA) encourages integrating personal spirituality for families and youth in psychotherapy. The APA suggests that exclusion of personal spirituality in psychotherapy may result in iatrogenic harm (pp. 1-4).

Accordingly, within the context of spirituality, this study investigated the role of *Christian spirituality* in an alcohol treatment program based on evangelical doctrine. *Christian spirituality* in this study, embraces all social and group elements identified with religion (America's Keswick, 2008; Salvation Army (n.d.); Teen Challenge, 2007).

## Background to the Problem

A historical overview covering various periods will explain the changing relationship between spirituality and health care. An introduction will provide the dynamics of change in this relationship and the background to the problem.

Prior to science-based health care, culturally defined healers often collaborated with spiritual leaders in each community to serve its citizens. Today, professional ministers, chaplains, and counselors mirror the historical resources which provided spiritual, physical, and mental health care within their communities (Miller, 2000, p. 3).

*'Spiritus contra spiritum'* implies a mutual incompatibility of alcohol and spirituality: each drives out the other. Substance dependence is, by diagnostic definition, 'a process whereby the drug progressively displaces previous priorities, relationships, and values, and becomes the central concern of a person's life—a modern analogue of idolatry.' (Miller & Bogenschutz, 2007, p. 433)

This study focused on the phenomenon of *Christian spirituality* as the foundational treatment modality for alcohol dependence at a northeastern treatment center in America. William Raws founded this treatment center for alcohol-dependent men on September 25, 1897.

Having been miraculously saved and set free from his addiction, William Raws gave his life to the purpose of reclaiming men who, like himself, had lost everything through the bondage of alcohol. With only \$1.87, and unbounded faith in God, he began a work, the results of which only eternity will tell. (America's Keswick General Brochure 2010)

The incorporation of spirituality as a treatment modality has been efficacious in many aspects of science-based health care (Baldacchino & Draper, 2001; Benn, 2001; Eck, 2002; Ellison, 1994, 1983; Fabricatore et al., 2000; Friedman, 2007; Galanter, 2008; Kelly, 2004; Larson, D. & Larson, S., 2003; Miller, 1998; Neff, 2006; Seybold, 2007; Swenson, 2003; Tanyi, 2002; Taylor, 2003; Wong-McDonald, 2000).

Research now encourages incorporation of spirituality in treatment of alcohol-dependence (Calhoun, 2007; Cook, 2006; Cox, Ervin-Cox, & Hoffman, 2005; Josephson & Dell, 2004; Knight, Sherritt, Harris, Holder, Kulig, Shrier, & Gambrielli, 2007; Krentzman, 2008; Neff, 2006; Richard, Bell, & Carlson, 2000; Sanchez & Nappo, 2008).

White (1998) noted that excessive alcohol use was common in colonial America. Benjamin Rush (1746-1813) was a prominent physician, prolific writer, and influential social activist in health care. He was referred to as the Father of American Psychiatry and the first authority on alcohol and alcoholism in America (pp. 1, 2). He addressed the problem of drunkenness in the continental army and among colonial farm workers. He suggested abolishing the colloquial practice of daily alcohol rationing to these groups; contending that liquor destroys health and reduces productivity (p. 2).

Rush believed that a permanent state of sobriety could be recovered and maintained through various treatments: “religious, metaphysical, and medical” (White, 1998, p. 3). He proposed: “Christian conversion, acute guilt or shame, the linking of drink with some painful impression, vegetarianism, cold baths, acute disease, blistering the ankles, witnessing the death of a drunkard, and swearing an oath of abstinence” (White, 1998, pp. 3, 4).

According to White (1998), Magnus Huss, a Swedish physician, introduced the term “alcoholism” in 1849 in order to describe, “a chronic alcohol intoxication that was characterized by severe physical pathology and disruption of social functioning” (p. xiv). Addiction was derived from its Latin root “addicere”, which means “to adore or surrender oneself to a master” (White, 1998, p. xv).

White (1998) recorded that the American Temperance Movement was birthed in response to the burgeoning problem of chronic drunkenness. Recognizing the benefit of social support, many reform clubs and fraternal societies conducted closed meetings to encourage moderation (pp. 4-20).

Conflicts among religious, social, and legal advocates became factions, eventually leading to the demise or splintering of these groups. Initially, Methodists, Presbyterians and Congregationalists supported temperance, however, after a century-long battle, the rationale shifted from moderation to abstinence (pp. 8-20).

Crisis intervention and professional treatment slowly became available for addicted individuals through inebriate homes and asylums during the last half of the 19<sup>th</sup> century. These facilities adopted a disease concept (although controversial), which they operationalized for application in alcohol treatment. Major tenets were based on these premises: intemperance is a treatable disease, which is as curable as any disease; its etiology is constitutional vulnerability, which may be inherited or acquired; penal treatment was criticized, while medical treatment through the scientific method was highly esteemed (White, 1998, pp. 25, 26).

Miller (2000) holds that scientific methodology progressively led medical care to delineate itself from spirituality. Assumptions of the medical technical model included: a differential diagnosis, identification of a disease or disorder, identification of the best treatment to remove the cause, and technological specialization as the most superior method in disease treatment. As secular professions emerged with subspecialties, a medical-technical model displaced consideration of spiritual integration, social, psychological, environmental and behavioral aspects of illness (p. 3).



Miller (2000) contended that shortcomings of the technological approach became apparent with chronic health issues, along with psychological and behavioral problems. Complex, interconnected, multiple causes were not identifiable in succinct categories, nor did any comparative outcome treatment research reveal one superior universal treatment for all clients (pp. 3, 4). A comprehensive perception of holistic health and spirituality is necessary to fully appreciate how spirituality is intrinsically related to health and well-being (Hatchett, Solomon, Miller, & Holmes, 2007; Molina, 2008).

Miller (2000) describes health as a complex multidimensional construct (e.g., like personality) which can be comprehended in three encompassing domains: suffering (e.g., pain, anxiety, depression, or distress), functional ability vs. impairment (e.g., blood pressure, emotional stability), inner peace or coherence in life (e.g., optimism, hardiness, resilience). Health encompasses all aspects of quality of life which exceed the parameters measured by the medical technological model (pp. 4, 5). Spirituality is composed of three encompassing domains: spiritual practices (e.g., prayer, meditation), beliefs (e.g., deity, afterlife), and experiences (e.g., daily encounters with the transcendent, exceptional spiritual experiences; Miller, 2000, pp. 7, 8).

After reviewing of current evidence from professional experts; spirituality (spiritual and religious involvement) has been consistently found to be positively associated with health and inversely associated with pathology (Baldacchino & Draper, 2001; Benn, 2001; Eck, 2000; Fabricatore & Handal, 2000; Garrouette, Goldberg, Beals, Herrell, & Manson, 2003; Kelly, 2004; Larson, D. & Larson, S., 2003; Miller, 2000; Seybold, 2007; Taylor, 2003; Walach & Reich, 2005). Correlational and longitudinal

studies report positive health benefits with inclusion of spirituality in treatment of physical, mental, and substance use disorders (Miller, p. 11).

Since creation, man has expressed a pulsating desire for spiritual engagement. All human action and interaction has been significantly impacted by spirituality's influence upon individuals, families, communities and nations (Moffit, 1997).

Miller (2000) begins his historical overview of spirituality in ancient Greece with a comparison of spirituality and psychotherapy in health care. This comparison represents the vacillating relationship between science and religion during a simpler time. A subtle distinction slowly emerged in holistic healthcare regarding seeking help beyond oneself and self-reliance (p. 22).

Theologians and stoic philosophers addressed popular concerns of the Greeks', Hellenists', and Romans' inquiry regarding attaining, maintaining, and losing the good life. Virtues (a wholesome mental state) and vices (an unwholesome mental state) were set forth as moral constructs for thought and behavior (Miller, 2000).

Miller (2000) suggested that virtues and vices were communicated through models. Philosophers (e.g., Zeno, Plutarch) accomplished this via education, political mentoring, in writings and in story forms of Greek mythology (e.g., heroes are to be emulated, while criminals are to be abhorred). These forms of education were the predecessor of spiritual direction and psychotherapy (pp. 22, 23).

According to Miller (2000) early Christianity introduced monasticism, which provided the care of souls. Desert fathers, mothers and others chose Christian ascetism to escape corruption, while pursuing the goal of spirituality, which was personal change

through imitation of models (e.g., Jesus Christ, the perfection of holiness, sanity, spirituality and peace (pp. 23, 24).

This spirituality was composed of centering practices (e.g., prayer, meditation) and mirroring (e.g., personal guidance of respected elders, development of good attitudes leading to sanctity and wholeness vs. logismos-bad attitudes). Spirituality's comprehension of sin and psychotherapy's main concern are rooted in one's thought processes, which orchestrate behavior. This model set the stage for seeking guidance in spiritual direction and in psychotherapy (Miller, 2000, pp. 24-26).

Miller (2000) demonstrated that the goal of psychotherapy was the alleviation of mental or emotional stress (biological manifestations) influenced by past or present relationships (p. 20). Spirituality (e.g., early Christian monasticism) and psychotherapy both elevated a way of thinking (e.g., virtues vs. vices; reality orientation vs. cognitive distortions; Miller, 2000, pp. 24, 25).

From Rome's fall to the dawn of The Enlightenment, a wide range of local caretakers brought healthcare. "The practices of medicine, spirituality, and psychology were intertwined..." (Miller, 2000 p. 27). Enlightenment during the 18<sup>th</sup> and 19<sup>th</sup> centuries brought unprecedented changes in economy, immigration, industrialization, urbanization, religious reformation, the decimation caused by the civil war, and psychotherapy (Miller, 2000).

Benn (2001) noted that The Enlightenment birthed a dichotomy in labour between spirituality (religion and faith) and scientific medicine (science and medicine). Spirituality, considered empirically immeasurable, embraced man's metaphysical existence, while scientific medicine addressed physical health (p. 140).

In 19<sup>th</sup> century America, embryonic psychotherapies assumed "...a belief in the accessibility and availability of the realm of the spirit in a nontraditional and experiential setting" (Cushman, 1992, p. 31). During this period, American spirituality was nurtured through pastoral care of souls in churches and colleges.

The theological concept of personality change (the healing of self) introduced Christian education. Theological education and spiritual nurture became efficacious means of change, although different in nature from former dramatic revival conversion experiences (Miller, 2000, pp. 29, 30).

Cushman (1990) recorded that many individuals during the mid 19<sup>th</sup> century sought change; an intense and deeply personal spiritual experience, to extinguish moral confusion and spiritual emptiness. Braden (1963) suggests that this desire sometimes led to distortions of true spirituality (i.e., cults, faith healers, séances, Christian Science). Holifield (1983) summarized changes of attitude, which paved the way for psychotherapy: from self-denial to self-love; to self-culture; to self-mastery; to self-realization (p. 3).

Psychotherapy and spirituality both utilized approaches which focused on one's thought processes. Two paths emerged; one path sought spirituality as its dominant therapeutic tool; the other path allied itself with blossoming medical science, which was investigating the unconscious mind and personality dissociation (Miller, 2000, p. 31). Bromberg (1975) suggested, "...both disciplines taught methods for attaining serenity and peace of mind; both charged themselves with the task of resolving basic concepts of psychotherapy with correlative ones from Christian and Jewish doctrine" (p. 176).

Twentieth century health care challenged the mechanistic paradigm, which was born during the Enlightenment Era. Epidemiological research supported the strong influence of spirituality (the symbiotic relationship between soul and body).

... studies show a close correlation between religious practice and health, and help both religion and medicine to find mutual understanding and a common language...medicine has become increasingly interested in the spiritual dimension of the human person, and theology in physical aspects of persons, as the foundation of several new institutes demonstrates. (Benn, 2001, pp. 140, 141)

In the United States, during the beginning of the 20<sup>th</sup> century, pastoral counseling was combined with medical, psychiatric, and psychological methods through the Emmanuel Mission. Influences within the mental hygiene movement included psychiatrists and psychologists (e.g, Freud, James). The power of group process in healing and the religiospiritual focus of gathered communities contributed to the development of spirituality and psychotherapy during this era (Miller, 2000, p. 33).

Holifield (1983) noted the combining of spirituality and psychotherapy in meeting spiritual and psychological needs of individuals in a group setting,

...the Emmanuel movement, one grandparent of the self-help mutual-aid movement pioneered by Alcoholics Anonymous, had solid ties with the medical establishments of Boston and Harvard. Emmanuel has been styled 'the first serious effort to transform the cure of souls in light of the new psychology,' the core expression of 'theology becomes therapy,'... its form was... shaped by the medical context of the turn-of-the century northeastern United States. (p. 201)

Jung and Frankl advocated a subjective spirituality as a necessary factor for psychological health (Berry, 2005). Conflicting psychologies, psychoanalysis and behaviorism demeaned human freedom and significance. Exaltation of the expert in psychological guidance and rearing of children within and outside of the school system undermined parental authority and devalued religious traditions (Miller, 2000, pp. 34-36).

Following World War II, psychotherapeutic thought and spirituality expressed mutual appreciation for each other through the writings of Frankl, Peale, Sheen, and Liebman, which comprised the Protestant, Catholic, and Jewish coalition (Miller, 2000).

American spirituality experienced highs and lows during this period. New schools of psychotherapy adopted sociological aspects formerly not considered within the medical model (Miller, 2000).

Berry (2005) observed that spirituality (termed intrinsic and extrinsic religiosity) began to be measured in health-oriented disciplines during the 1950s (Allport, 1950). Sophisticated statistical techniques developed during the 1950s and 1960s were applied to the study of spirituality. Widespread interest in spirituality grew over the next 40 years through professional journals (i.e., *The Journal of Religion and Health*, *The Journal for the Scientific Study of Religion*; p. 632).

Myers (2000) stated that during the 1960s and 1970s society experienced a major values shift toward a pluralistic tolerance of multiculturalism, which created a new social morality. Religion was associated with exclusivity in its dogmatic morality. Spirituality was adopted in the 1990s to mean a personal subjective experience (Pargament, 2002).

Levin (1994) noted that the benefits of spirituality and health gleaned from federally funded research have resulted in at least nine academic journals, which focus exclusively upon the relationship between religion or spirituality and health. Thoresen and Harris (2002) remarked that major funding agencies support research and hold professional conferences on the benefits of spirituality and health. Berry (2005) concluded that the past century demonstrates the increasing interest in researching the benefits of spirituality and holistic health (p. 633).

Miller (2000) proposes that medical/psychological research and clinical professions endeavor to integrate spirituality in holistic treatment. This integration is

reflected in the professional literature, media focus, and cultural interest in issues of spirituality (p. xviii).

For many, spirituality and religion are important sources of strength and coping resources, and not infrequently people name them as the most important aspect of their lives, central to their meaning and identity. Many special populations cannot be understood at all without appreciating the history and centrality of religion in their community. It is a serious blind spot, then, not to understand or even ask about spirituality in our clients' lives (Miller, 2000, p. xviii)

Neff (2006) reports spirituality research to be blossoming in five areas since 2003: spirituality as a coping resource (Bremer, 2004; Burns, 2004; Lam, 2004; Laubmeier, Zakowski, & Bair, 2004; Poage et al, 2004; Salsman, Brown, Brechting, & Carlson, 2005); spirituality as a beneficial and insulating element, decreasing symptoms along with episodes of psychopathology and alcohol abuse while promoting holistic health (Ervin-Cox, Hoffman, & Grimes, 2005; Falkenstein, 2004; Koenig, George, & Titus, 2004; Neff, 2008; Ritt-Olson, 2004; Wink & Dillon, 2003); spirituality's cultural delineations (Garrouette, et al, 2003; Kim, Seidlitz, Ro, & Duberstein, 2004); spirituality related to developmental stages and maturation (Andrews, 2004; Fenneberg, 2004; Josephson & Dell, 2004; Maples, 2004, Patrick, 2004; Reinert, 2005); spirituality models within environmental settings; how spirituality produces positive effects (Dillon, Wink, & Fay, 2003; Dowling et al., 2004; Gall, Charbonneau, Clarke, Grant, Joseph, & Shouldice, 2005; pp. 117, 118).

Many Americans consider spirituality to be an essential factor of their identity and lifestyle (Baetz, Griffin, Bowen, & Marcoux, 2004; Bassett, Lloyd, & Tse, 2008). People in this group often avoided counseling and treatment outside of their faith community (Antoun, 1987; Avants, Beitel, & Morgan, 2005; Dyslin, 2008). They perceived secular

programs to be at odds with their beliefs. As the professional community is acknowledging the value of spirituality; many are more open to incorporating it into treatment. However, treatment must support their faith; especially for those who identify with the committed evangelical Christian community (Arnold, 1987; McCoy, Hemos, Bokhour, & Frayne, 2004; Parsec, 2007).

Relating to general spirituality, statistics reflect the high priority that it holds for adolescents and adults. Spirituality among adolescents is significant (Knight et al., 2007, p. 350). These individuals are looking for clinicians who recognize, accept, and honor their spirituality as an essential dimension of holistic well-being (Kuczewski, 2007; Miller, 2000).

Adherents of the medical-technological, secular model of psychology and medicine are becoming aware of the benefits of inclusion of spirituality in treatment. Professional awareness is increasing regarding the importance of the inclusion of spirituality in assessment and treatment (Barbour, 1990; Berenson, 1990; Bergin, 1991, 1988, 1980a; Booth, 1985; Brown, 1992; Miller, 2000).

Seeking for the Divine... has been a major aspiration and force in all cultures and periods of history, yet it has been virtually ignored by traditional psychology... Regular people with ordinary problems who are also on a spiritual path... are looking for therapists who will honor their seeking for something sacred and who can respect their whole being— in its psychological and spiritual fulness—rather than belittling or minimizing their spiritual seeking, as much of traditional psychotherapy has historically done. (Cortright, 1997)

The effect of spirituality in the hearts of individuals, groups, and nations has orchestrated the direction of history itself (Berry, 2005). In recent decades the pendulum has returned to an atmosphere that values spirituality and desires its inclusion in treatment (Neff, 2006; White & Whitters, 2005).



Many measurable spirituality variables were developed from the 1950's to the present. Research during the 1990's validated spirituality as beneficial to various medical and psychosocial disciplines (Berry, 2005). Professionals trained in secular institutions recognize a need to facilitate spirituality in treatment to provide holistic care.

There is ample justification for devoting professional training time to preparing students to work competently with spiritual and religious diversity...It is virtually certain in a pluralistic society that their clients will also vary widely on spiritual and religious dimensions...Yet clinical training programs typically do little to prepare their students for professional roles with people who vary widely in their spiritual and religious backgrounds, and oversight that has been pointed out for decades. (Miller, 2000, pp. 254, 255)

Professional recognition and acceptance of the role of spirituality in treatment of alcohol-dependence is making significant progress clinically in the modern addictions field. Historically, spirituality has played an ancillary role, supplementing traditional medical and psycho-social intervention. In response to the increased interest in spirituality both the American Psychiatric Association (APA) and American Medical Association (AMA) require accredited training programs to equip professionals with skills to address a diversity of personal dimensions including cultural, religious, and spiritual. "...the curriculum should contain enough instruction about these issues [including religion and spirituality] to enable residents to render competent care to patients from various cultural backgrounds" (AMA, 1998, as cited by Miller, 2000, pp. 253, 254).

White and Whilters (2005) describe the increased inclusion of spirituality in the treatment of alcohol dependence in this way:

One of the most clinically significant breakthroughs in the modern addictions field is the recognition and legitimization of multiple pathways of long-term recovery from severe alcohol and other drug problems. These pathways can be

broadly categorized into religious, spiritual, and secular frameworks of problem resolution. Interest is increasing in explicitly religious frameworks of recovery, due to the dramatic growth of recovery ministries and President Bush's recently implemented Access to Recovery (ATR) program. (ATR, 2007, p. 58)

A significant response to the benefits of spirituality in substance abuse treatment can be seen in the United States government. Access to Recovery (ATR) is a government program designed to increase alcohol and substance abuse treatment capacity. ATR allocated 300 million dollars for these services. Over 20 million people who need treatment for drug and alcohol abuse can receive free care. ATR clients choose a program from eligible faith-based and community clinics and recovery support services, which best meet their spirituality orientation (ATR, 2007, Fact Sheet, p. 1).

Maxwell, Rutowski, and Rawson (2007) reviewed the trends of drug use for 2004 and concluded alcohol to be the most used drug. Girls aged 12 through 17 are found to abuse alcohol as frequently and sometimes more often than males (p. 36-37). Harwood, Fountain, and Livermore (1998) recorded that Americans spent 166.5 billion dollars treating alcohol abuse compared to 109.8 billion dollars to treat drug abuse in 1995.

In 2007, an additional 98.2 million dollars was provided with 31% designated to faith-based organizations (ATR, 2007, Fact Sheet, p. 1). As a result of the increased acceptance of spirituality in counseling, denigration of spirituality by traditional psychotherapy is diminishing. Research validated spirituality's efficacy in holistic health and addiction recovery during the 1990's (Berry, 2005; Miller, 2000). Consideration of patients' health and well-being includes their spirituality in treatment planning (Cook, 2004; Miller, 1998; Parsec, 2007; Piderman et al., 2007; Ritt-Olson et al., 2004; Wong-mcdonald, 2000).

According to Berry (2005), academic publications, which included religious variables associated with therapy, appeared in the late 1800's (i.e., Leuba, 1896, 1912; Durkheim, 1897; Starbuck, 1901; James, 1901, 1929) and continued to blossom throughout the following century. Western and Judeo-Christian theoretical frameworks dominated these publications (p. 630).

A mixture of pro-spiritual and anti-spiritual vantage points, emerging naturalistic empiricism, and the divorce of psychology from philosophy combined to view spirituality as somewhat reductionistic, mechanistic, and materialistic (Berry, 2005). Although Judeo-Christianity provided the lens for early writings; these works marginalized the supernatural elements of spirituality; while magnifying the natural, material aspects of spirituality (Berry, 2005).

The contemporary social, secular, psychological, and philosophical conditions obscured the light of Judeo-Christianity related to spirituality (Berry, 2005). Thoresen and Harris (2002) note that the scientific community today, seeks scholarly journals addressing the relationship between health and spirituality (i.e., *The American Psychologist*; *Journal of Health Psychology*; p. 3).

Recently, publications have increased exponentially to address facilitation of spirituality in treatment. PsychINFO database chronicled this increase in spirituality: 1-1922; 3-1930's; 4-1940's; 3-1960's; 14-1970's. Publications related to spirituality and addiction began in 1981. Two hundred sixty-five publications appeared worldwide, with 233 in America (Cook, 2004, p. 541). By 2007, a bibliography of scientific and professional publications on spirituality and addiction contained almost 2000 references;

with alcohol addiction as the primary subject of investigation (Cook, 2007; Graham, 2006; Miller & Bogenschutz, 2007, p. 433).

Current research demonstrates that spirituality provides resiliencies in facing life's challenges and contributes to long-term alcohol-dependence recovery (Bliss, 2007; Buxton, Smith, & Seymour, 1987; Dadich, 2007; Dyslin, 2008; Kelemen et al., 2007). Koenig, McCullough, and Larson (2001) reviewed over 1100 studies dealing with spirituality and health and found a positive relationship between the two (Berry, 2005, p. 633). Subsequent research (Jessor, Costa, Krueger, & Turbin, 2006; Kogan, Luo, Murray, & Brody, 2005; Piko & Fitzpatrick, 2004; Wallace, Brown, Bachman, & Laveist, 2003) confirms that spirituality is inversely associated with alcohol use (Hodge, Andereck, & Montoya, 2007, p. 211).

Conclusions drawn from the preceding research reveal several significant responses to spirituality in treatment. Recognition and acceptance by professionals of the legitimacy of the role of spirituality in holistic treatment of alcohol dependence in the modern addictions field has increased (Berry, 2005; Cook, 2004; Kuczewski, 2007; Neff, 2006; Saunders & Lucas, 2007; Seybold, 2007; White & Whithers 2005).

Extant research demonstrates that spirituality provides resiliencies in facing life's challenges, and serves as a protective factor from alcohol consumption and in recovery from alcohol-dependence (Robinson, Cranford, Webb, & Brower, 2006; Saunders & Lucas, 2007; Sherman & Fischer, 2002). Present research supports additional research in these areas (Collins, 1998; Kahle & Robbins, 2004; May, 1988; Miller, 2000; Robertson, 1992; Welch, 2001).

Many treatment specialists acknowledge the high priority which spirituality holds in the lives of their clients and its intrinsic value in treatment and maintenance of recovery from alcohol dependence (Bristow-Braitman, 2001; Brown et al., 2007; Brown & Peterson, 1990; Brown, 1993; Calhoun, 2007; Cook, 2004; Fazzino, Galanter, Dematis, & Levounis, 2003; Kellog, 1993; Kelly, 2004; Magura, 2007; Tonigan, 2007).

We argue that reconnecting science and spirituality yields the best rational understanding of the world...A thought experiment illustrates that spirituality could not only be a legitimate research topic of science but also inform science by offering certain insights. Specifically, science could and should more freely study spirituality in its beneficial impact on individuals' attempts to attain personal wholeness, overcome substance abuse, achieve a more communal society and safeguard the environment. (Walach & Reich, 2005, p. 423)

Contemporary social, secular, psychological, and philosophical conditions obscured the light of Judeo-Christianity related to spirituality and early writings (Berry, 2005). Judeo-Christian or *Christian spirituality* has not yet been studied by many researchers in relationship to treatment of alcohol-dependence (Cook, 2004; Graham, 2006; Jackson & Cook, 2005; McCoy et al., 2004; Parsec, 2007; Tkach, 2000; White & Whitters, 2005; Wikipedia, 2009; Wong-mcdonald, 2000).

More succinctly relating to our study, 95% of Americans express a belief in God (Miller, 2000, p. xviii). The Pew Forum on Religion and Public Life (2010) conducted an adult survey from May-August of 2007 and found the American population of Christians to be 78.4 % (Protestant-51.3%; Evangelical churches-26.3%; Mainline churches-18.1; Historical Black churches-6.9%; Catholic-23.9%; Mormon-1.7%; Jehovah's Witnesses-0.7%; Orthodox-0.6%; Greek Orthodox-<0.3%; Russian Orthodox-<0.3%; Other-<0.3%; Other Christian-0.3%; Pew Forum, 2010, p. 1).

The largest religion in the US is Christianity, practiced by the majority of the population (76% in 2008). Roughly 51.3% of Americans are Protestants, 23.9% are Catholics. By the 2009 Yearbook of American and Canadian Churches of the National Council of Churches, the Roman Catholic Church is the largest single denomination with a membership of 67,117,016, and Southern Baptist Convention ranks second at 16,266,920...the United States has more Christians than any other country. (Wikipedia, 2010, p. 23)

Christianity is embraced by many Americans who may need help in overcoming alcohol dependence (America's Keswick, 2008; Dyslin, 2008; McCoy et al., 2004). This largely unstudied phenomenon of *Christian spirituality* will add to the knowledge base of qualitative research in the addictions field (White, 1998; White & Whitters, 2005).

### **Purpose of Study**

The purpose of this study is to add to the limited empirical research literature on the phenomenon of *Christian spirituality* utilized as the foundational treatment of alcohol dependence. This will be accomplished through qualitative interviews with participants who experienced the phenomenon of the *Christian spirituality* in treatment for alcohol dependence. The phenomenon of *Christian spirituality* provides the essence for treatment in this study. Insights will be gleaned from several participants' perspectives regarding the role that the phenomenon of *Christian spirituality* played during and after treatment in relationship to their ongoing victory over alcohol dependence.

## Research Questions

Three research questions will be the focus of this study.

1. What aspects of the phenomenon of *Christian spirituality* (if any) do interviewed graduates of an evangelically based treatment program associate with their recovery from alcohol dependence during treatment?
2. What aspects of the phenomenon of *Christian spirituality* (if any) that have been adopted by graduates of an evangelically based treatment program do they associate with successful maintenance of a lifestyle free of alcohol?
3. What aspects of the phenomenon of *Christian spirituality* (if any) are regularly exercised privately and what aspects of the phenomenon of *Christian spirituality* (if any) are regularly exercised in fellowship with others by the graduates of an evangelically based alcohol dependence treatment program?

## Definitions

### Alcohol Dependence

The dynamics of alcohol/substance dependence and addiction are delineated through the observable symptomology provided in DSM-IV (American Psychiatric Association [APA], 2000, p. 197).

Diagnostic Criteria for Substance Dependence according to the DSM-IV (2000):  
A. A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12 month period (1) tolerance, as defined by either of the following: (a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect (b) markedly diminished effect with continued use of the same amount of the substance (2) withdrawal, as manifested by either of the following: (a) the characteristic withdrawal syndrome for the substance (refer to criteria A and B of the criteria sets for withdrawal from the specific substances) (b) the same (or closely related) substance is taken to

relieve or avoid withdrawal symptoms (3) the substance is often taken in larger amounts or over a longer period than was intended (4) there is a persistent desire or unsuccessful efforts to cut down or control substance use (5) a great deal of time is spent in activities necessary to obtain the substances (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain-smoking), or recover from its effects (6) important social, occupational, or recreational activities are given up or reduced because of substance use (7) the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption; APA, 2000, p. 197).

### *Christian Spirituality*

The essence of *Christian spirituality* is an intimate divine-human relationship. This relationship requires God's supernatural imputation of Jesus Christ's divine nature in the believer through regeneration. This occurs by grace through faith in Jesus Christ (Eph. 2:1-10). God's grace is an ongoing sanctification process, occurring within the divine-human relationship. God reveals Himself in Scripture and through the indwelling Holy Spirit and His gifts (Gal. 5:22, 23). This relationship develops as the believer responds to God's grace by spending time with God through private and corporate Spiritual Disciplines (Charnock, 1980).

The foundational Spiritual Disciplines include: private, daily devotional Bible reading; prayer; Scripture memorization and meditation; habitual study; fasting; obedience to God's Word; confession and repentance; ministry to others; silence; simplicity; solitude; submission; surrender; celebration; guidance; worship; and Christian virtues (2 Peter 1:2-11). These Spiritual Disciplines compose the elements of *Christian spirituality* (Foster, 1978, 1981, 1998).



## Conversion

Conversion is the turning of the sinner from sin toward God. This is the response to regeneration. This turning toward God is inspired by God; but unlike regeneration it is the sinner's response to God's grace (Essig, 1951 p. 149).

## Evangelical

The evangelical Christian faith is the 'good news' or the 'glad tidings' that God has provided redemption for man. It affirms that salvation from sin is obtained through the grace of God, not that it is earned by good works or given because of merit on the part of man. It sets forth the basic Christian doctrines... The evangelical insists that Scripture is the word of God written, and that it is therefore infallible in its original autographs. When this tenet is granted the other doctrines of the evangelical faith follow as a matter of course. (Harrison, 1960, p. 200)

## Grace

... Since grace only represents what God can and will do for those who trust the Savior, it must needs function apart from all human works or cooperation. It calls for no more than confidence in the only One who can save. The Scriptures assign to the operating of grace the only salvation now offered to sinful men. God's grace provides security for the saved one. This is done by continuing the grace work of God with the individual in spite of his imperfections. Grace also undertakes to direct the saved one in the new manner of his daily life after he has been saved... Nothing of merit need be added to that which is perfected forever. (Chafer, 1983, [Vol. 7] p. 179)

## Holy Spirit

The Holy Ghost is the third person of the Trinity of God the Father, God the Son and God the Holy Ghost, also called the Holy Spirit. The orthodox doctrine of Christianity teaches that the Holy Ghost is a part of the Godhead, co-equal and co-eternal; in other words, that as God the Son is God by reason of eternal affiliation, as God the Holy Ghost is God by reason of procession, the doctrine holding that God the Holy Ghost proceeds from the Father and the Son...  
*Attributes: Eternal... Omnipresent... Omniscient... Omnipotent... Proceeds from the Father and Son... Author of New Birth... Appoints and Directs Ministers... Can be Vexed, Resisted, and Tempted... Comforter, Sanctifier, and Helper... Dwells with Saints... Has Own Power and Will... Inspiring Scriptures... Source of Wisdom and Power... Strives with and Convinces*

*Sinners...The Witness...Gift of the Holy Ghost...Qualities...*(Essig, 1951, pp. 239-244)

## Intervention

Intervention is a process in which concerned individuals of a loved one collaborate with an intervention specialist (America's Keswick, 2008, p. 3). They develop a strategy; set a time and place, and make arrangements with a treatment facility for immediate entry of the alcohol dependent individual. Family and involved friends write a two part letter which is read to the individual who is abusing alcohol. Part one of the letter expresses facts observed and feelings felt as a result of the alcohol dependent individual's behavior. It concludes with hope and affirmation of love toward the targeted person. Part two of the letter outlines consequences which are immediately exercised if the targeted subject refuses treatment. Nine out of ten people enter treatment; 65% immediately and 25% shortly after the intervention process (America's Keswick, 2008, pp. 1-4).

## Jesus Christ

The personal name of our Lord was Jesus, which signifies Savior...*Christ* means *the Anointed One*. Here *the Messiah and the Christ of the Scriptures* meet and identify themselves in the personality of Jesus who was the Anointed of God as the Prophet, Priest, and King...(Acts 10:38)...The four gospels are occupied in furnishing facts...of Jesus and his work as related to mankind...teaching his relationship to God. Scriptures derive all their character and significance from his personality and life...our faith in their teaching reposes on...The absolutely unique and perfect manhood of Jesus Christ among men...The realization in him of all the Messianic predictions of Scripture...all his miracles...were part of his redemptive plan...The resurrection of Jesus from the dead, an absolute historical fact...The transformation secured in the character of the individual believer...The Spirit's witness to personal adoption in Christian consciousness...Preeminence of the Christian nations as seen on the atlas of the world. (Unger, 1980, pp. 581-583)

## Regeneration (Born-Again)

...in the Scriptural and theological sense, the birth of the new life of the spiritual sort from the old life of the unspiritual sort, thus being made a new creature and partaker of the Divine Nature through the Holy Spirit. Regeneration is the special work of the Holy Ghost in restoring man to the original image of God. (Essig, 1951, p. 441)

## Relapse

...a return to the problematic behavior, the opposite of successful action...Individuals in the Action stage of change often encounter situations, stresses and temptations that significantly tax coping efforts and action plans. They often give in to a temptation and engage in the addictive behavior on an occasion. Those who regard abstinence as a single piece of fabric that once torn is forever ruined see this single event of reengagement in the addictive behavior as catastrophic relapse. Behavioral scientists, like Marlatt and his colleagues, have attempted to make a distinction between a 'slip or lapse' and a 'relapse or collapse' (Marlatt & Gordon, 1985). The slip is a single occasion or two of use. The relapse represents a significant return to the problematic pattern of use or engagement in the behavior. From this perspective 'slips' provide the occasion for learning in order to avoid the relapse. The goal continues to be prevention of relapse. Relapse represents a failure for this change attempt and something to be avoided. However, it should not be equated with total failure and the inability to change. (DiClemente, 2003, pp. 181-183)

## Religion

...the service or worship of God or the supernatural...commitment or devotion to religious faith or observance...a personal set or institutionalized system of religious attitudes, beliefs, and practices...a cause, principle, or system of beliefs held to with ardor and faith. (Webster, 1981, p. 969)

## Repentance

...the act of repenting or the state of being penitent; sorrow or regret for what has been done or left undone, by oneself; especially, sorrow and contrition for sin; such sorrow for the past as leads to amendment of one's ways; penitence; contrition. (Webster, 1983, p. 1533)

## Salvation

...a word used in the Bible in three senses: (1) deliverance from temporal dangers and enemies; (2) deliverance from a state of sin and misery and union with Christ, through His blood; (3). Eternal happiness and perfect and lasting fellowship with God. The whole scheme of salvation is based upon the vicarious atonement of Jesus for the sins of the world through the shedding of His blood as the Last Great Sacrifice. By faith in Him we receive the benefit of it, and in no other way can we profit by it. (Essig, 1951, p. 467)

## Secular

...pertaining to the world or to things not spiritual or sacred; relating to or connected with worldly things; disassociated from religious teaching or principles; not devoted to sacred or religious use; temporal; nonecclesiastical; worldly; as, secular education, secular music. (Webster, 1983, p. 1641)

## Sin

...a falling away from or missing the right path... the underlying idea of sin is that of law and of a lawgiver. The lawgiver is God. Hence sin is everything in the disposition and purpose and conduct of God's moral creatures that is contrary to the expressed will of God...The sinfulness of sin lies in the fact that it is against God, even when the wrong we do is to others or ourselves... The being and law of God are perfectly harmonious, "God is love." The sum of all the commandments likewise is love; sin thus in its nature is egotism, selfishness. Self is put in the place of God... (Unger, 1980, p. 1028)

## Spirituality

Spirituality is a distinctive, potentially creative and universal dimension of human experience arising both the within the inner subjective awareness of individuals and within communities, social groups and traditions. It may be experienced as relationship with that which is intimately 'inner', immanent and personal, within the self and others, and/or as relationship with that which is wholly 'other', transcendent and beyond the self. It is experienced as being of fundamental or ultimate importance and is thus concerned with matters of meaning and purpose in life, truth and values. (Cook, 2004, pp. 548, 549)

### **Significance of this Study**

The economic cost of alcohol...abuse in the United States was estimated ...1995...\$167 billion. The majority of alcohol related productivity losses (62 percent) were attributed to alcohol-related illness. These costs, measured as

impaired earnings among those with a history of alcohol dependence, may result from increased unemployment, or job performance, and limited career advancement. The adverse effects of early alcohol use on educational attainment may underlie these effects. Productivity losses were greatest for males who started drinking before age 15... (The Partnership for a Drug-Free America, 2010, p. 11)

The National Survey on Drug Use and Health (2008) recorded that between 2002 and 2007, only between 5.9% and 8.1% of adolescents received treatment (p. 1). In 2008, 23.1 million people aged 12 and older reported having an alcohol or drug problem. Only 17% received treatment; ten percent received specialty facility treatment, while the remaining seven percent received treatment through non-specialty services. On February 4, 2010 NSDUH reported that more than 18.3 million full-time employees aged 18 to 64 (15.5 percent of the full-time adult workers) are without health insurance. Three million adults in the above category needed substance use treatment. Those needing treatment solely for alcohol dependence were 13.3%, with an additional 2.7% requiring treatment for alcohol and drug use. Only 12.6% received specialty treatment (NSDUH, 2010, p. 1).

National studies report that there are seven dollars of benefits (cultural benefits if alcohol problems were absent; i.e. work productivity, career advancement, educational achievement, etc.) for every one dollar of care (i.e., intervention, treatment and recovery; Substance Abuse Planning Report, 2010, p. 3). A significant aspect of the facility being studied is the affordability of long term residential treatment to many who experience alcohol dependence (America's Keswick, 2010).

This study will contribute to the present gap existing in the knowledge base of research on the phenomenon of *Christian spirituality* as the primary intervention in an evangelical treatment program for alcohol dependence. Research on the phenomenon of

*Christian spirituality* utilized as the foundational treatment for alcohol dependence and long-term recovery is limited. This prototype study examined the phenomenon of *Christian spirituality* as the foundational treatment for alcohol dependence at a northeastern Christian-based alcohol treatment program. This philosophy of treatment has served its clientele without interruption for the past 115 years.

Graduates provided a long-term perspective relating to their assessment of the association of *Christian Spirituality* in treatment and their recovery from alcohol dependence. This perspective furnished a longitudinal view related to the association of *Christian spirituality* in treatment; with their initial recovery and their ongoing ability to maintain an alcohol free lifestyle years after treatment (Creswell, 2003; Morris & McAdie, 2009; Piantanida & Garman, 1999).

## **The Theoretical and Conceptual Framework**

### **Preliminary Research**

Preliminary research was required in order to accomplish two goals. The first goal was to examine New Testament Scripture to discover the intrinsic dynamics and elements that comprise the ontology of the phenomenon of *Christian spirituality*. The second goal was to discover models whose foundations were based upon the phenomenon of *Christian spirituality* in counseling and teaching. Accomplishing these goals enabled the researcher to compare this northeastern evangelical Christian-based model of treatment for alcohol dependence with the standard met by the four models found to represent the phenomenon of *Christian spirituality*.

A preliminary research question was necessary in order to discover if this northeastern evangelical Christian-based model of treatment for alcohol dependence is a valid representation of the phenomenon of *Christian spirituality* when compared with the standard established by the New Testament and found in the other four models. Does this treatment model of *Christian spirituality* utilized as the primary treatment model of alcohol dependence contain the dynamics and elements that comprise the ontology of the phenomenon of *Christian Spirituality* found in the other four models?

This qualitative study begins from a social constructivism paradigm as an alternative knowledge claim which makes certain assumptions. Creswell (2003) states that all individuals develop subjective meaning of experiences as they seek to understand the world and their interactions within it. An important element of this research is reliance upon the participants' viewpoints being studied. The researcher seeks to interpret their experiences and inductively develop a theory or pattern of these meanings and experiences (pp. 8, 9). Some professionals holding an atheistic worldview reject incorporation of *Christian spirituality* in treatment (Campbell, 1975; Ellis, 1980).

This study assumes that the Old and New Testament revelation of God's creation of mankind and His orchestration of salvation history is based upon His desire for an intimate divine-human relationship. The New Testament is assumed to contain the intrinsic elements which comprise the ontology of the phenomenon of *Christian spirituality* which are used to convey this intimate divine-human relationship.

The first step involved a study of New Testament Scripture to identify words which convey the intrinsic dynamics and elements within the divine-human relationship.

The dynamics delineate the actions of God within this divine-human relationship (i.e., regeneration, sanctification, etc.).

The elements delineate the actions of man within this divine-human relationship. The Spiritual Disciplines compose the elements within this relationship (i.e., private daily devotional Bible reading, prayer, exercising the “Christian virtues,” etc.). They comprise aspects of the phenomenon of *Christian spirituality*.

Words which identified the dynamics of the divine-human relationship from the New Testament study were: born-again, faith, grace, justification, love, regeneration, sanctification, salvation, and truth. Words which identified the elements of the divine-human relationship were: belief, confession, conversion, faith, love, prayer, repentance, salvation, and truth (some words have been joined because of the similarity of meaning).

Next, a literature review was conducted to locate models that were founded upon this divine-human relationship which incorporated these intrinsic aspects in their counseling and teaching. During this step four models were chosen in addition to this northeastern evangelical Christian-based model of treatment for alcohol dependence. Each model had its own unique emphasis, yet common intrinsic aspects of *Christian spirituality* were identified. These additional models were chosen in order to provide a standard to which this northeastern evangelical Christian-based model of treatment for alcohol dependence could be compared and contrasted to ascertain its accuracy in reflecting evangelical *Christian spirituality* in its counseling and theological teaching in treatment.

Four evangelical authors’ models of Christianity were selected. The first two models represent *Christian spirituality* from the counseling perspective. Dr. Peter



Pranckun (1981) is an evangelical Christian psychiatrist and author. Dr. Craig Ellison (1994) is an evangelical Christian psychologist, professor, and author.

The remaining two models represent *Christian spirituality* from an educational, theological perspective: Dr. Lewis S. Chafer (1983, 1967) was an evangelical Christian theologian, professor, and author. Mrs. Ruth Paxson (1928) was an evangelical Christian educator of theology, conference speaker and author.

The next step was to delineate the dynamics and intrinsic elements which comprise the phenomenon of *Christian spirituality* found in these four authors' writings. All terms used by these authors to express the divine-human relationship which were intrinsically related to the phenomenon of *Christian spirituality* were in concert with the dynamics and elements found in the New Testament.

These terms used to depict the divine-human relationship were assumed to be essential aspects of the phenomenon of *Christian spirituality* used in the context of evangelical Christian counseling and theological education. This assumption is predicated upon the fact that these models contained the intrinsic aspects of Christian spirituality found in the New Testament. These models are assumed to be accurate representations of *Christian spirituality* in the context of counseling and theological education utilized in individual and group psychotherapy. These terms are hypothesized to comprise the ontology of the phenomenon of *Christian spirituality*.

The ultimate goal of this preliminary research was to discover if this northeastern evangelical Christian-based model of treatment for alcohol dependence contains the intrinsic aspects expressing the divine-human relationship and the ontology of the phenomenon of *Christian spirituality* in their counseling and teaching model. This

northeastern evangelical Christian-based model of treatment for alcohol dependence contained all the intrinsic aspects of *Christian spirituality* derived from New Testament Scripture and represented in the other four models. On the basis of these findings; it is assumed that this northeastern evangelical Christian-based model of treatment for alcohol dependence is a valid representation of the ontology of the phenomenon of *Christian spirituality* in its treatment of alcohol dependence.

The first theoretical construct of *Christian spirituality* is its distinction from general spirituality. General spirituality embraces universal beliefs of all faiths and philosophies in a pluralistic culture. When one speaks of spirituality in a pluralistic society meanings are evoked according to subjective interpretation of the hearer.

Marie (2007) suggests that although a wide theological and philosophical diversity comprises general spirituality, some common themes include: community, relationship or connectedness with the Divine or with others; energy, a force, as life, or as a freedom (p. 151). Although there is widespread use of the term spirituality, there appears to be no universally accepted meaning (Berry, 2005; Cook, 2004; Heinz, Epstein, & Preston, 2007; Hodge et al. 2007; Kuczewski, 2007; Miller & Bogenschutz, 2007, Saunders & Lucas, 2007; Seybold, 2007).

“Another dangerous element of mainstream addictions treatment is the perception of, and emphasis on, spirituality. In my career I have yet to hear a cogent definition of spirituality given by the addiction treatment community” (Graham, 2006, p. 22).

*Christian spirituality* in treatment is constructed upon an evangelical biblical worldview from its biblical etymological roots. *Christian spirituality* delineates itself from the nebulous concept of spirituality utilized in many mainstream treatments

(Geppert et al., 2007; Robinson et al., 2007; Salvation Army, n.d.; Saunders & Lucas, 2007; Seybold, 2007; Sherman & Fischer, 2002; Sterling et al., 2007; Straub & Sibcy, 2008; Sutton, McLeland, Weak, Cogswell, & Miphouvieng, 2007; Tanyi, 2002; Teen Challenge, 2007; Theis, Biordi, Coeling, Nalepka, & Miller, 2003).

The second theoretical construct of *Christian spirituality* in alcohol dependence treatment is the rejection of the Medical (disease) Model of alcohol dependence when it is diagnosed as purely biological. Thoresen and Eagleston (1985) summarized the major deficits of the medical model related to chronic disease (i.e., alcohol-dependence) as follows: each disease has a single cause; over dependence on effectiveness of differential diagnosis; seeking single best treatment modality; dehumanization due to overreliance upon sophisticated technology; promotion of authoritarianism of practitioner and removal of personal responsibility of patient; acknowledgement of physical disease factors without addressing social, psychological (i.e., spirituality), and behavioral factors in prevention, etiology, and treatment; it fails to incorporate multidisciplinary efforts to improve health and prevent disease, while providing an exclusive model of disease care treatment (p. 33).

Mason, Deane, Kelly, and Crowe (2009) concluded from their research on a Christian-based, Australian Salvation Army residential treatment program that assimilation of elements of *Christian spirituality* appeared to decrease cravings and increase self-efficacy. Other variables (i.e., ability to adapt to relevant treatment components) may have strengthened assimilation (pp. 1926-1940).

Welch (1998) states that the *Christian spirituality* model differs philosophically from the medical model in its premise relating to etiology and treatment of alcohol

dependence. The Bible focuses on individual motives and desires. The fact that abstinence is sufficient to eradicate alcohol dependence demonstrates the insufficiency of the disease model (p. 190). Graham (2006) said,

By the term *disease*, addiction is classified as a physiologic, chronic condition in the same way as heart disease, diabetes or hypertension are diseases. The disease concept of addiction is still an area of controversy, with scientific findings being used to defend both sides...The difficulty with focusing on addiction as a disease occurs when the disease becomes an excuse for addiction. (pp. 19, 20)

Doweiko (1999) states that over the course of 60 years many research studies have attempted to identify a biological foundation for alcohol dependence. However, no consistent difference has been found in the metabolic rate between people dependent upon alcohol and those who are not dependent.

No difference has been found regarding sensitivity of people dependent upon alcohol and people who are not. The Medical Model is only one theoretical model amongst many (pp. 244, 245). Welch (1998) summarizes the disease model this way,

...there is no clear evidence that alcoholism is primarily a disease. Despite the many studies on alcoholism and drug abuse, none of them show that addictive behavior is clearly biological. No one has found a gene or a chemical imbalance...We can be genetically predisposed to enjoying a particular drug, food, or activity. But there is a huge difference between being influenced by genetics and being determined by it. (p. 196)

Martin (1990) suggests that addiction is a combination of physical, psychological, spiritual and cultural factors. These factors must be integrated for a comprehensive understanding of dependence (p. 25). Many researchers challenge the legitimacy of the disease model when it assigns etiology for dependence as purely biological (Doweiko, 1999, Erickson, 1985; McCoy et al, 2004; Parsec, 2007; Passages Malibu, n.d.; Salvation Army, n.d.; Teen Challenge, 2007; Welch, 1998; White, 2000).

The third theoretical construct of *Christian spirituality* in alcohol dependence treatment is the rejection of the addictive personality theory, which assigns the etiology of addiction to preexisting personality defects. May (1988) states that this theory is derived from the psychoanalytic school which hypothesizes that narcissistic, self-centered, manipulative, and devious traits (associated with the pleasure principle) are caused by a serious neurotic problem; which leads to addiction (p. 54). May challenges this theory. He identifies chemical (alcohol dependence) addiction as the causal factor of the symptoms of an addictive personality (pp. 54, 55).

The fourth theoretical construct of *Christian spirituality* in alcohol dependence treatment is that the prototype of all dependence is always called sin, and never sickness, in Scripture (Welch, 2001, p. 22). Welch (2001) cites Old and New Testament references (e.g., Gen. 9:18-27; I Kings 16:9; Prov. 23:29-35; I Cor. 5:11; 6:9, 10; Gal. 5:19-21) of words and attitudes associated with drunkenness (pp. 22, 23). Welch (2001) quotes the following Scriptural portion, which he suggests captures the devastating aspects of alcohol dependence:

Who has woe? Who has sorrow? Who has strife? Who has complaints? Who has needless bruises? Who has bloodshot eyes? Those who linger over wine, who go to sample bowls of mixed wine. Do not gaze at wine when it is red, when it sparkles in the cup, when it goes down smoothly! In the end it bites like a snake and poisons like a viper. Your eyes will see strange sights and your mind imagine confusing things. You will be like one sleeping on the high seas, lying on top of the rigging. 'The hit me,' you will say, 'but I'm not hurt! They beat me, but I don't feel it! When will I wake up so I can find another drink?' (Prov. 23:29-35, NIV; pp. 22, 23)

The fifth theoretical construct of *Christian spirituality* in alcohol dependence treatment is that *Christian spirituality* embraces a unique, innovative Christian cognitive-behavioral modality. Its philosophy is based upon an evangelical view of Biblical

inerrancy as its paradigm of treatment. The essence of the phenomenon of *Christian spirituality* is an intimate divine-human relationship with Jesus as Lord and Savior of every aspect of one's life (America's Keswick, 2008; Hawkins, Tan, & Turk, 1999; Parsec, 2007; Refuge Ranch, 2007; Salvation Army, n.d.; Straub & Sibcy, 2008; Tan, 1996; Teen Challenge, 2007).

God makes this possible through His free gift of salvation, which is given through grace and received by faith. God's regeneration of man supernaturally creates man into a new spiritual being in whom the Holy Spirit abides. The Holy Spirit inspires and empowers the believer to love and obey God. He progressively manifests His fruits in the believer's life as the believer cultivates his divine-human relationship through consistent exercising of the Spiritual Disciplines and Christian virtues (Backus, 1987; Hurding, 1988; Ellison, 1994; Friends in Recovery, 1994; White 1998).

Welch (2001) states, "It is not the claims of science that persuade people that addictions are best understood as a disease. The disease theory persists because there are no other readily available explanations for why people can feel so out of control" (p. 28).

Albeit, addressing the physical ramifications of alcohol dependence is an intrinsic priority in treatment (Campbell, 1992; Coombs, 2004; Cutten, 1907; Engel, 1977; Enoch & Goldman, 2000). Keys (2011) stressed that early diagnosis of brain imbalance caused during alcohol withdrawal of hospitalized alcohol dependent patients is critical. She emphasized outpatient counseling, referral to rehabilitation and community resources at discharge to increase potential abstinence acquisition (pp. 40-44).

Ruden and Byalick (1997) suggest that an unbiobalanced brain is caused by stressors which alter the homeostasis between dopamine and serotonin and result in a

craving brain (i.e., feeling out of control or cravings). A dependent individual must choose to admit his dependence (i.e., alcohol dependence) and identify the stressors that motivate his behavior.

Ruden and Byalick (1997) stated that after identifying stressors which motivate behaviors; the dependent individual must choose to eliminate these stressors which cause a bioimbalance. They hypothesize that behavioral changes, which eliminate stressors, serve to restore homeostasis between dopamine and serotonin.

Welch (2001) distinguishes the biblical model of viewing alcohol dependence from the medical model. The Scriptural model recognizes the devastating effects of alcohol dependence upon the body and soul. Although physical desires entice (i.e., brain cravings) one to satisfy cravings; the Christian's will is inspired and empowered by the Holy Spirit.

Therefore, although the body is subject to temptation, it can not make anyone sin.

Theology really does make a difference. Words such as alcoholism, treatment, symptoms, disease, therapy, and even addiction itself, eventually communicate that the ultimate cause is in our body rather than in our heart. There is a dramatic difference between seeing drunkenness as a victimizing physical weakness versus an expression of a self-focused heart (Welch, 2001, pp. 32, 33).

Welch (2001) states that physical weakness cannot be changed; it can only be controlled or endured. However, a self-centered idolatrous heart can be changed through the Holy Spirit. Conviction by the Holy Spirit can inspire confession and repentance, which enables one to experience God's empowerment to overcome alcohol dependence.

The sixth theoretical construct of *Christian spirituality* in alcohol dependence treatment is that *Christian spirituality* offers divine resources of God's amazing grace exhibited in unconditional love, forgiveness, empowerment, and hope in treatment (Boa,

1986; Carter & Narramore, 1984; Collins, 2001, 1998; Cook, 2006; Crabb, 1997; De Conciliis & Kinsella, 1995; Hughes, 1981; Johnston, 1985; Johnson & Jones, 2000; Jones, 1988; Jones, 1994; Jones & Butman, 1991; Nouwen, 1999; Sanders, 1997; Sweeten, Ping, & Clippard, 1993; The Life Recovery Bible, 1988; VanVonderen, 2004; Wilde, 1992). Reconciliation with the triune God comes through Jesus Christ alone as Lord and Savior.

The power to change comes from the phenomenon of *Christian spirituality*, which is experienced through an intimate divine-human relationship. The Holy Spirit supplies man with power to overcome sin, including alcohol dependence (Adams, 2002, 1979, 1972; Addiction Recovery, n.d.; Allen, 1981; Graham, 1988; Jones, 1988, pp.128-136; Welch, 1998, pp. 197-202).

Some recovery programs try to ignore or deny the place of God (or a Higher Power). I think that's a serious mistake. For recovery to take place, people need to know that God cares about them personally and about their problems. I've said to clients, 'The Bible has every answer you need' ...No other book is as awesome or as helpful...Spirituality isn't limited to faith in God but refers to a way of living. A healthy spiritual outlook produces healthy thoughts, positive attitudes, and a more optimistic view of the world and the self. Spirituality includes giving up (surrendering) power over addiction and replacing it with the power (strength) of God. I like to think of spiritual recovery as giving up self-centeredness for Christ-centeredness. (Robertson, 1992, p. 48)

The seventh theoretical construct is built on the framework that the rubric of *Christian spirituality* embraces all aspects of religion and religiosity (Heinz et al., 2007). Spirituality and religion share a common history and a mutually complementary relationship (Cook, 2004). These terms are sometimes used interchangeably (Tanyi, 2002). No succinct universal definition has been delineated for spirituality and religiosity (Cook, 2004; Miller, 1998; Miller & Bogenschutz, 2007; Piderman et al. 2007; Piedmont,



2001, 1999; Pringle, Emptage, & Barbetti, 2007; Ritt-Olson et al., 2004; Sherman & Fischer, 2002; Tanyi, 2002).

During the last quarter of a century, medical and social sciences have experienced difficulty relating spirituality with alcohol dependence treatment because it lacks a universally agreed upon operational research definition. Typical responses include: (a) leave term undefined; (b) develop an operational definition that is empirically or theoretically based; and (c) adopt research subjects' understanding of spirituality (Cook, 2004). Each study must be assessed in context with the researcher's personal definition and evaluated contextually in order to capture its value (Cook, 2004).

This study defines spirituality operationally in a manner that includes all aspects of religion and religiosity. Cook's (2004) definition of spirituality captures the homogeneity of the inner private reflective aspects and the social communal aspects of spirituality, which is found in evangelical *Christian spirituality*.

Spirituality is a distinctive, potentially creative and universal dimension of human experience arising both within the inner subjective awareness of individuals and within communities, social groups and traditions. It may be experienced as relationship with that which is intimately 'inner', immanent and personal, within the self and others, and/or as relationship with that which is wholly 'other', transcendent and beyond the self. It is experienced as being of fundamental or ultimate importance and is thus concerned with matters of meaning and purpose in life, truth and values. (Cook, 2004, pp. 548, 549)

Spirituality contains the communal and social elements essential to religiosity/religion; they are intrinsically related (Heinz et al., 2007). Some authors (Allport, 1950; LaPiere, 2010; Tanyi, 2002; Thoresen & Harris, 2002) perceive religion as an organized body.

These groups (i.e., Alcoholics Anonymous) often have guidelines, boundaries, rituals, values, practices, and beliefs about God or a higher power (Focus on the Family, 1988; Heinz et al., 2007; Ritt-Olson et al., 2004; Shelby, 2001; Winzelberg & Humphrey, 1999). Religious affiliation and expression (i.e., worship, Bible study, etc.) may be a public expression of spirituality (Arnold, 2003; Arnold, 1987; Kelemen et al., 2007; Sterling et al., 2007).

Healthy religious involvement enhances spirituality development (Antoun & Hegland, 1987; Hodge et al. 2007). Spiritual Disciplines embrace private and public expressions of spirituality; they are intrinsically related and complement each other (Arteburn, 2005; Arteburn & Felton, 1991, Arteburn & Stoeker, 2000; Backus, 1996; Foster, 1978; 1981, 1998). Spiritual Disciplines include disciplines related to inward life (i.e., meditation, prayer, fasting, solitude, study), outward life (i.e., simplicity, submission, discipleship, service), and corporate life (i.e., confession, restoration, worship, guidance, celebration; Foster, 1978; 1981; 1998).

In evangelically based alcohol dependence treatment programs *Christian spirituality* includes most communal aspects of spiritual disciplines and corporate engagement associated with religion/religiosity (Berry, 2005; Heinz et al., 2007; Tanyi, 2002). Some communal aspects of *Christian spirituality* are: group Bible study, testimony, prayer, teaching, fellowship in prayer, worship, meals, free-time, group-education, work-assignments, training modules, discipleship classes, group counseling, buddy-system, church affiliated aftercare, regular alumni teaching and fellowship modules, and supportive programs with wives and children (America's Keswick, 2008). Participation with leaders and peers in corporate spirituality activities contribute to

development of individual spirituality (Allen, 2002; America's Keswick, 2008; Anderson, 1993; Anderson & Park, 1993; Refuge Ranch, 2007; Salvation Army, n.d.; Teen Challenge, 2007).

Pringle et al. (2007) advocate that religiosity strengthens spirituality. Intrinsic religious motivation in alcohol dependence treatment represents the departure from self-gratification to participation in religious institutions to foster spiritual values, which develop into personal intrinsic spirituality (p. 69).

The eighth theoretical construct of *Christian spirituality* in treatment of alcohol dependence is the experience of "authentic spirituality." "We become Christians and begin to experience 'authentic spirituality' when we reach out and accept the gift of salvation offered by God because of his grace" (Collins, 1998, p. 184). "Authentic spirituality" is communicated in the divine-human relationship within the counseling process and throughout treatment (America's Keswick, 2008).

Hurding (1988) suggests that Jesus provided the impeccable example to be imitated regarding divine-human relationships. "Salvation is no longer some remote ideal of perfection, forever inaccessible; it is a person, Jesus Christ, who comes to us, comes to be with us, in our homes and in our hearts. Remorse is silenced by his absolution" (Tournier, 1958, p. 187).

Hurding (1988) suggests that Christ's model of prophetic shepherding, along with His priestly and paracletic work, provide the counselor with objectives of repentance, restoration, redemption and regeneration (p. 395).

As we listen, advise and pray, within the counselling process, we will also seek to be open to the redemptive power of Christ and his Spirit-releasing, rescuing and saving those in bondage. Thus, we may discern that the objectives of this or that

counselling encounter may include physical healing, ‘healing of the memories’, ‘primal integration’, the beginnings of victory over some besetting sin, release from an obsessive habit or deliverance from an evil influence. (p. 398)

Raws (n.d.) taught that God’s provision includes victory over sin and power in service. The indwelling Holy Spirit imputes divine life through regeneration to receptive sinners through grace. The indwelling Holy Spirit empowers the believer to progressively mature in *Christian spirituality*. *Christian spirituality* is preserved through union, sustained fellowship, and communion with God through Jesus Christ. The indwelling Holy Spirit manifests Jesus’ life in and through the believer (pp. 1-3).

### **My Personal and Professional Interest in this Study**

My interest in this study has developed from a combination of personal and professional experiences. My first encounter with alcohol dependence stems from my father’s personal experience. His struggles throughout my childhood and adolescence left significant impressions.

As an adult, evangelical, Christian involved in outreach and church ministries to children and adults, I have observed many people losing their battle with alcohol dependence. It has often devastated their lives and wreaked havoc in the lives of loved ones. I am aware of the high recidivism rate of people who received Christ as Savior, but neglected cultivating their divine-human relationship; they often relapsed.

As an intern Chaplin at Central Islip Psychiatric Hospital, I observed many patients who experienced comorbid diagnoses, which included alcohol dependence. While counseling as an intern with the Salvation Army (affiliated with Northport Veteran’s Hospital), I observed many veterans struggling with alcohol dependence.

I had the privilege to share the gospel with some veterans who sought my counsel and desired for me to share God's Word with them. Anecdotally, I observed some men who received Jesus as their Lord and Savior. Those who actively cultivated their divine-human relationship, exercising Spiritual Disciplines, did not relapse during the year that I was there (I realize that many variables may have contributed to this observation).

As an intern Christian counselor at Hope Family Resources in Queens and the Bronx I noted that individual and family problems were sometimes related to alcohol dependence. I observed that alcohol dependence contaminates every segment of society. There appears to be no buffers or resiliencies (gender, social, economic or educational status, intelligence, age, etc.) sufficient to resist its allurements. These observations contribute to my desire to study the phenomenon of *Christian spirituality* in treatment for alcohol dependence. I am honored to be given this opportunity.

Having experienced the negative effects of alcohol dependence throughout childhood and adolescence my heart and mind may have been skewed in the direction of hope and success for every participant being studied. The safeguard here was that these participants shared their stories from their own perspectives. I endeavored to record and assess their successes and failures with an objective admiration for their willingness to attempt change, however challenging.

I identified buffers and resiliencies that these men acquired from the phenomenon of *Christian spirituality* during treatment. Insights from these men related to their benefits may help counselors and individuals seeking help. It will also add to the limited body of research associated with the phenomenon of *Christian spirituality* as the foundational treatment of alcohol dependence.

## Organization of Remaining Chapters

Chapter Two provides a literature review summarizing the direction of prior research related to spirituality and treatment of alcohol dependence. The purpose and focus of this study is discussed. The etymology of the term spirituality is briefly reviewed. Chronological highlights of *Christian spirituality* in philosophy and treatment of alcohol dependence in America is furnished. Clinical perspectives of *Christian spirituality* in alcohol dependence treatment are delineated. A summary of the historical progression of *Christian spirituality* in treatment of alcohol dependence and its recent resurgence follows. The phenomenon of *Christian spirituality* related to the treatment of alcohol dependence is explored. A summary concludes Chapter Two.

Chapter Three begins with the methodology of the preliminary research that was necessary to establish the intrinsic dynamics and elements which comprise the phenomenon of *Christian spirituality*. The methodology of the phenomenon of *Christian spirituality* in treatment is summarized. A description of the research design is outlined. Procedures for this study are furnished, along with data collection methods. The procedural format for the personal interviews is provided. Chapter Three ends with a summary.

Chapter Four begins with an introduction and then provides a table which created a partial historical portrait of relational and environmental factors that contributed to the participants; choice to engage in alcohol abuse; which culminated in alcohol dependence. These factors appear to have contributed to their decline into this state.

A second table completes this portrait by summarizing the participants' various responses once they recognized that their relationship with alcohol had reached

dependency. It shows what they did when they fully acknowledged that they were alcohol dependent and records the duration of their ongoing battle.

The table furnishes an overview of their self and formal treatment attempts; time sober and relapses before attending the northeastern Christian-based treatment facility. Finally, it delineates the participants' time sober and relapses after successfully graduating from treatment at the northeastern evangelical Christian-based treatment facility and their present ability to maintain an alcohol free lifestyle.

Eight themes are extracted from three periods of time in the participants' lives as it related to the phenomenon of *Christian spirituality*: prior to treatment; during treatment; and after treatment. Some of these themes reveal that the participants lacked resiliencies to avoid habitual abuse of alcohol and the ability to overcome alcohol dependence themselves.

The remaining themes delineate the aspects of the phenomenon of *Christian spirituality* that the participants associated with their ability to overcome alcohol dependence during treatment at the northeastern evangelical Christian-based treatment facility. These themes also delineate the participants' ability to maintain an alcohol free lifestyle after successfully completing treatment at this facility.

Chapter Five begins with an introduction and then discusses research conclusions. Counseling implications are considered, along with the philosophy of CCBT treatment at this northeastern evangelical Christian-based treatment facility for alcohol dependence. Limitations of this study are then furnished. A chapter summary concludes Chapter Five. This chapter is followed by a reference list of this study's citations.

## **Chapter Summary**

Chapter One introduced the benefits of inclusion of spirituality in holistic treatment of alcohol dependence. It then explored the background to the problem and highlighted significant responses. The reader was informed of this study's purpose and furnished with research questions. Operational definitions were given. The significance of this study was shared. The theoretical/conceptual framework for this research was delineated. Personal and professional interests in this study were stated. Organization for the following chapters was outlined. A summary completed this chapter.



## CHAPTER TWO: LITERATURE REVIEW

### Introduction

This literature review will summarize the direction of prior research related to spirituality and treatment of alcohol dependence. The limitations of the Medical Model will be discussed. The purpose and focus of this study will be stated. The etymology of the term spirituality will be reviewed. Chronological highlights of *Christian spirituality* in philosophy and treatment of alcohol dependence in America will be provided. Clinical perspectives of *Christian spirituality* in alcohol dependence treatment will be delineated. A summary of the historical progression of *Christian spirituality* in treatment of alcohol dependence and its recent resurgence will follow. The etiology and theology of alcohol dependence in the context of the phenomenon of *Christian spirituality* will be reviewed. The phenomenon of *Christian spirituality* relating to the treatment of alcohol dependence will be explored.

### Limitations of the Medical Model

The Medical Model's roots grew out of the concept of alcohol dependence as a disease. Benjamin Rush (1784) declared "habitual use of ardent spirits" as an "odious disease" (White, 1998, p. xiii). Meyer (1996) stated that in 1784 disease was defined as anything classified as being able to cause an imbalance in the nervous system (Doweiko, 1999, p. 242). Alcoholics Anonymous' founder Bill Wilson popularized the Medical (disease) Model in the 1930's. He originally used the term metaphorically (i.e., drinking is like a disease) to remove the stigma of addiction. This encouraged people to be more

open in facing addiction. Today, alcohol dependence is generally associated with a disease model without valid evidence (Welch, 1998, p. 189).

Dowieko (1999) stated that Jellinek, in 1952, presented his model as a preliminary theory of alcoholism as an unrecognized disease with a biological predisposition toward addiction. He proposed that alcohol dependence progresses through identifiable stages of deterioration (Alpha, Beta, Delta, Gamma, and Epsilon), which, if left untreated, culminates in death. The American Medical Association adopted the disease model in 1956 (pp. 230-232).

The delineation of the limitations of the strictly medical model recognizes the complex multifaceted relationship that unique physical (i. e., genetic, neurobiological), psychological, social, and spiritual factors play in etiology and long term ramifications of Substance Use Disorders (SUDs) and comorbidities. Hartwell, Tolliver, and Brady (2010) examined the etiological relationship and neurological perspective that alcohol dependence and SUDs have with psychiatric disorders. Preexisting neurobiological abnormalities may increase vulnerability to chronic stress and other environmental factors. Biological research demonstrates that habitual consumption leads to biological changes (neuroadaptation) in the brain (pp. 68-73).

Cox et al. (2005) propose a model which demonstrates that spirituality has a direct and indirect effect upon both health and well-being. Spirituality directly influences organized religious activities, non organized religious activities, and other religious variables. These constructs can impact each other in either a positive or negative manner. They influence each other and are influenced by each other simultaneously. This model

illustrates the complex relationship between physical, psychological, social, and spiritual elements of humanity (pp. 303-310).

Vailliant (1990) suggested that alcohol dependence was a disease worthy of research and that its victims are entitled to medical treatment without prejudice (p. 5). Brown (1995) stated that Jellinek's disease model presents alcohol dependence as a biological disorder; not the result of moral failure or lack of willpower.

The Medical Model decreased the stigma for individuals struggling with alcohol dependence. This rationale assumes that the individual is not morally responsible for alcohol dependence. This model assumes that a predisposition combined with stress, opportunity, and repetition may result in the disease of alcoholism. Another benefit of the Medical Model is monetary. Employers often finance treatment for employees who have become victims of this disease (Martin, 1990, p. 24, 25).

Thoresen and Eagleston (1985) and Thoresen, Hoffman and Goldberg (1998) stated that many researchers and clinicians challenge the strictly Medical Model. The Medical Model embraces four assumptions. A differential diagnosis endeavors to identify the disorder. Each disorder or disease has a definable specific cause. An identifiable treatment exists to eliminate the specific cause. Technological specialization is the most efficacious treatment of disorders. While this methodology is effective in treating some infectious diseases; it fails to consider the social, psychological, spiritual, environmental, and behavioral elements that impact health and well-being.

The advocates of the Medical Model followed a technological approach which provided a specialization of treatment. Alcohol dependence did not fall into a discrete category as mentioned by Orlinsky and Howard (1986). Moos, Finney, and Cronkite

(1990) and Miller (2000) suggest that many shortcomings of the strictly technological approach are manifested in addressing psychological and behavioral problems. Multiple causes cannot be discretely defined as a specific disease or disorder. Outcome studies have generally not been able to specify one superior treatment approach. Attempts to differentially match treatments with client's characteristics have failed. Many factors contribute to health outcomes rather than adoption of one treatment modality (pp. 3, 4).

Doweiko (1999) recorded that over the course of 60 years many research studies have attempted to identify a biological foundation for alcohol dependence. Some studies suggested that alcohol dependent individuals may metabolize alcohol differently than the general population. Other studies hypothesized that those who are alcohol dependent may be more or less sensitive to alcohol's effects than the general population.

However, no consistent difference has been found in the metabolism rate between people who are alcohol dependent and those who are not. No difference has been found regarding sensitivity of people who are alcohol dependent and people who are not. Although the Medical Model is just one of several competing theoretical models, proponents incorrectly refer to it as "an established fact" (pp. 244, 245).

Siebert (1996) suggests that scientists have no idea how individual genes or gene clusters affect human behavior. Therefore, talk about genetic predisposition toward alcohol or drug disorders is merely speculative (Doweiko, 1999, p. 244). Extensive research has failed to identify a personality or biological predisposition toward alcohol dependence. Hill (1995) reports that many researchers question whether a genetic basis for alcohol dependence exists. "Is There an Addictive Personality?" (1990) states, "There is no proof that anyone is chemically, genetically, or psychologically doomed" (p.

2). Martin (1990) states, “A positive approach to addiction demands the spiritual aspect of humanity and the importance of personal accountability” (p. 25). He states that addictions are not limited exclusively to physical causation. Combinations of psychological, spiritual, cultural, and physical components must be included in the addiction formula (p. 25).

The Medical Model makes the disease supremely powerful, while diminishing the individual’s power of self-control; yet, alcohol dependent individuals agree that if the reward is significant, they can resist cravings for decades (Doweiko, 1999, p. 242). Vaillant (1990) states that choices and behaviors contribute to the development of an addictive disorder. He proposes that the individual is ultimately responsible for his behavior (pp. 4-6).

Skog and Duckert (1993) point out that research has failed to confirm Jellinek’s suggestion that alcohol dependent individuals lack self-control related to their alcohol consumption. Molecular biologist, Dr. Uhl (1992), of the National Institute on Drug Abuse, suggested that if environmental factors (estimate 70%) do not support drug use; regardless of genetic predisposition (estimate 30%), people will not become addicted (Doweiko, 1999, p. 245). Goodwin and Warnock (1991) stated that while alcohol dependence is common in some families, they do not believe that a genetic origin has been shown (p. 485).

Alcohol dependence as a strictly biological disease, independent of individual choice, is not embraced by *Christian spirituality*. Graham (2006) states that addiction, when classified as a disease, is viewed as a physiologic, chronic, state (i.e., heart disease,

diabetes). This terminology conflicts with research used to support personal choice. The problem arises when the disease concept excuses the behavior (pp. 19, 20).

Welch (1998) states that no clear evidence supports that alcohol dependence is a disease. No studies have shown alcohol dependence to be clearly biological. No gene or chemical has been delineated, which reveals a physiological imbalance. Individuals may be influenced by genetics to enjoy a particular food, a drug or activity but genetics do not determine choice or behavior (p. 196).

The disease model of addiction remains an unproven theoretical model, which is invalidated by the current medical definition of a disease in the United States. Majino and Joris (2004) define disease as a condition which exists in an organism which exceeds the standard allowable deviation from normal form or function of that organism (p. 1). Peele (1989) suggests that after a half of a century of addressing addictions as a disease, advocates are reticent to acknowledge publicly that research demonstrates that treating alcohol dependence as a disease is ineffective (Doweiko, 1999, p. 245).

Peele (1989) states that assigning of responsibility to the individual for resisting addictive behavior effects incidence, remission and prevention of addiction. He refers to Bandura's self-efficacy theory to support his premise "... people can control the outcomes in life that matter to them" (p. 193). Bandura (1990) suggests that psychotherapy succeeds by enhancing the client's conception of self-efficacy.

Peele (1989) proposes that individuals who conceive themselves as alcohol dependent demonstrate the highest potential of fulfilling that role. Contrariwise, those who believe they have power to control their lives demonstrate the highest potential of maintaining authority over their behaviors (p. 193).

Peele (1989) explains the nature of addiction as the chosen method of habitual coping with feelings and situations that overwhelm the individual. The disease theory is inadequate as science; addiction is a tautology, because it fails to investigate why individuals choose to drink (p. 146).

Choosing to engage in an addictive behavior offers the benefit of coping with a challenge. An addiction satisfies needs, although often in an unhealthy, often potentially life devastating manner. Addictions include the individual, the social or cultural environmental situation, and the addictive engagement (Peele, 1989, p. 146).

Peele (1989) suggests the following principles to effectively overcome alcohol dependence: (a) personal accountability for behavior; (b) monitoring behavior; (c) creating a therapeutic environment that morally disapproves of problematic behavior; (d) developing and strengthening adaptive coping skills; (e) applying legal redress for problematic behavior (f) relying on community disapproval of problematic behavior while supporting healthy behaviors (pp. 262, 263).

Doweiko (1999) summarized the Medical Model as being an unproven theory that fails to qualify as a valid disease in which its host is a passive victim. No biophysical basis for alcohol dependence has been validated, nor has a personality characteristic been identified that predisposes anyone to alcohol dependence (p. 250).

The Medical Model for alcohol dependence best fits metaphorically in explaining this problematic behavior. Personal choice to habitually misuse alcohol may result in alcohol dependence. In spite of these research findings the Medical Model continues to dominate treatment of alcohol dependence in the United States (Doweiko, 1999, p. 250).

## Focus of Study

The focus of this study concentrates on human responsibility of choice in relationship with the phenomenon of *Christian spirituality* in the realm of alcohol dependence treatment. This is illustrated in the observations of Dr. Silkworth who, after treating over 50, 000 people for alcohol dependence, noted that sometimes a powerful conversion experience freed people from alcoholism (White, 1998, pp. 129, 141).

Silkworth (1976) states that these changed individuals seem to experience a significant metamorphosis of emotions, ideas and attitudes. They appear to adopt a new worldview, which dominates their ideas, emotions, attitudes, and motives. This new paradigm completely displaces their former worldview, casting it aside (p. 27).

This literature review highlighted the underlying philosophies of the Medical (disease) Model and the *Christian spirituality* Model of alcohol dependence treatment. To properly understand the Medical Model the generations of disease must be delineated.

Peele (1989) identifies the first generation of disease as physical manifestations (i.e., malaria, tuberculosis, cancer, etc.). These diseases are defined by their measurable physical effects.

Peele states that the second generation of disease is classified as mental illness or emotional disorders. This second generation of disease is generally measured by feelings, thoughts, speech patterns, and behaviors (i.e., schizophrenia—disordered thinking and feeling) observed in the lives and reported by the sufferers of these diseases.

These diseases are not generally identifiable by physical testing (i.e., EEG, etc.), but through diagnostic interviews assessing the individual's reality orientation and



thought processes. Collateral information about the individual's behavior patterns are also sometimes used in the assessment process.

Sadock and Sadock (2003) note that Computer Topographic (CT) Scanners, Magnetic Resonance Imaging (MRI) Scans, Positron Emission Tomography (PET), and Single Photon Emission Computer Tomography (SPECT) Scans allow psychiatrists to gain information about brain structure and functioning in relationship to mental illness (p. 108). The third generation of disease is classified as addiction (i.e., dependence). Dependence is measurable by behaviors related to appetites (pp. 5, 6).

Ray and Ksir (2004) suggest that the processes involved in alcohol dependence include tolerance, physical dependence, and psychological dependence. The dynamics of reinforcement strengthen both psychological and physical dependence (pp. 45-46). This literature review focuses upon the current professional and public interest in *Christian spirituality* as a valid, empirically based modality of treatment for alcohol dependence.

### **Etymology of the Term Spirituality**

Kelly (2004) suggests that when one speaks of spirituality in pluralistic society meanings are naturally evoked according to the subjective interpretation of the hearer. The term spirituality is an intrinsic element of assessment in health care today; however, it appears to have no universal meaning (p. 162). Delineation between spirituality and religion has been emerging for over a quarter of a century. Psychologists studying this distinction identify spirituality as an individual characteristic; a multidimensional, latent construct similar to personality or health (Miller & Bogenschulz, 2007, p. 433).

Religion is identified as a social behavior, which encompasses specific parameters established by one's beliefs, practices, participation, and membership. This distinction is illustrated by Alcoholics Anonymous (AA), which describes its organization as spiritual, but not as religious (p. 433). This study will utilize Cook's definition of spirituality, which encompasses all aspects of religion and religiosity.

### **Chronological Highlights of *Christian Spirituality* in Philosophy and Treatment of Alcohol Dependence in America**

Cook (2006) suggests that the historical foundation of *Christian spirituality* and its cultural, philosophical ethics related to alcohol dependence is rooted in the Old and New Testaments. Old Testament Scripture and the Apocrypha condemn the sinful behaviors associated with drunkenness; therefore it is viewed as unwise and evil. Old and New Testament literature perceived drunkenness as one of excess indulgence, one of many sins of the flesh (pp. 131-132).

The sin of drunkenness was compounded by the many sins this behavior often generated (i.e., immorality, violence, etc.). The New Testament embraced the concept of drunkenness as the negative result of sinful desire motivated by a power in competition and defiance toward God's call. Drunkenness as a chosen lifestyle (alcohol dependence) is unacceptable to God and renders one ineligible to enter God's coming kingdom (Cook, 2006, pp. 131-132).

First century Judaism and Greco-Roman cultures focused upon the negative behavioral ramifications occurring during drunkenness. The New Testament utilizes ten different Greek words to delineate drunkenness: *methe*-drunkenness or debauchery;

*methusos*-drunkard or drunken; *oinophlugia*-drunkenness; *paroinos*-drunkard or given to strong drink; *oino pollo*- addicted to wine or to enslave to drink; *doulos*-to make [someone] a slave to drink; *prosecho*-be fond of much wine; *oinopotes*-drinker or drunkard; *kraipale*-drunken dissipation or drunken nausea or surfeiting; *methuskomai*-get drunk or to intoxicate; *methuo*-be drunk or drink freely (Cook, 2006, pp. 36-46).

Cook (2006) states that the New Testament uses many of these words in lists which enumerate various sins of human lust or self-indulgent vices (Romans 13:13; I Corinthians 6:9-10; 1 Timothy 3:3, 8; Titus 1:7; I Peter 4:3-4 ) that are to be avoided if one desires to inherit God's kingdom. These lists also provide fruits and virtues of the indwelling Holy Spirit (Romans 13:14; I Corinthians 6:11; Galatians 5:22-25; I Timothy 3:2, 4-7, 9-13; Titus 1:8-9; I Peter 4:5-10) that are elements of *Christian spirituality* to be assimilated and manifested by choice in daily life during interactions with unbelievers and believers. Life's challenges, sufferings, triumphs and struggles are to be experienced within the context of faith and obedience within the divine-human relationship; as opposed to sinful self-indulgence (pp. 46-51).

Cook (2006) found Christian ethics exegeted from Scripture to be amazingly uniform related to alcohol dependence in the early church until the 19<sup>th</sup> century. Drunkenness was condemned as sin by the authority of Scripture; the choice to participate in this behavior defied God's will; it was condemned by Christian ethics as a result of rational assessment of its negative consequences to oneself and to the body of Christ (pp. 53-59).

Augustine, born in 354, embraced the will as the primary focus for Christian ethics. He conceived the divided will being in competition with itself. He perceived

drunkenness as a work of the flesh; a disordered will focused upon selfish pride instead of pleasing God. He advocated human responsibility to pray for God's grace to deliver oneself from drunkenness (Cook, 2006, pp. 53-59).

Thomas Aquinas, born about 1225, embraced a rational basis for Christian faith while perceiving divine revelation as the primary means of knowing God. He perceived drunkenness as sin and the resulting behavior (according to one's awareness and intent) as sin because it impairs one's ability to reason (Cook, 2006, p. 59-66).

Thomas Aquinas considered reason to be the foundation for virtuous actions and avoidance of sin. He advocated avoidance of drunkenness and pursuit of the ultimate good in reason and behavior (Cook, 2006, pp. 59-66).

Cook (2006) noted that Martin Luther, born in 1483, embraced drunkenness as sin because of clear Scriptural condemnation. He saw drunkenness as resistance of the flesh to the work and reign of the Spirit of Christ. He advocated eschewing drunkenness (all works of the flesh) out of a heart filled with gratitude for Christ as one's Redeemer and Lord (pp. 66-76).

George Whitefield, born in 1714, embraced drunkenness as sin primarily because of Scriptural condemnation. He reinforced Scriptural condemnation with vivid enumerations of its devastating consequences. He advocated infilling of the Holy Spirit, complimented by prayer and utilization of the Holy Spirit's empowerment in temperance and self-discipline. Through the centuries alcohol dependence (drunkenness) was addressed with Scripture, philosophy and church tradition (Cook, 2006, pp. 66-76).

White (1998) suggests that alcohol dependence was originally perceived as a linear progression of sinful choices for which the individual was responsible. Habitual

drunkenness (alcohol dependence) was considered to be a logical consequence of one's choice to habitually ingest alcohol excessively (White & Withers, 2005, pp. 58-62).

Little (2009) stated that Puritan morality condoned moderation as godly virtue, while condemning drunkenness. Drunkenness was perceived as a spiritual, moral problem with a negative impact on society. Lender and Martin (1987) noted that alcohol consumption became problematic as farm workers drank alcohol during and after work.

White (2002) noted that *Christian spirituality* played a foundational role from the inception of alcohol dependence treatment. *Christian spirituality* was an intrinsic element of Native American abstinence-religious and cultural reformation, during the 18<sup>th</sup> and 19<sup>th</sup> centuries. Some of these movements included: the Delaware Prophets, Handsome Lake, the Shawnee Prophet, and the Kickapoo Prophet (White & Withers, 2005, pp. 58-62).

Christian missionaries (i.e., William Apress and George Copway), along with churches of that era (i.e., the Indian Shaker church, and the Native American church), called for adherents to abstain from alcohol and resume tribal traditions. Abstinence was the standard antidote for alcohol dependence and a means of preserving Indian culture. Morality and spirituality were the intrinsic elements of treatment, which were complemented with secular forms of treatment (White & Withers, 2005, pp. 58-62).

Anthony Benezet wrote the first treatise on alcohol in 1774. He challenged the common view that alcohol was a gift from God, stating that it was a "bewitching poison." He observed the norm to be self-acceleration to drunkenness and described "unhappy dram drinkers" as bound in slavery (White, 2000, p. 47). In 1826, Dr. Lyman Beecher preached, *Six Sermons on the Nature, Occasions, Signs, Evils, and Remedy of*

Intemperance. He provided a collaboration of moral and medical perspectives related to intoxication, along with a checklist of warning signs marking the loss of will power related to excess alcohol consumption (White, 2000, p. 48).

Ray and Ksir (2004) observed that alcohol was identified as a serious post revolutionary problem. Its negative influence in American society became so pervasive that alcohol itself was viewed as a demon. Demonization of alcohol subtly diverted the responsibility of choice from those who habitually chose to drink excessively (p. 273).

Lemanski (2001) noted that in 1778 Rush, the first American authority on alcoholism, refuted contemporary myths promoting alcohol as beneficial to health in, "Directions for Preserving the Health of Soldiers". Six years later Rush produced a tract titled, "Inquiry into the Effects of Spirituous Liquors on the Human Body and Mind". He enumerated the harmful effects of alcohol dependence; memory loss and progressive moral and physical decay (2001, pp. 11, 12).

Lender, Martin, and Kirby (1982) stated that Rush was the first American to identify chronic drunkenness as a distinct disease (p. 37). Rush blamed alcohol for: fighting, lying, madness, epilepsy, swearing, rage, suicide, murder, and hanging (Rush, 1944, pp. 321-341).

Strug, Priyandarsini, and Hyman (1986) stated that Rush identified religious, metaphysical, and medical treatment as effective remedies for chronic drunkenness. He stated that hundreds overcame the desire for alcohol through personally embracing a practical belief in the doctrines of *Christian spirituality* (pp. 27-30).

Lemanski (2004) recorded that the emergence of temperance and mutual aid societies sought to solve alcohol dependence through prevention. Dr. Clark founded the

first mutual aid society, The Union Temperance Society of Moreau and Northumberland, in 1808 after reading Dr. Rush's publication (p. 13).

Tracy (2005) stated that investigation of the etiology of intemperance was doggedly pursued. Various hypotheses included: neglect of spirituality, infants acquiring a craving for alcohol through their intemperate, nursing mothers, and of soldiers and farm laborers receiving daily portions from government and bosses (pp. 28, 29).

Tracy (2005) observed that in 1826 a group of evangelical clergymen founded The American Society for the Promotion of Temperance (ASPT). This temperance campaign, supported by industrialists, farmers, and homemakers, was a major reform movement in the 19<sup>th</sup> century (p. 6). During this period the Christian community promulgated God's empowerment of believers to resist temptation (including intemperance) and embrace salvation through personal choice (pp. 28, 29).

Sweetser (1828) suggested that intemperance develops into a disease caused and sustained by personal choice. He maintained that personal morality influences choice and behavior (p. 98). Sweetser suggested that intemperance was self-inflicted and the inebriate should take responsibility for his illness (Tracy, 2005, pp. 28-31). He delineated the devastating effects of habitual drunkenness on bodily structures and functioning, encouraging Christians to wholeheartedly abhor and resist habitual drunkenness (p. 81).

Cook (2006) noted that Dr. F. R. Lees applied a Socratic definition to Temperance, which was to know how to use what is good and to refrain from using what is bad. During the 1830s the major Temperance rationale was formulated. These tenets were: alcohol is an addictive poison predisposing addicted individuals to various physical

illnesses; habitual use results in alcohol dependence; alcohol dependent individuals experience a diminished self-control control of morality, sometimes leading to animal passions, crime and poverty (p. 80).

Cook (2006) noted that alcohol was assessed as the problem and abstinence was assessed as the cure. Moral persuasion and legal prohibition (Maine, 1846) were utilized to sympathetically rescue victims of this disease from the 1840's onward (p. 80).

Levine (1978) suggested that a sociological element of optimism was motivated through enlightenment, which redefined evil as deviance or a diseased will. Contextually, liquor was demonized because it short-circuited self-control, while incapacitating people from living temperately. Addiction (dependence) became a concept to describe the problem people experienced in controlling their desires (p. 117).

White (2000) stated that reformatories provided treatment in concert with their philosophy of chronic drunkenness. The Franklin Reformatory's viewpoint was expressed through Dr. Harris, "As we do not, either in name or management, recognize drunkenness as the effect of a diseased impulse; but regard it as a habit, sin, and crime, we do not speak of cases being cured in a hospital, but 'reformed'" (p. 52).

Tracy (2005) noted that prominent members of the American Association for Cure of Inebriates (AACI) were temperance advocates who personally managed inebriate homes. They focused on the rehabilitation of moral character through enlightened Christian fellowship, combined with medical care in the context of kindness (pp. 27, 28).

White (1998) noted that the Washingtonian inebriate homes emphasized moral treatment and spiritual regeneration. These homes focused on character rebuilding. Recovery was perceived as a personal choice. Strengthening one's willpower occurred in



an environment that afforded the opportunity for shared moral and spiritual transformation (p. 37).

White (1998) observed that most reform institutions during the 19<sup>th</sup> century supported the benefits of religion and personal reformation. American temperance leaders proclaimed personal transformation through *Christian spirituality* (pp. 71-78).

These 19<sup>th</sup> century mutual aid societies promoted a modality of treatment for alcohol dependence, which included religious conversion and personal transformation. Transformed clients were often referred to Christian churches and fellowships in their areas. This aftercare supported long-term recovery and maintenance of an alcohol free lifestyle (White, 1998, pp. 71-78).

White (1998) stated that many almshouses, insane asylums, orphanages, prisons, reformatories and inebriate asylums observed the efficacious role of evangelical religion in personal transformation. Katherine Chavigny suggested that evangelical religion provided the foundation which spawned the therapeutic temperance movement within mainstream religion, along with alcohol treatment facilities (p. 71).

Lemanski (2001) noted that Christian Women's Temperance organizations (i.e., Women's Christian Temperance Union [WCTU]) blossomed during the antebellum period. The WCTU promoted prevention of alcohol dependence through legislation, which required public school education to teach children from an early age about the dangers of alcohol consumption (pp.16, 17).

Berk (2004) concluded that the anti-alcohol crusades led by Benjamin Rush largely failed to deter alcohol dependence because his arguments relied too heavily upon *logos* as an appeal to *logic* (i.e., scientific evidence, statistics, etc.). Spiritual

commitment to God's holiness in daily life was fueled by the great religious revivals of the 1800s and 1900s, such as the Second Great Awakening (pp. 1-10).

The 19<sup>th</sup> century's religious revivals (i.e., 1850s and 1860s) sought the recovery of those in the sinful bondage of drunkenness. Early twentieth century revivals (i.e., Billy Sunday) occurred during the later temperance and prohibition eras. Christian Fundamentalists and Evangelicals focused on *pathos* or emotional appeal. They combined *pathos* with the logic of Scriptural truth and Puritan morality, exhorting adults to model *Christian spirituality* for their children through discipline, abstinence, hard work, and child education (Berk, 2004, pp.1-10).

Cook (2006) suggests that two significant changes emerged during the 19<sup>th</sup> century Temperance Movement, which resulted in opposing opinions theologically, medically and socially. The disease concept became more acceptable than individual responsibility for personal choice as the cause of habitual drunkenness (pp. 119-123).

While Edwards perceived will and desire to be identical constructs, Rush, Kerr (both Christian doctors) Lyman, Burns and others distinguished them. Early promotion of moderation over life-long abstinence failed individuals struggling with alcohol dependence; therefore total abstinence became more acceptable. These changes brought about factions which became polarized concerning temperance and eternal salvation; and moderation versus total abstinence (Cook, 2006, pp. 119-123).

Revivalists Moody and Sankey invited individuals who experienced freedom from addiction through *Christian spirituality* to testify at their revival meetings. Rural inebriate homes (i.e., Christian Home for Intemperate Men-1876, America's Keswick Colony of Mercy-1897) helped many to overcome alcohol dependence through *Christian*

*spirituality*. Jerry McCauley's urban mission work (1872) among alcohol dependent people served as a template for the Salvation Army (White & Whithers, 2005, pp. 58-62).

Mathews (2002) stated that the Salvation Army was started in England by William and Catherine Booth. Catherine was active in the temperance movement before her marriage. The Salvation Army held their first meeting in Philadelphia in 1879. Their mission was rescuing individuals from sin's bondage (alcohol dependence, prostitution, stealing, gambling, etc.) through *Christian spirituality*. The conversion experience has been their primary treatment for obtaining and maintaining abstinence. Today the Salvation Army considers alcohol to be the number one substance abuse problem worldwide and maintains 152 alcohol rehabilitation centers in 100 countries (pp. 26-33).

Lemanski (2001) stated that the Salvation Army went to the streets to help alcohol dependent individuals through evangelism and *Christian spirituality*. In the 1940s the army began to provide food, shelter, and social services (including Christian psychiatric counseling) to help the alcohol dependent individuals and their families (pp. 30-32).

Lemanski (2001) recorded these steps which comprise the conversion process: admit the addiction is uncontrollable; recognize that only God can recreate an individual; submit to God's rule through Jesus as Lord of one's life, wholeheartedly commit to live in concert with God's will; confess publicly to God and another one's past sins; ask God to guide one's future; willingly make restitution for past sins toward others; admit, confess, and repent of one's sins openly, and learn from them; maintain prayerful contact with God, seeking and obeying His will; become personally involved sharing salvation with others through example and personal engagement with them (p. 32).

White (1998) noted that by 1900 seven hundred corps of the Salvation Army served alcohol dependent individuals throughout America. In 1961, the Salvation Army became the largest alcoholic rehabilitation service in the United States. The daily bed capacity in the 124 centers was 10,388. In 1998, the Salvation Army's two hundred million dollar yearly budget provided treatment to over 50,000 alcohol dependent individuals. Methods used today reflect historical methods of *Christian spirituality*: spiritual conversion, public confession, transformation of personal identity, the construction of sobriety-based social networks and service to others (pp. 74, 75).

The Emmanuel Clinic (1906) developed into a specialty treatment for alcohol dependent individuals with a combination of religion, medicine and psychology (White & Whitters, 2005, pp. 58-62). Dubiel (2004) suggests that psychological counseling, sober fellowship (i.e., Jacoby Club), and connection to larger religious faith groups were constructs of spirituality developed from the Emanuel Movement.

Kurtz and Ketcham (1992) recorded that the Oxford Movement provided help through *Christian spirituality* (i.e., a personal relationship with God [conversion]). The Oxford Movement delineated between *Christian spirituality* and formal religion (p. 49). During this period of increasing antireligious sentiment; England's Oxford Movement came to America. This group sought to reignite "living faith in a church gone stale with institutionalism..." (Friends in Recovery, 1994, p.xix).

Mathews (2002) stated that a Lutheran minister, Frank Buchman, began the Oxford Movement as a parachurch movement in 1908 after experiencing a personal transformation. Four absolutes were required for membership: purity, honesty, love, and unselfishness. The individual surrenders his life to God, who thereafter directs his future

behavior. This foundational element of the Oxford Movement inspired Bill Wilson, the founder of Alcoholics Anonymous (p. 42).

Little (2009) records that the Oxford Movement advocated a personal relationship with God through a conversion experience. One benefit of this relationship was freedom from alcohol dependence (pp. 5, 6).

The Oxford Movement defined itself as an organism free from institutional dominion. Members met informally in hotels and homes and viewed themselves as an ancillary arm of the church. Personal testimonies, which emphasized the need for personal conversion, were the heart of these meetings (Mathews, 2002, pp. 41, 44.).

The group focused on God's guidance through the Holy Spirit. Full surrender to God and guidance of the Holy Spirit was accomplished by confession of sin to God and to others, making restitution for offenses, and sharing their personal transformation (Friends in Recovery, 1994, p. xx).

The Oxford Movement was founded upon six tenets: humans are sinners; humans can be changed; confession is a prerequisite for change; the changed soul has direct access to God; the age of miracles has returned; those who have been changed are to change others (Little, 2009, p. 45). The Oxford Movement followed five procedures: giving to God; listening to God; checking guidance; restitution; sharing, both confession and witness to others (Friends in Recovery, 1994, p. xx).

The Oxford Movement established a model for alcoholism recovery known as Oxford House, Inc. This was a self-supporting network of recovery houses (Mathews, 2002, p. 50).

White and Whitters (2005) noted that during the 1920's and 1930's many alcohol dependent individuals were helped through participation in *Christian spirituality* fellowship (i.e., the Oxford Group) as a vehicle of recovery. Separation from the Oxford Group in the late 1930s resulted in the birth of an independent spiritually focused Twelve Step Program known as Alcoholics Anonymous (p. 58).

Later, more Christ-centered programs developed, gleaning beneficial aspects from Alcoholics Anonymous (AA) programs. These programs include: Alcoholics Victorious, 1948; the 11<sup>th</sup> Step groups with AA; Calix Society, 1947; Chemically Dependent People and Significant Others, 1979 (White &Whitters, 2005, p. 58).

Alcoholics Anonymous (AA) began officially on June 10, 1935. It was birthed from William Wilson in 1934 during a hospitalization for his excess drinking. He reported having a spiritual experience; which extinguished forever his desire for alcohol. He zealously shared his experience with others, albeit, with little success (Friends in Recovery, 1994, pp. xix-xxi).

Dr. Smith was his first convert who personally gained victory over alcohol dependence. Within four years they co-authored Alcoholics Anonymous, which contained the Twelve Steps, along with their spiritually based program. Wilson stated that he and Dr. Smith learned most of the Twelve Steps from Samuel Shoemaker Jr. while attending Oxford Group meetings in New York between 1935 and 1937 (Friends in Recovery, 1994, pp. xix-xxi).

Kurtz (1999) encourages everyone interested in AA's spirituality to become familiar with: Alcoholics Anonymous (AA, 1976); and the Twelve Steps and Twelve Traditions (AA, 1981). He said that AA members often use these foundational texts while

facing challenges of alcohol dependence, recovery, and maintenance of an alcohol free lifestyle (McGovern & McMahan, 2006, p. 12).

Tiebout (1944) was Bill Wilson's psychiatrist, who became a personal student of the AA experience. He suggested that common traits of a typical alcoholic include: a narcissistic egocentric core combined with emotions of omnipotence; an obsession, fixed upon maintaining inner integrity; and manifestations of an individual grandiosity and defiance. This person rejects all authoritarian control from God or man. He orchestrates and maintains sovereignty over his lifestyle and destiny and vigorously defends against all challenges to it (pp. 468, 469).

Tiebout (1943) observed that religion produces lifestyle changes which promote lifetime sobriety. Religion demands acknowledgement of God's presence. This demand directly confronts one's very nature. When a person chooses to sincerely accept God as more powerful than himself; his inner structure of personal identity is modified. If the individual sustains this insight and emotional acceptance; he has the potential to maintain an alcohol free lifestyle (pp. 468, 469).

According to Tiebout (1943), Wilson stated that people who are alcohol dependent experience conversion or spiritual activism in various manners. He believed that AA's success was dependent upon the individual's depth of conversion experience or spiritual activation. Wilson testified that his experience was a dynamic explosive event, which catapulted him out of the depths of despair; elevating him to the heights of heavenly ecstasy. He expressed that he experienced this state for hours (p. 469).

Wilson shared that this experience was followed by a peace likened to a gently flowing stream, along with a heart-felt conviction that he was free forever from the

bondage of liquor's chains. He estimated that approximately 10% of individuals entering AA have a similar experience; whereas 90% of individuals who maintain sobriety achieve the same goal through progressive development of their spirituality by means of the Twelve Steps (Tiebout, 1943, p. 469).

Morgan (1999) summarized 70 years of spirituality research related to AA since 1935 as a comprehensive depiction of alcohol dependence and the relationship between spirituality and recovery. For 75 years Alcoholics Anonymous (AA) has helped multitudes in the process of recovery and maintenance of an alcohol free lifestyle with spirituality as its intrinsic component. Some of Samuel Shoemaker Junior's principles of *Christian spirituality* he shared during the 1930s in Oxford meetings continue inspiring hope in individuals struggling with alcohol dependence worldwide (Bristow-Braitman, 1995; Brown & Peterson, 1990; Brown et al., 2007; Cook, 2004; 2006; DiClementi, 2003; Doweiko, 1999; Fazzio, Galanter, Dematis, & Levounis, 2003; Friends in Recovery, 1994; Hester & Miller, 2003; Kellog, 1993; Magura, 2007; May, 1988; McGovern & McMahon, 2006; Ray & Ksir, 2004; Richard et al., 2000; Sachs, 2009; Tonigan, 2007; Vaillant, 2005, 1990, 1983; White, 1998).

Nelson (2004) suggests that Jung considered spirituality as the only hope for long term alcohol dependency. In 1961 Jung, two weeks before his death, wrote a letter to Bill Wilson stating that he had become convinced that the only cure for alcoholism was a complete spiritual transformation. Jung stated that his understanding of the etiology of alcoholism was spiritual. He felt that the dynamics of the alcoholic's craving was caused by his spiritual thirst, known in medieval times as "craving union with God" (pp. 28-34).



Williams and Laird (1992) observed that during the latter decades of the 20<sup>th</sup> century *Christian spirituality* provided resources (i.e., spiritual renewal, religious activism and spirituality groups) which were culturally and spiritually sensitive. During the 1950s and 1960s the rise in urban youth becoming alcohol dependent stirred church involvement in outreach programs (i.e., Father Eagan-the junkie priest, St. Mark's clinic in Chicago -1954, Addict's Rehabilitation Center in Manhattan -1957). Faith based treatment communities and sober living facilities blossomed to address the need (i.e., Samaritan Halfway Society-1958; Exodus House-1958; Teen Challenge-1961; Village Haven 1962; White & Whitters, 2005, p. 59).

Faith-based and mutual aid societies combined to address the problem of alcohol dependence with church resources. Some participants included: National Clergy, Council on Alcoholism and Related Drug Problems, 1949; North Conway Institute-1951; Overcomers Outreach-1977; Mountain Movers; Higher Ground; Free N' One; Victorious Lady; Celebrate Recovery; Liontamers Anonymous, 1980; local recovery ministries; congregations addressing alcohol dependence from within the church community-Sister Therese Golden and Reverend Jerry Wagenknecht with Parkside Medical Services-1980; One Church-One Addict, 1994; religious communities provided regeneration of alcohol dependent people seeking help (i.e., Dunklin Memorial Camp); integration treatment models which incorporate faith and clinically researched approaches (i.e., NET Training Institute); and religious activism seeking to develop appropriate resources for overcoming alcohol dependence within ethnic communities (White & Whitters, 2005, p. 59).

Tan (1996) describes an overt approach appropriate with a client desiring inclusion of *Christian spirituality* in treatment. He suggested that individuals providing

counsel should systematically deal with spiritual and religious issues in therapy by utilizing all spiritual resources (desired by client) such as prayer, Scripture, sacred texts, and referrals to Christian support groups such as church (pp. 301, 368).

The counselor must have a thorough comprehension of the client's beliefs, moral framework, and assumptive worldview. This knowledge becomes available to the counselor through active listening and honoring the counselee as the expert. This knowledge enables the counselor to experience and express empathy to the client, as the counselor becomes aware of the client's struggles and identifies with their unique personal challenges (Tan, 1996, pp. 301, 368).

### **Clinical Perspectives of *Christian Spirituality* in Treatment of Alcohol Dependence**

Clinical perspectives combine a variety of progressive elements to attain the goal of helping clients to address their presenting problem (i.e., achievement and maintenance of an alcohol free lifestyle). The spiritual direction in addressing the client's presenting problem includes: fostering an awareness of sin, alienation, guilt, shame, lawlessness, and purposelessness. Methods of spiritual direction include: guidance toward confession, repentance, and transforming moments of saving, sanctifying grace. Progressive teaching and guidance support the life-long journey of spiritual maturity (Tracy, 2002, p. 333).

Resources supporting this life-long journey of spiritual maturity include: inner resources of the Imago Dei, divine wisdom and guidance of the Holy Spirit; personal Spiritual Disciplines: prayer, Bible study; Spiritual Disciplines within the faith community: worship, sacraments, face-to-face groups, fellowship, and ministry. The

goals of spiritual direction include: transformation by the grace of God in Christ, wholeness, holiness, and Christlikeness in daily life (Tracy, 2002, p. 333).

### **Historical Progression of *Christian Spirituality* in the Treatment of Alcohol Dependence and Its Recent Resurgence**

Although terminology differs between Christian Scriptures, theology and scientific labeling of alcohol dependence, a unified concern seeks to ameliorate the alcohol related harm which results from alcohol dependence. Theological concern for individuals experiencing alcohol dependence is worldwide, although publications are limited and largely developed from Christian tradition.

Richards and Bergin (2005) suggested that in the beginning of the 20<sup>th</sup> century spirituality was considered inferior to science (i.e., an illusion, an obsessive neurosis-Freud, 1927). Some adherents of mainstream psychiatry and psychology maintained this viewpoint (i.e., Ellis, 1980), until recently (pp. 40, 41).

Richard and Bergin (2005) noted that recently spirituality's resurgence has abounded, reaching unprecedented heights. This zeal for spirituality was in part orchestrated by society's pervasive disenchantment with science's failure to resolve human problems (i.e., alcohol dependence, addictions, anxiety, fear, sexual/physical abuse, divorce, violence, crime, abduction, poverty, pollution, greed, corruption, selfishness, pornography, prejudice, murder, hopelessness, lack of purpose and meaning in life, etc.; pp. 40, 41).

During this era the spiritually focused counterculture began to influence the behavioral sciences. Ray (1978) stated that during the sixties and seventies many

individuals felt powerless to impact society. This sense of powerlessness influenced their choices. Many responded to this sense of alienation by experimentation. “What’s in the NOW?...What are experiences made of?...Actions, sensations. Maybe religion, maybe Christ is the way, maybe I’ll know the real me...Maybe drugs are the answer” (p. 7). Renewal of spirituality throughout the latter decades of the 20<sup>th</sup> century became evident on a global scale but especially in North America (Antoun & Hegland, 1987; Kantrowitz et al., 1994; Shine, 1996; Taylor, 1994).

Spiritual revivalism on college campuses and in the public arena increased. This resurgence of interest included: religious orthodoxy, spiritual music, moral guidelines, inclusion of spirituality in literature, psychology, psychotherapy and alternative therapeutic traditions (i.e., eclectic, multi-cultural, religious diversity, etc.). Popular interest motivated spirituality research (Richards & Bergin, 2005, pp, 40-48).

Eccles and Robinson (1984) believed in transcendent spirituality. After reviewing research on brain functioning and physiology they submitted that the uniqueness of the soul can only be attributed to a supernatural spiritual creation. Theologically speaking, each soul is divinely fashioned according to God’s majestic impartation of genetic variation. God sovereignly uses environmental differentiation to modify or put the finishing touches on His unique creation (p. 43).

Richards and Bergin (2005) suggested that motivation for restoration of spirituality in mainstream psychotherapy was inspired and championed by many leading Christian therapists (e.g., Bergin, 1980a, 1988, 1991; Collins, 1977; Jones, 1994).

Richards and Bergin (2005) suggest that the primary axiom of theistic realism is God’s

existence and that human beings are God's spiritual creation. God utilizes unseen spiritual processes to maintain this divine-human relationship (p. 99).

Societal dissatisfaction with the inability of science to solve human problems, combined with advanced brain research, encouraged the pursuit of spirituality and traditional values. Resurgence of societal engagement in spirituality has motivated research that supports multifaceted benefits of inclusion of spirituality in healthcare. The pendulum has swung significantly toward valuing spirituality in mainstream life and in psychotherapy. Miller (2000) records that although some psychotherapists (i.e., Ellis) have been antagonistic toward religion (p. xviii); popular opinions have changed. Many individuals desire for spirituality to be integrated into personal counseling (p. xix).

Richards and Bergin (2005) state that client interest in spirituality has challenged clinicians, therapists and researchers to address this issue. Today, many professionals recognize their need to receive formal training to meet the client's demand for inclusion of spirituality in holistic treatment. Wulff (1991) stated that religion is an intrinsic element of humanity's focus, which significantly challenges professional counselors. Inclusion of spirituality in treatment is essential to understand and help those seeking holistic well-being (p. 3).

Baylor Religion Survey (2006) reports between 85-90% of Americans state a personal belief in God. Eighty-two percent identify themselves as Catholic or Protestant Christians. A majority of Americans (71.5%) pray weekly or more often and 49.2% attend church monthly or more frequently (p. 4). Schieman (2010) suggested that many people believe that God is active in their daily lives and has a determining influence upon beneficial outcomes and challenges. They believe that God directs their lives according

to His unique sovereign will for them. These individuals have a tendency to trust and rely upon God in the majority of their decision making. They often seek Him fervently when addressing life's problems (p. 3).

Religion and spirituality have become intrinsic elements in many lives. Many people groups can be fully comprehended only through their spirituality and daily religious engagement (Miller, 2000, p. xix). Literature demonstrates that interest in spirituality continues to grow. Incorporation of spirituality in treatment and maintenance modalities has increased on a national level. The public demand for individual consideration of patient's health and well-being includes spirituality in treatment planning. Specialists in secular modalities are seeking formal education to remain competitive in facilitation of spirituality in treatment (Adams, 1972, 1979, 2002; Allen, 1981; Anderson, 1993; Anderson & Park, 1993; Arteburn, 2005; Arteburn & Felton, 1991; Arterburn & Stoker, 2000; Backus, 1996; Boa & Burnett, 1999; Carter & Narramore, 1984; Clinton & Ohlschlager 2002; Clinton, Ohlschlager, & Camper, 2006; Collins, 1998, 200; Crabb, 1997; Crews, 1997; Cusack, 1995; De Conciliis & Kinsella, 1995; Eck, 2002; Ellison, 1994; Fear, 2007; Friends in Recovery, 1994; Guyette, 2003; Hester & Miller, 2003; Hoover, 1995; Hughes, 1981; Hurding, 1988; James & Gilliland, 2003; Johnson & Jones, 2000; Jones & Butman, 1991; Kahle & Robbins, 2004; Kehoe, 2007; Kuczewski, 2007; Leach, 2009; Martin, 1990; May, 1988; McGee, 1998; McMinn, 1996; Miller, 2000; Molina; 2008; Narramore, 2002; Richards & Bergin, 2005; Robertson, 1992; Rolheiser, 1999; Sanders, 1997; Shields & Bredfeldt, 2001; Smith, 2009; Sutton et al., 2007; Taylor, 2003; Theis et al., 2003; Thoresen Harris, 2002; VanVonderen, 2004; Weaver, Pargament, Flannelly & Oppenheimer, 2006).

## **The Etiology and Theology of Alcohol Dependence in the Context of the Phenomenon of *Christian Spirituality***

Guess (2008) proposes a multifactorial etiology for dependence. She identifies two common etiological theories: psychodynamic and biological. She summarizes the psychodynamic factors of dependence as: oral stage fixation gratifications sought; dysfunctional families may promote and reinforce maladaptive regressive behaviors; sociocultural factors including gender and ethnic differences suggest diverse societal rates of alcohol dependence (pp. 228-229).

A biological etiology of dependence assumes: a strong genetic vulnerability to alcohol dependence, combined with defective brain reward center functioning that promotes excessive positive and negative rewards, which may reflect a higher percentage of dependence than the general population experiences. Neurobiological processes (reinforcement) and neuroadaptation (tolerance and withdrawal) result in alteration of brain chemistry (Guess, 2008, pp. 228-229).

These contemporary models embrace psychological, social, and neurobiological factors but fail to consider their historical predecessor; the intrinsic spiritual element of humanity. Contrariwise, Nelson (2004) describes *Christian spirituality* as a desire stemming from humanity's core as the result of the "imago dei". This image of God within us is created with spiritual DNA, which retains traces of the divine (p. 24).

Cook (2006) suggests a theology that addresses the etiology and treatment of alcohol dependence within the context of the phenomenon of *Christian spirituality*. His theological model is gleaned from Pauline and Augustinian theology, and inferences to the Gospel accounts of Jesus' wilderness temptation (pp.134-135).

To Paul, faith in Christ was the fulfillment of the Messianic hope. God is perfectly revealed and intimately knowable in Christ. Grace and love are the sublime elements of Christianity revealed in the gospel. God's grace is demonstrated in His gospel initiative. God's love is demonstrated in His orchestration of humanity's reconciliation to Himself through Jesus' atonement (Cook, 2006 pp. 134-135).

Dunn (1988a) suggests that Paul delineates the *body* and the *flesh*. He designates the *body* as being alive and functional in the physical world. He designates the *flesh* as godless living and sinful pleasures (p. 72).

Dunn (1988a) stated that the indwelling Holy Spirit inspires man to fulfill God's will. At the same time, the flesh seeks self-gratification in opposition to God's will. To Paul, sin was a power exerting influence over man that ultimately enslaves him in bondage. The power of sin entices man to think and act independently of God, without circumspectly considering the reality of man's total dependence upon God. Sin's influence and power affects all humanity, individually and collectively; in thought, attitude, and action (pp. 127-136).

Dunn (1988a) surmised Paul's conception of the results of sin's power to be: distorted religion (failing to give sublime significance exclusively to God), selfish-indulgence (distortion of God ordained pleasures), and sins (distorted judgments-Galatians 5:19-21). Paul associated sin with death and punishment. Paul's Roman epistle provides a comprehensive picture of *Christian spirituality* in the context of God's Gospel of grace in Christ. Our interest is in alcohol dependence and its relationship to or association with sin (pp. 127-136).



Cook (2006) intimates that alcohol dependence (addiction) illustrates a struggle against the power of sin as opposed to any freely made moral choice. The power of sin subtly and progressively deceives, corrupts, distorts, and ultimately enslaves the thoughts, attitudes and behaviors of individuals and societies. Cook stated,

The plight of the alcoholic is at least very similar to the plight which we all share and in which we are all involved. This idea of a 'power' of sin as implicated in the nature and origins of addiction offers a level of understanding of the experience of addiction which is not to be found in moral, disease or purely scientific models. Addiction is not concerned simply with freely made moral choices, and neither is it concerned purely with deterministic forces that act upon a helpless victim. It is concerned with an interplay of agent and environment in such a way that subjects experience themselves as 'drawn into' an addictive pattern of behaviour for which they are neither entirely responsible, nor entirely without responsibility. This pattern of behaviour involves the whole person in interaction with his or her social context. (p. 146).

Cook (2006) infers that alcohol dependence is analogous to a triadic relationship for the believer and unbeliever with sin and its power, and with God and His power. It can be comprehended in context with one's relationship or orientation [attraction] toward God and toward sin. The struggle with dependence results from an incongruence of one's simultaneous receptivity toward God's grace in Christ and one's receptivity toward sin (the divided will). God's grace offers potential freedom from sin and enslavement, while sin's power offers momentary-gratification; albeit, ongoing bondage (p. 146).

Augustine (Confessions VIII, v, 10) suggests that the bondage of sin's power commensurates with the investment made in this deceptive relationship. Augustine states that upon hearing the story of a philosopher's conversion he was inspired and experienced a new will (desire) to freely worship God as his only true joy. However, his perverse will bound him as a chained slave. His sin-stained shackles, forged by lust, were strengthened by habitual indulgence. Habitual indulgence developed into necessity.

This obsessive necessity became an irresistible compulsion. His perverse will overcame the conflict with his new will (desire). This conflict between his spiritual and carnal desires continued until his conversion. His will led to desire, desire led to behavior; behavior became habit; habit became necessity, finally necessity became compulsion.

Cook (2006) states that absolute resistance of a habit by the will can break the compulsion. Self-reliance fails because the power of sin's magnetism is greater than one's power to resist it. The human mind and will fail to deliver from alcohol dependence because the power of sin is greater than the power of the divided human mind and will. Sin's power over self is the heart of alcohol dependence. Salvation from sin and alcohol dependence must come by God's grace (pp. 147-151).

God's progressive revelation of Himself is threefold: creation, conscience, and law (Romans 1-2). Within this realm of God's general grace, approaches outside the realm of *Christian spirituality* are effective in providing freedom from alcohol dependence and other sins. Salvation from sin, however, is accomplished solely through God's redemptive grace and received as a gift by personal faith in Christ (Edwards, Marshall, and Cook, 2003, pp. 333-336).

A summary of Cook's portrayal of the divided-self (Romans 7:14-25) combines various perceptions of the unbeliever and believer in a theology of alcohol dependence.

The law is good, then. The trouble is not with the law but with me, because I am sold into slavery, with sin as my master. I don't understand myself at all, for I really want to do what is right, but I don't do it. Instead, I do the very thing I hate. I know perfectly well that what I am doing is wrong, and my bad conscience shows that I agree that the law is good. But I can't help myself, because it is sin inside me that makes me do these evil things. I know I am rotten through and through so far as my old sinful nature is concerned. No matter which way I turn, I can't make myself do right. I want to, but I can't. When I want to do good, I don't. And when I try not to do wrong, I do it anyway. But if I am

doing what I don't want to do, I am not really the one doing it; the sin within me is doing it. It seems to be a fact of life that when I want to do what is right, I inevitably do what is wrong. I love God's law with all my heart. But there is another law at work within me that is at war with my mind. This law wins the fight and makes me a slave to the sin that is still within me. Oh, what a miserable person I am! Who will free me from this life that is dominated by sin? Thank God! The answer is in Jesus Christ our Lord. So you see how it is: In my mind I really want to obey God's law, but because of my sinful nature I am a slave to sin. (Romans 7:14-25, NLT)

Cranfield (1995) suggests that verses 14-24 reflect the indwelling Holy Spirit progressively increasing knowledge of God's will expressed in the law. Simultaneously, the Holy Spirit reveals the extent of sin's influence upon the believer. This model represents the dynamics of the Holy Spirit's power and work of conviction within the mind and personality of the believer and unbeliever. He reveals the power of sin's influence upon the mind and will. Conflict is resolved when the believer chooses to assimilate God's available grace and deny the desires of the flesh. Each time man chooses to indulge the flesh, sin's power is reinforced and the conflict continues. The tension between spiritual desires to please God and sinful desires is not resolved permanently until the believer's death or at the culmination of all things (pp. 155-172).

Dunn (1988a) depicts the inner struggle of this passage between will and action. He also depicts a struggle in the division within oneself. Essig (1951) defines conversion:

...literally a turning from one course or state to another. Conversion in its religious sense is the turning of a sinner from sin to God. It must not be confounded with regeneration, which is the motion of God in the creature, while conversion is the motion of the creature to God, although the turning of the creature is inspired by God. (p. 149)

Regeneration ushers the Christian into a new epoch of life. The Holy Spirit performs two roles. He convicts man of sin, righteousness and judgment by revealing

God's will. Before regeneration man is not sensitive to the will of God (except through the law of God written on his heart-his conscience). Upon regeneration the Holy Spirit sensitizes man to God's will and reveals to him his depravity in his former epoch of life, which ended upon his regeneration (Dunn, 1988a, p. 404-411).

Dunn (1988a) states that upon regeneration, man's orientation toward sin is displaced. God gives him a new heart, along with the mindset of Christ. This enables him to understand God's truth as reality. This new epoch of God's redemptive grace empowers man to identify with Christ in his death to sin. The Holy Spirit inspires man to live according to the reality of God's truth. The indwelling Holy Spirit empowers him by grace to willingly submit to God (pp. 404-411).

Dunn (1988a) states that man's conversion involves his will, although it is inspired by God's grace and enabled by the Holy Spirit. The problem of the divided will occurs after regeneration as man, in reflection, entertains temptations which entice him to gratify his former (sinful) desires. This creates a conflict with his regenerated mindset. This division represents the former sinful lifestyle under the power of sin and the regenerated lifestyle in Christ, victorious over the power of sin. Dunn perceives the tension between the regenerated lifestyle in Christ and the power of sin's temptation to continue throughout the life of the believer (pp. 404-411).

Theissen (1987) perceives this struggle psychologically as first a contradiction between will and action. The second contradiction creating tension comes from God's law and the law of sin. Theissen portrays two antagonistic paths of life. The law of God is reflected by the mind and the law of sin is reflected by the appetites of the flesh. Man stands at the crossroad of these two paths. Each path of life beckons him simultaneously.

Theissen interprets Romans 7: 7-23 as being of progressive self-condemnation. Redemption through Christ is found in verse 24 and continues in Chapter Eight. The Holy Spirit empowers the believer to overcome sin (alcohol dependence) through Christ's unique learning theory, psychodynamics and cognitive restructuring of the mind and spirit (pp. 226-261)

Cook (2006) stated that Augustine considered man's desire for God to be the central theme of Christian faith. God, who is good, created everything good; therefore sin is a selfish misuse of God's good. Harrison (1960) defines concupiscence as "...the wrongful inclination of the sinner which characterizes his nature and leads to sinful acts" (p. 133). Only God's grace accomplishes salvation. Man, independent of God, is incapable of desiring good. God's grace integrates man's desire and will, while empowering him to resist sin and obey God. Augustine describes his divided will as two opposing wills; willingness and unwillingness only partially exercised.

When eternity attracts us from above, and the pleasure of earthly delights pulls us down from below, the soul does not will either the one or the other with all its force, but still it is the same soul that does not will this or that with a united will...(Confessions, VIII, x, 24, as cited by Cook, 2006, pp. 154, 155)

Strump (2001) associates Augustine's divided will with Frankfurt's model and relates it with addiction. Frankfurt (1971) defines the will as: an effective desire—a desire expressed in motivation for action. A First-Order desire is a desire to do or not to do something. A Second-Order desire is hoping to have or not to have certain desires or motives. Reflective self-evaluation is necessary to develop Second-Order desires. Frankfurt considers self-reflection to be the essence of personhood. Internal conflicts can arise on the first or second levels of desire or volition (pp. 7-13). Strump perceives

Second-Order volitions of faith to be the result of God's grace made available to those who ask for it (pp. 127, 128).

Cook (2006) states that, under the general grace of God, pharmacology (i.e., anti-craving drugs) and psychotherapy (i.e., motivational interviewing) provide interventions enabling freedom from alcohol dependence that one could not accomplish alone. For twenty centuries Christian theology has been focusing on aspects of alcohol dependence that relate to the universal human experience. Theology considers: contemplation of one's actions and interactions with others; consideration of one's thoughts and attitudes involving inner conflicts and struggles (i.e., the divided will); and personal reflection related to desires, hopes, dreams, will, and potential choices; what Frankfurt suggests it means to be human (pp. 156-164).

Cook (2006) intimates that alcohol dependence reflects one aspect of the human condition. The subjective experiences of alcohol dependence that are universal to humanity are: the ability to reason, to learn, to be self-reflective, to plan, to remember; the will to choose new behaviors and actions in light of reason and contemplation; and the experience of a divided will which resists change in defiance to one's desire to choose new behaviors and actions. New Testament theology suggests that the power of sin distorts moral choices and impairs them. Sin is understood as an evil power that influences human decision in defiance to God's will and results in self-inflicted bondage. This theology of sin accurately portrays the pathology of dependence to be the result of contributing biological, psychological, social, and spiritual processes. (pp. 166-167).

Paul's personal experience of a divided will as depicted in Romans Seven and Augustine's Confessions contain many features of the divided will that are common to

people struggling with alcohol dependence. Frankfurt's terminology of the division of the will and the ability to self-reflect and make Second-Order volitions provides a creative and valid illustration of the essence of being human. This means that all humanity is vulnerable to experience alcohol dependence or any other sin due to human weakness of the flesh. All mankind is guilty of willful sin; therefore in need of God's regeneration (Cook, 2006, pp. 168-169).

Cook (2006) alludes that the synoptic accounts of the devil's temptation of Jesus in the wilderness provide a perfect illustration of healing for the universal human condition of sin caused by a divided heart (Matt. 4:1-11; Mark 1: 12-13; Luke 4: 1-13). Sin is caused and perpetuated by a divided heart and divided will (double-mindedness). Alcohol dependence is only one manifestation of the sinful human condition. Jesus, as the Great High Priest, was tempted in all representative elements of human concern: provision, power, and protection. (pp. 200-201).

Cook (2006) infers that Jesus never sinned; instead, He whole-heartedly sought and trusted God's provision (Scriptures from the mouth of God hidden in His heart) and whole-heartedly trusted God's power (filled with the Holy Spirit's power). He whole-heartedly trusted God's protection (Jesus served God refusing to tempt Him). Jesus whole-heartedly trusted in God's grace and obeyed Him whole-heartedly through the indwelling Holy Spirit's power and prayer. *Christian spirituality* provides a theological concept of sinful humanity in which alcohol dependence is one manifestation. God, as Creator and Redeemer, desires reconciliation and an intimate divine human relationship with man. He made this possible through Jesus Christ's atonement (pp. 200-201).

Trumbull (2007) emphasizes that Jesus Christ's death and resurrection freed man from the penalty and power of sin. He states that freedom from the power of sin is obtained as a gift of God's amazing grace by faith in the same manner that freedom from sin's penalty is received as a gift of God's amazing grace through faith. "*Freedom from the power of sin, just as from the penalty of sin is received as an out-right gift. By faith you let Him do it all*" (p. 15).

Trumbull (2007) suggests that the Holy Spirit empowers the Christian believer to respond to God's grace in Christ and to be healed of the divided heart and will. Victory over the divided will requires two conditions to be met: surrender and faith. This means letting go completely of every aspect of our lives and surrendering our wills and lives unconditionally to Jesus Christ for Him to do with us as He pleases. Surrender of one's life must be given for His mastery, use and disposal.

Trumbull (2007) strongly exhorts the believer through Scripture that within the divine human relationship; keeping the believer from the power of sin is Jesus Christ's responsibility. Trumbull stated,

For after you have put yourself unreservedly and completely under the mastery of the Lord Jesus Christ, then you must know and remember that it at once becomes His responsibility, His-I say it reverently-duty, to keep you from the power of sin. He pledges Himself to do so. 'Sin shall not have dominion over you,' He says in Romans 6:14, 'for you are not under law' (where your works have something to do with it) 'but under grace' (where I do it all). And elsewhere He adds, 'My grace is sufficient for you' (2 Cor. 12:9). So it is that our Lord has just been waiting for you-not to *pray* for victory, but to *praise* Him for victory! (p. 20)

Acknowledgement of Christ's life reigning exclusively in the believer through the Holy Spirit enables the believer to choose to call on God, wholeheartedly trusting in His provision, power, and protection through grace to resist temptation and glorify God



(man's highest purpose). Victory is achieved and maintainable only through calling on God's grace, identifying with Christ's death to all sin, and with Christ's resurrection power obeying and loving God wholeheartedly.

### **Summary Conclusion**

Cook (2006) provided a theological concept of the divided will which he relates to the alcohol dependence syndrome. He believes alcohol dependence to be the end result of a combination of spiritual, psychological, physical, and social factors and influences. Cook, Cranfield, Dunn, and Theissen utilize Paul's personal conflict recorded in Romans Seven and Augustine's Confessions to create a comprehensive picture and analysis of the divided will. They relate the divided will to unbelievers and to believers.

Unbelievers experience a conflict between their conscience (God's law written on their hearts) and their desire or engagement in any sinful pursuit of self-gratification. Believers experience a conflict between their regenerated spiritual desire to submit to the will of God in their divine human relationship and their desire to submit instead to the power of sin in pursuit of sinful gratification. Sinful gratifications serve to positively reinforce repetition through immediate rewards. The problem with sin, as with active engagement in alcohol dependence, is that it distorts one's divine-relationship and one's relationship with others and oneself.

Augustine proposed a universal solution to sin and to the divided will. His solution was a lifestyle embracing *Christian spirituality*. He experienced and exhorted others to continually call on God's grace, which he perceived as man's sole solution to this conflict. Cranfield (1995), Dunn (1988a; 1998), Frankfurt (1971), Strump (2001),

and Theissen (1987) limited their focus and comments to description of the divided will. They alluded to Chapter Eight of Romans as the solution to the dilemma of the power of sin and healing of the divided will. They implicitly inferred that recovery from alcohol dependence comes under the same umbrella of Christ's power over all sins of the flesh and the mind.

Cook also focused on the portrayal of the theology of the divided will related to alcohol dependence. His solution is found in his inference set forth in the model of Jesus' temptation in the wilderness. Jesus demonstrated a single-hearted and wholehearted maintenance of the divine-human relationship in the light of temptation.

He wholeheartedly relied on God's grace as revealed in Scripture. He chose to wholeheartedly trust in God's provision, power, and protection in obedience to God's will. In order to overcome sin or alcohol dependence, one must identify with Jesus' life indwelling him through the Holy Spirit and choose God's grace.

Finally, Trumbull (2007) provides the solution to humanity's dilemma of sin (i.e., alcohol dependence). His solution is first regeneration for all. His solution for overcoming the power of sin after regeneration and victory over the divided will is wholehearted conversion. He taught wholehearted conversion through faith and single-hearted, total surrender to God as his workmanship; victorious over sin through Jesus' power to keep us through the indwelling Holy Spirit.

Trumbull (2007) states that Jesus Christ Himself has provided us with His power over sin and healing for a divided will. He emphasized that Jesus was single-hearted during His incarnation. He added that Jesus maintained the divine human relationship by

wholeheartedly trusting God's sufficient grace for His provision, power, and protection. He said that the same Jesus dwells in our hearts and has accomplished the same for us.

Trumbull (2007) acknowledges the ongoing temptations that all believers, including people struggling with alcohol dependence, experience. His solution is similar to that of Augustine and Cook. He advocates acknowledging the ongoing spiritual battle that will tempt the believer and the alcohol dependent person to adopt a divided mindset contrary to God's will. His response is to reject all self-reflection contrary to Scripture and encourage that Scripture be used as the believer's sword by faith (Matt.4: 4, 7, 10; 1 Corinthians 10: 12, 13; 2 Corinthians 10:3-5; Ephesians 6:10-18).

Trumbull (2007) encourages a wholehearted, single-hearted surrender to God's grace (Romans12:1-3; 2 Corinthians 12:9, 10). He advocates exclusive trust in the eternal truth of Scripture (Hebrews 4:12-16) and daily identification with the mindset of Christ, as revealed in Scripture (Galatians 2:20; Philippians 2:1-8; 4:4-11).

### **The Phenomenon of *Christian Spirituality* as a Treatment Modality**

States (2001) observes that the Eastern concept of the disease paradigm includes emotional, mental, physical and spiritual elements of the individual, making it more holistic than the Western model (p.17). Clinton et al. (2006) teaches that *Christian spirituality* embraces a unique model of cognitive-behavioral philosophy, which includes a changed heart in concert with a changed mind. Scripture is complete; revealing God's will in principle and propositional detail. Scriptural therapy presents life as propositional truth, translated into a divine-human encounter. Counselors use *Christian spirituality* in therapy to help clients strengthen their faith through a transformational relational

experience with God. Often a series of these encounters between the willing client and the living God transforms the therapist as well as the client he is serving (p. 9).

Ellison (1994) declares that *Christian spirituality* embraces an evangelical worldview. An intimate divine human relationship begins at salvation. This relationship progressively develops in a similar manner to human developmental stages. God provides divine power to enable each believer to resist temptations to choose sinful thoughts, attitudes, communications and actions through daily consecration of one's being. This empowerment is effected by the indwelling Holy Spirit, who is received at salvation (Backus, 1987, 1996; Boa & Burnett, 1999; Bristow-Braitman, 1995; Clinton et al., 2006; Ellison, 1983, 1994; Graham, 1988; Graham, 2006; Miller, 1998; 2000, 2003; Miller & Bogenschutz, 2007; Miller & C' de Baca, 2001; Parsec, 2007; Straub & Sibcy, 2008; Swenson, 2003; VanVonderen, 2004; Welch, 1998; White, 1998).

Ellison (1994) states that the downward path to sin occurs when man substitutes his divine-human relationship with a relationship with the false irrational self. The false self focuses on the immediate; anything (i.e., alcohol, etc.) that offers immediate relief from stress (i.e., decrease pain or increase pleasure). These coping habits develop distress worse than the original pain and destroys shalom (pp. 92-97).

Welch (1998) suggests that addiction is self worship in its desire to reduce pain and gain popularity. He states that sin is engaged in by choice, but eventually controls and enslaves the sinner, in this case, the alcohol dependent (pp. 195-197).

Man is held responsible to choose to live in compliance to God's perfect will. *Christian spirituality* reveals that we serve what we love. Therefore, we choose to love and serve God with all of our hearts, souls and minds or we choose to love and serve our

idols. Alcohol becomes an idol that we choose to serve. Alcohol deceives us by temporarily reducing pain or increasing pleasure. We become ensnared, and then enslaved to alcohol as a tyrannical master (Welch, 1998, pp. 191-195).

Parsec (2007) shared a comprehensive view of addiction. He encouraged ongoing research to gain a thorough knowledge of the influence of genetics upon addiction. He acknowledged the physical dependence that the body develops as the result of habitual abuse of alcohol. Parsec used Welch's definition of addiction to show that alcohol dependence is the consequence of habitual sinful choices, which often culminate in physical dependence. Sustained physical dependence enslaves the mind, decimates the body, and derails the abundant life in Christ that God desires for everyone (pp.2-4).

Welch (2001) states that addiction is being in bondage to the ruling influence of a substance, a behavior, or even a mental framework, which takes center stage in one's life. This addiction blinds itself from truth and rejects the idea of repentance; regardless of all negative consequences experienced. Habitual, conscious, willful, defiant, engagement in this sinful addiction progressively enslaves its victim. This self-conscious disobedience estranges the individual from God, the only source of hope of freedom from its shackles and devastating tyranny (p. 35).

May (1988) describes his action model of addiction as a habitual behavioral compulsion which reduces human freedom by enslavement to this behavior (pp. 24, 25). Ray and Ksir (2004) delegate dependence as a willful surrender to a habitual obsession which consumes one's thoughts, time and energy in procuring and abusing a drug (p. 5).

In alcohol dependence negative features sometimes motivate change. Baumeister (1994) suggests that a process which he labels "the crystallization of discontent" may

trigger change as the cumulative burdens serve to uproot a person's former commitment to relationship, a role or involvement in alcohol or another negative activity.

Miller and C'De Baca (2001) illustrate a mystical transformation that takes place in an individual's life. While attending a retreat for some quiet time, a man experienced a life transforming personal perception of being at Christ's crucifixion. He was able to personally experience the thoughts and emotions of all who were there, including the apostles, the women, the mockers and soldiers. He felt great sorrow, regret and repentance for his sins and simultaneously God's forgiveness in Christ for them. He experienced the Holy Spirit working in his heart and life; transforming his perspective about drinking, his wife, family, and church. He said he was born again, which resulted in total abstinence and active engagement in church ministries (pp.114-117).

Miller and C'De Baca (2001) observe that Rokeach's model of personality explains the dynamics of major reorganization in a person's life change. The most exterior of concentric circles encompasses the daily thoughts, emotions, actions. The next level contains a person's beliefs, which change through experience. The next level contains thousands of attitudes unique for each person. Below this level are the instrumental values used to evaluate self and others. These values consist of a few dozen general ways of interaction with others (i.e., forgiving, cooperating).

Miller and C'De Baca (2001) teach that terminal values consist of values which direct one's life (i.e., security, peace, God's will). The core of this model of personality is the self, which may be referred to as the soul or spirit of the person. Quantum change occurs in proportion to the level which is affected by the shift. One's terminal and instrumental values may change drastically when the person becomes aware that they are

in conflict with their self-concept, which is most significant. A man may stop smoking when he realizes that his behavior is destroying his relationship with his wife, who is most valuable to him (pp. 162-166).

Parsec (2007) delineates theological elements of change in alcohol dependence treatment through New Testament word pictures. For example, the meaning of recovery (2 Timothy 2:26) is to come to one's senses. This is illustrated in the parable of the prodigal son (Luke 15:11-32; p. 5). Parsec teaches that the bondage to sin is broken as a psychic change occurs; which is repentance. Repentance represents a radical, comprehensive, dynamic metamorphosis of one's entire mental process. The Greek word "metanoia" suggests conversion of heart and mind, which produces a new vista of life from God's perspective and a joyful response in living in concert with this God given perspective (p. 6).

Parsec (2007) amplifies this idea of the psychic change that occurs in repentance (i.e., born again, metamorphosis, regeneration, transfiguration, etc.; p. 6). The entire New Testament beckons man to be transformed experientially through repentance. He illustrates this through the apostles' (Luke 24: 47; Acts 2:38; 3:19; 17:30) clarion call: the great commission (p. 6).

Parsec (2007) states that Saul's conversion is an excellent illustration of repentance. Paul's repentance represents the psychic change that occurs. Saul, the relentless persecutor obsessed with destroying Christ's disciples, becomes a disciple himself. He becomes one of the church's greatest teachers and models of *Christian spirituality*. He sustains his commitment as a great encourager, Christlike disciple and martyr (p. 6).

Parsec (2007) associates Paul's conversion metaphorically with recovery from alcohol dependence. His complete psychic change or spiritual transformation was authored by God: (a) God's supernatural self-revelation to Saul challenges his sinfulness (Acts 9:1-4); (b) Jesus reveals His deity and Lordship through an epiphany (Acts 9:5); (c) Jesus instructs Saul (Acts 9:6, 7); (d) Saul humbly obeys Jesus (Acts 9:8-16); (e) Saul is stripped of his former mindset and temporarily afflicted with physical blindness, rendering him helpless for three days (Acts 9:8, 9); (f) Saul is received as a brother into Christian fellowship and filled with the Holy Spirit (Acts 9:17); (g) Saul is healed of his blindness and baptized (Acts 9:18); (h) Saul is strengthened within the Christian community (Acts 9:19); (i) Saul preached Jesus to the Jews, escaped murder, rejoined the disciples, and spent his life preaching Jesus to Gentiles, while enduring trials and encouraging believers (Acts 9:20-30; pp. 6, 7).

Lovelace (1979) outlines the dynamics of change through a spiritually renewed life. Preconditions for change include an awareness of God's holiness manifest in His justice and love and an awareness of the depth of personal sin and corporate sin. The major elements of change effected by belief in the gospel are experienced in a personal relationship with Jesus Christ. Justification in Christ makes man acceptable to a Holy God. Sanctification in Christ frees man from sin's bondage (alcohol dependence). The indwelling Holy Spirit inspires, empowers and accompanies man, keeping him from being powerless, isolated, and helpless. The believer in Christ is given authority in spiritual conflict to overcome temptation (p. 75).

Lovelace (1979) lists secondary elements of change in the application of the gospel in the believer's life. Prayer demonstrates dependence on the Holy Spirit's power,



both individually and corporately. Theological integration of the mind of Christ enlightens believers to the reality of revealed truth. Christian community (micro and macro) provides encouragement, exhortation, and comfort. Community also provides healthy alternatives to destructive cultural bondages (p. 75).

Parsec (2007) likens alcohol dependence to man's depravity, which can lead to bondage to all manner of sin. Recovery from alcohol dependence, as from all sin, requires regeneration. Every individual is represented in the prodigal son. Everyone lives a sinful existence, going their own way in sinful disobedience to God. Everyone must come to their senses, repent (metanoia) from their sins, and be reconciled to God through Jesus Christ. God, in his grace and lovingkindness, regenerates everyone who comes to their senses in faith and responsively confesses and forsakes all revealed sin. Regeneration recovers the new believer from sin. *Christian spirituality* enables recovery from alcohol dependence through regeneration (p. 7).

Welch (1998) views alcohol dependence as one manifestation of alienation or a broken relationship with God. Reconciliation with the triune God comes only through Jesus Christ as Lord and Savior. The power to change comes from the phenomenon of *Christian spirituality*. The indwelling Holy Spirit empowers believers to overcome all sin; including alcohol dependence (pp. 197-202).

Parsec (2007) teaches that man has two natures. The old (carnal) nature corrupts his mind with sinful thoughts and attitudes that are contrary to God's holiness and will. Sinful thoughts and attitudes result in sinful, egocentric, self-gratifying behaviors and interpersonal interactions that are offensive to God. They are often hateful, hostile, and hurtful to others; impure, sensual, and self-destructive (p. 7). The old nature motivates

habitual repetition of these behaviors, which culminate in sinful bondage (i.e., drunkenness, etc.). Parsec (2007) said,

...in this respect addiction may be analogous to bondage to sin and is indicative of an individual's need of spiritual transformation. Paul makes this clear in Romans 8:6 when he states, 'For to be carnally minded is death; but to be spiritually minded is life and peace'. (p. 7).

Parsec (2007) associates the old (carnal) nature with man before transformation (repentance and regeneration) and the new (spiritual) nature with man after transformation (repentance and regeneration). The new (spiritual) nature is experienced through regeneration; when man is born from above by a sovereign act of the Holy Spirit. God initiates this encounter with man (i.e., the prodigal son and Saul on the Damascus road-both coming to their senses) through divine insight and revelation (2 Cor. 5:17).

Parsec (2007) suggests that the word "transformed" specifies a metamorphosis. He says that regeneration demonstrates that the Holy Spirit is the Author who is the efficient cause to radically transform the understanding, will, and conscience.

Smeaton (1958) states, "A single glance at the Spirit's operation on the understanding will, and conscience, will suffice to show that, in the case of the regenerate, the Holy Spirit is the efficient cause of all their spiritual activity" (p. 188).

Parsec (2007) states that the Holy Spirit's indwelling provides the believer with sufficient power for all spiritual activity. Parsec concludes that recovery is available to the alcohol dependent person, as well as everyone in bondage to sin. Transformation is seldom instantaneous or dynamic; rather a gradual process of growth (pp. 7, 8).

Miller and C'De Baca (2001) describe two types of quantum change. Insightful change occurs during a person's development in a continuous manner as a result of a new

perspective or seeing things from a new vantage point. The reality of the truth of this new perspective is crystal clear, providing motivation for change (pp. 18, 19).

The second type of change is the mystical transformation also known as an epiphany or a series of epiphanies. The mystical change is distinguished from the insightful change by the person being engaged by someone greater and outside of oneself. This sometimes occurs in response to a prayer or a cry for help, while some mystic changes are uninitiated or expected by the recipient. Both of these changes impart enduring peacefulness, along with the pervasive, often lasting alterations in perceptions and personal behaviors and relationships (Miller & C'De Baca, 2001, pp. 18-21).

Stewart (1963) suggests that union with Christ is the essence of the divine-human relationship, which expresses abiding in Christ. This was experienced personally and preached by Paul. He spoke about a life transformed in Christ. This "faith union" describes the indwelling Holy Spirit's transformation of man's thoughts, feelings, and will, resulting in a total surrender to Jesus Christ as Lord and Savior (pp. 147-157).

Parsec (2007) states that this "psychic change" is effected by God alone, who re-creates lives, freeing them from alcohol dependence (p. 8). MacNutt (1977) explains that Christianity is not merely a doctrine but the power of God to transform lives by destroying sin's bondage and impending judgment. Jesus Christ, after shedding His blood for man's sinful depravity, empowers the believer by the indwelling Holy Spirit to be at peace with God. Reverend Wilkerson, founder of Teen Challenge, emphasized Christ's power to heal people who were alcohol dependent (Teen Challenge, 2007).

Kenney (1999) reviewed Bicknese's study comparing Teen Challenge graduates to publicly funded Short-Term Inpatient (STI) drug treatment graduates. Teen Challenge

graduates reported that their *Christian spirituality* (i.e., personal divine-human relationship with Jesus Christ as their Lord and Savior) equipped them to overcome alcohol and drug dependence. They associated their newfound biblical Christianity with their ability to maintain an alcohol and drug free, productive, meaningful lifestyle.

A Teen Challenge graduate stated, "...a personal relationship with Jesus Christ is the only thing that will make Teen Challenge work..." (p. 8). Seventy-one percent of the Teen Challenge graduates were graduates of the STI programs. Veterans of the STI programs found that AA's concept of a vague higher power (i.e, the higher power could be anything) was ineffective in overcoming alcohol and drug dependence (pp. 1-12). This study concluded that Teen Challenge graduates were more successful in reestablishing a healthy, productive life in society than the STI graduates (pp. 1-12).

Playfair and Bryson (1991) liken recovery from alcohol dependence to a train. A person cannot be simultaneously enslaved to sin and enslaved to righteousness. A train traveling east can be stopped however, and travel west under the engineer's guidance and empowerment. Likewise, anyone who is alcohol dependent can submit to Jesus Christ in confession and repentance. Under the guidance and empowerment of the Holy Spirit they can experience regeneration. Their new spiritual nature will motivate them to daily present themselves to God as a living sacrifice. This new relationship will renew their mind, heart, and life progressively. They will be transformed as they travel through life on God's track, by God's power in His presence (p. 171).

Robertson (1992) suggests that *Christian spirituality* reflects an intimate, divine-human relationship. Within this relationship individuals receive God's empowerment to displace self-centeredness with Christ-centered living. *Christian spirituality* humbly

submits to God's will (revealed in Scripture) as a blind child humbly submits to the leading of a loving parent who gently guides.

DiClemente (2003) suggests that alcohol dependence is the end result of a progressive pattern of habitual choices to engage in an activity or behavior. "An addiction is the end state of a process of change whereby the addictive behavior becomes habitual, problematic, and difficult to dislodge" (p. 44).

*Christian spirituality* embraces the concept of personal choice. Graham (2006) suggests that the alcohol dependent individual must choose to take the first drink and is responsible for repeating this choice before and after becoming alcohol dependent. He is also responsible for choosing to take the first drink, which often leads to relapse after becoming sober (p. 20).

May (1988) suggests that the psychoanalytic theory of the addictive personality is incorrect. He suggests that addiction causes an individual to develop an addictive personality. Without addiction, an addictive personality would not exist (pp. 54, 55).

Cortright (1997) suggests that many individuals who embrace spirituality as a significant aspect of their lives are interested in receiving help from therapists who will respect their spirituality wholeheartedly, even encourage it. They want to be honored by therapists in relation to their divine-human relationship and psychological health. They resent the belittling of their beliefs and minimizing of their spirituality, which much of traditional psychotherapy has engaged in (pp. 13-14).

### **Chapter Summary**

This literature review provided a summary of the direction of prior research

related to spirituality and treatment of alcohol dependence. The purpose and focus of this study was discussed. The etymology of the term spirituality was reviewed.

Chronological highlights of *Christian spirituality* in philosophy and treatment of alcohol dependence in America were furnished. Clinical perspectives of *Christian spirituality* in alcohol dependence treatment were delineated. A summary of the historical progression of *Christian spirituality* in treatment of alcohol dependence and its recent resurgence was provided. The phenomenon of *Christian spirituality* as it relates to the treatment of alcohol dependence was explored. This content summary concludes this chapter.

## CHAPTER THREE: METHODS

### Introduction

This chapter outlines the qualitative method of research being utilized in this study. The criteria for selection of participants are detailed. The procedural format of the personal interviews is furnished. The content of the consent form and instrumentation are delineated. The method of data processing and analysis is outlined. This chapter concludes with a summary.

### Research Design: Qualitative

This qualitative study will combine narrative, phenomenological research through heuristic, inductive, inquiry. A holistic perspective will provide the lens for learning. It focused upon information gleaned through recorded interviews and analysis of related data. This methodology was used to discover if any associations exist between this northeastern evangelical Christian treatment model based on *Christian spirituality* and its participants' ability to maintain an alcohol free lifestyle.

Clandinin and Connelly (2000) define narrative research as being, "...a form of inquiry in which the researcher studies the lives of individuals and asks one or more individuals to provide stories about their lives. This information is then retold or restoried by the researcher into a narrative chronology" (as cited by Creswell, 2003, p. 15).

These participants provided a brief subjective account of their personal journey of *Christian spirituality* during their recovery process while at a northeastern evangelical Christian treatment facility. They shared their introduction to and ongoing development of intrinsic elements of the phenomenon of *Christian spirituality*, which they perceived

has helped them to embrace and develop a victorious Christian life; maintaining an alcohol free lifestyle.

Phenomenological research is a study, "...in which the researcher identifies the 'essence' of the human experiences concerning a phenomenon, as described by participants in a study. Understanding the 'lived experiences' marks phenomenology as a philosophy as well as a method" (Moustakas, 1994; as cited by Creswell, 2003, p. 15).

Each colony graduate has become an expert regarding his battle with alcohol dependence. As experts, through personal experience, they provided a subjective view of their personal journey into alcohol dependence and the multifaceted problems that resulted from it. They shared their spirituality before, during and after coming to this northeastern evangelical Christian treatment facility.

Stake (1995) portrays case studies as a comprehensive exploration of "...a program, an event, an activity, a process of one or more individuals" (as cited by Creswell, 2003, p. 15). A holistic perspective was used to discover the association between the phenomenon of *Christian spirituality*; taught at a northeastern evangelical Christian treatment facility and its participants' ability to overcome alcohol dependence during treatment and to maintain an alcohol free lifestyle after graduation.

Rudestam and Newton (2001) state that a holistic approach emphasizes that the whole is not equal to the sum of its parts. Therefore, qualitative methodology endeavors to understand the phenomena in a circumspect manner in order to comprehend an individual, a program or an environmental situation (p. 37).

An inductive approach provided the foundation for discovery and analysis in this qualitative study in congruence with the philosophy of Rudestam and Newton. They



suggest that the primary endeavor of qualitative research is to engage in specific observations. These participants' individual life stories provided the resources from which general themes were developed. The specific observations provided the premise for formation of general patterns. (Rudestam and Newton, 2001, p. 37)

This dissertation is unique in that it focuses upon participants' development of their personal *Christian spirituality* while they were in treatment at a northeastern evangelical Christian treatment program. This was accomplished through personal interviews. The intrinsic elements of the phenomenon of *Christian spirituality* identified in treatment provided the construct of spirituality that was assessed.

A purposeful sample was the most appropriate for this study in that it met all ethical requirements and demands for meaningful research. Miles and Huberman (1994) suggest that the purposeful sample is utilized in qualitative research in order to best provide comprehensive answers to research questions.

### **Selection of Participants**

Eligibility for participation in this study requires the completion of the delineated criteria. Individuals must have completed the four month residential program. Participants who completed an additional three month discipleship program were also eligible. Participation included former clients who had become staff residents. All participants were required to have successfully completed their eight month church covenant. Active church participation was required of all participants. Participants were required to be living an alcohol free lifestyle. Men who met the above criteria included recent graduates and graduates who completed treatment many years ago.

### **Consent Form**

The consent form briefly described the study, along with any potential benefits and risks to the participants. Any participant who expressed a desire to receive counseling as a result of their participation in this study was accommodated by the Director of Addiction Recovery, who graciously volunteered to be the Research Coordinator. All participants reported that they found the interview process personally edifying and therefore none requested counseling. Each signed consent form was kept in personal secure files established and accessible only to the Research Coordinator.

### **Instrumentation**

Recorded interviews were the instrumentation used to gather information. Only the researcher and the participant were present during individual interviews. The researcher recorded the interviews and also took hand written notes in the presence of each participant who graciously shared his life story.

### **Procedures**

The Research Coordinator reviewed files and selected graduates who met all established criteria. She sent each potential participant a research packet; which contained an explanation of the study, confidentiality issues, and invitation to participate in the study, along with a consent form.

The potential participant was required to sign and return the consent form if he desired to participate. The Research Coordinator kept the signed consent forms, along with a copy of the approved transcripts, in her personal secured filing cabinet.

The researcher kept a copy of the signed consent forms, the interview tapes and the final, approved transcripts in a secure cabinet. Methods meeting the requirements of the American Psychological Association and Northeastern's center's ethical standards were followed in the selection of participants.

The Research Coordinator arranged an interview schedule between the researcher and those participants who returned their signed consent forms. The researcher recorded the sessions with separately marked tapes for each participant; while taking hand written notes. Video taping was not permitted, in order to maintain the participants' privacy.

The researcher held interviews over a three day period in a room designated by the Research Coordinator. Each interview lasted between one and two hours. The researcher discovered that three taped interviews were somewhat inaudible. He informed the Research Coordinator immediately.

The Research Coordinator promptly contacted these three men, who were at the facility during these three days. They kindly agreed to be interviewed again during this three day period. The researcher destroyed the original inaudible tapes and used only the tapes from the second interview.

After the interviews were completed the researcher provided the Research Coordinator with a written transcript, which was sent to each participant. Upon receipt of the transcript; each participant did one or a combination of the following: (A) he approved the written transcript, as is; (B) he added any information that he felt was significant, which he may not have thought of during the interview; (C) he deleted any information that he provided during the interview, but upon reflection, decided to omit.

After reading and editing his transcript; the participant did one of three things: (1) he handed it directly to the researcher personally; (2) he gave the revised copy to the Research Coordinator personally; who then forwarded it to the researcher through the mail; (3) he mailed it to the Research Coordinator; who then forwarded it to the researcher through the mail. The researcher made all changes requested by the participant and returned two corrected copies to the Research Coordinator. The Research Coordinator then placed one in her secure file, and sent the other copy to the participant. All participants who edited the original copy were satisfied with the revised copy in which all their desired improvements were made. The researcher used only the participants' revised transcripts in this study.

The participant was responsible to return all corrected transcripts to the Research Coordinator within four weeks of receipt. In the event that the transcripts were not returned to the administrator within four weeks of receipt; the researcher utilized the original interview transcript. In that case, the researcher assumed that the participant approved the original transcript; considering it adequate to be analyzed.

The confidentiality of the participants was maintained by the researcher following the procedures arranged with the Research Coordinator. The researcher obtained only the first and last names of each participant and information which was provided during the interviews. Only the Research Coordinator has access to the participants' identifying characteristics (i.e., address, phone number).

The researcher substituted the participants' first names with fictitious names throughout the study. All contacts with participants, after the initial interviews, were made through the Research Coordinator.

References to demographic data were generalized to insure confidentiality. The name of the treatment facility was fictitious. The interview format was a private taped interview conducted in a room provided by the research coordinator. The researcher briefly described the study, data collection procedures and the participant's role and responsibility. All questions of the participant were addressed at this time. The interview followed an outline of open ended questions beginning with the life events which led to the participant's introduction to alcohol. The developing relationship with alcohol was addressed next, followed by the impact of increased use.

Self-efforts to stop or control drinking were investigated, as well as the effectiveness of these attempts. The participants' seeking of formal treatment and the effectiveness of these treatments were then queried.

Precipitating circumstances which led to entering treatment at the northeastern evangelical Christian treatment facility were then explored. Participants identified elements of *Christian spirituality* that they associated with overcoming alcohol dependence during treatment and after graduation. Finally, elements of *Christian spirituality* which the participants utilize privately and corporately which they associated with their ability to maintain an alcohol free lifestyle were discussed.

### **Validity and Trustworthiness**

Creswell (2003) recommends eight strategies that serve to establish the validity of qualitative research. He states that reliability and generalizability play a minor role in qualitative research. Creswell (2003) states,

Validity, on the other hand, is seen as strength of qualitative research, but it is used to suggest determining whether the findings are accurate from the standpoint

of the researcher, the participant, or the readers of an account (Creswell & Miller, 2000). Terms abound in qualitative literature that speak to this idea, terms such as ‘trustworthiness,’ ‘authenticity,’ and ‘credibility.’ (Creswell & Miller, 2000; as cited by Creswell, 2003, pp. 195, 196)

The eight strategies suggested by Creswell (2003) include: triangulation of data; member-checking; rich, thick description to convey findings; clarification of researcher bias; presenting negative or discrepant information that runs counter to the themes; spend prolonged time in the field; use peer debriefing to enhance accuracy; and use an external auditor to review the entire project.

This research incorporated *triangulation of data* from various sources: extensive literature review; Scripture and four Christian professionals (a psychiatrist; a psychologist; a teacher and lecturer; a minister and the founder of this treatment facility) published works related “evangelical Christian” theological principles upon which the philosophy of treatment at northeastern is founded (Creswell, 2003, p. 196).

This study utilized *member checking* in that the interviewed participants reviewed, edited, and approved all literature used to analyze data. The researcher endeavored to use *rich, thick description* through the following literary devices suggested by Creswell (2003): alternating short and long quotations; intertwining quotations with researcher’s interpretations; using participants’ wording; indenting to highlight participants’ quotes; using first person “I” and “we” in narrative form (p. 197).

The researcher *clarified his bias*. He stated that he is an evangelical Christian who observed his father struggle with alcohol dependence and overcome it through God’s amazing grace. Therefore, the researcher wept in his heart upon hearing these men retell their struggles through “the valley of the shadow of death.” His heart also leapt for joy

when these men testified that they experienced God's amazing grace in overcoming alcohol dependence and maintaining an alcohol free lifestyle (Creswell, 2003, p. 196).

This researcher identifies strength in validity in this scenario. I had the privilege to listen and record the life stories conveyed eloquently by the participants about their past; present, and future; however, I played no role in effecting their past. Both the researcher and the participants' hearts are knit together in prayer that snapshots gleaned from their lives will provide hope and victory over alcohol dependence to future readers.

This researcher has spent a *prolonged time in this field*, engaging in conversations with many men in this program over the years. He has visited this facility numerous times over many years; and has regularly prayed for the staff and the men in treatment.

This researcher was blessed to have continual *peer debriefing* from three experts. One provided wise counsel and direction in clarification and focus in communication of my observations and thoughts germane to qualitative research. Another expert in qualitative research furnished boundaries which keep this study on track in the context of qualitative design. Another expert utilized informative texts that complimented his teaching related to substance abuse treatment and how to do current, valid research. This professor's class opened my eyes to the immensity of the impact of alcohol dependence (Creswell, 2003, p. 196).

Finally, an external auditor provided continual insight with encouragement and challenging thoughts to ponder. This person had a unique ability to exhort this researcher to pursue indepth comprehensiveness within the practical reality of conciseness. This auditor gave an accurate assessment from germinal seeds of thought to the completion of

this research (Creswell, 2003, p. 196). These combined strategies enabled the researcher to establish the internal and external validity in the context of this qualitative study.

### **Data Processing and Analysis**

This qualitative study incorporated inductive logic in the assessment of the data recorded during private interviews with the participants. Open-ended questions were used in order to glean detailed information from the participants. Interviews recorded each participant's personal experiences relating to their relationship with alcohol before treatment at the northeastern evangelical Christian treatment facility

These interviews recorded each participant's personal assessment of the impact that the phenomenon of *Christian spirituality* used in treatment had upon all aspects of his personal life, thoughts and behavior patterns; related to his ability to overcome alcohol dependence during treatment at this facility. These interviews recorded each participant's personal assessment of his ability to maintain an alcohol free lifestyle after he successfully completed this evangelical Christian treatment program.

Finally, these interviews recorded each participant's personal selection of various aspects of *Christian spirituality*. Each participant reported using various private and corporate Spiritual Disciplines. The participants explained that they chose specific Spiritual Disciplines, which best inspired and strengthened them in diligent application of the fruit of the Spirit and Christian virtues to overcome alcohol dependence during treatment and maintain an alcohol free lifestyle after they completed treatment.

This data was examined and formulated into individual themes and behavior patterns. These themes and behavior patterns were reexamined and developed in common themes and behavior patterns experienced by the majority of participants. The



formulation of themes and categories into generalization, patterns or theories brings qualitative study toward completion; culminating in research conclusions. These common themes and behavior patterns were compared with research literature and research conclusions were derived (Creswell, 2003, pp. 132, 133).

Neuman (1991) states that pattern theories do not demand causal statements, nor do they focus on deductive reasoning. Pattern theories use metaphors and analogies which make sense within a closed system of relationships that are mutually reinforcing, while designating a chronology of phases or links of parts to a whole (p. 38).

The following goals were accomplished through analysis of personal interviews with graduates from the northeastern evangelical Christian treatment facility. A primary goal of this qualitative research was the discovery of the participants' identification of aspects of the phenomenon of *Christian spirituality* that they associated with their ability to overcome alcohol dependence during treatment and their ability to maintain an alcohol free lifestyle after they completed treatment.

The second goal of this study was to discover elements of the phenomenon of *Christian spirituality* that the participants report consistently exercising privately and corporately; which they associated with their ability to maintain an alcohol free lifestyle after they successfully completed treatment. A third goal of this study was to identify any additional elements of the phenomenon of *Christian spirituality* that may be associated with the participant's ability to maintain a lifestyle free of alcohol; yet are not presently utilized in treatment at this northeastern evangelical Christian treatment facility.

A fourth goal was to provide evidence based research from this qualitative study, which identified aspects of the phenomenon of *Christian spirituality* associated by the

participants with their ability to overcome alcohol dependence and maintain an alcohol free lifestyle. These research findings may provide ideas for future study and potential application of this northeastern, evangelical Christian treatment facility model of *Christian spirituality* as a model for the foundational treatment of other dependencies.

Heuristic- “heuristic...[Gr. *heuriskein*, to invent, discover.] helping to discover or learn...” (Webster, 1983, p. 856). Analyzing these stories created a treasure chest of personal life experiences. Analysis of these experiences revealed a quantum change in relationship between the participants’ spirituality pre-treatment and post-treatment. This research provided insight regarding the existing association between the phenomenon of *Christian spirituality* and the participants’ ability to overcome alcohol dependence and maintain an alcohol free lifestyle

### **Chapter Summary**

This chapter began with an outline of the qualitative method of research being used in this study. The criteria for selection of participants were detailed. The procedural format of the personal interviews was furnished. The content of the consent form and instrumentation were delineated. The method of data processing and analysis was outlined. This chapter was concluded with a content summary.

## CHAPTER FOUR: FINDINGS

### Introduction

This study examined the influence of the phenomenon of aspects of *Christian spirituality* upon eleven participants: before they entered a northeastern evangelical Christian based alcohol treatment program; during their treatment there; and after completing treatment in relationship to their ability to overcome alcohol dependence and maintain an alcohol free lifestyle. This chapter begins with highlights of relational and environmental factors that appear to have contributed to the participants' choice to engage in relationships and behavior patterns that promoted alcohol abuse, which culminated in alcohol dependence. A table follows, which provides a partial historical portrait of these factors.

The next section highlights the participants' self and formal treatment attempts to overcome alcohol dependence. A second table summarizes these attempts.

Eight themes are then discussed; which were extracted from three periods of time in the participants' lives. These themes relate to the phenomenon of *Christian spirituality*: prior to treatment; during treatment; and after treatment.

### Factors Contributing to Alcohol Dependence

The purpose of this section is to explain how environmental and relational factors reported by the participants appear to have contributed to their alcohol use, abuse, and subsequent dependence. Certain factors influenced cognitive processes that generated thoughts, attitudes and worldviews. The word "factor" is defined as, "...something that actively contributes to the production of a result" (Webster, 1981, p. 406).

## **Spiritual Influence during Childhood and Adolescence**

It appears that most of the participants lacked any spiritual resources that guided their behavioral choices in relationships and prohibition of alcohol use and abuse. Most of the participants reported that they lacked parental or household influence of *Christian spirituality* during childhood and adolescence.

Miller (1998) noted that spiritual variables are important mediators for behavioral change. Spiritual functioning is not a one time occurrence but a “way of life” that enables coping with difficulties (pp. 11, 50, 51).

Miller (2000) noted that the National Institute for Healthcare Research (1997) examined spirituality as an independent variable and found spiritual involvement to be a positive protective factor. It is positively related to health and inversely related to physical and mental illness and alcohol abuse (p. 11).

Neff (2006) observed that spirituality is a positive influence that is associated with an increased ability to cope. It has been found to serve as a protective factor related to alcohol (substance) abuse, while increasing well-being (pp. 118, 119).

Miller (1998) cited research that supports that individual and corporate spiritual involvement is consistently connected with “decreased use, problems, and dependence” (p. 2). Smith (2009) stated that strong evidence suggests that aspects of private and corporate spirituality are significantly associated with physical and psychological health.

Ritt-Olson et al. (2004) found that spirituality appears to be related to the value that both high and low risk individuals place on maintaining personal health and well-being. They found that spirituality and valuing personal health, together, provide a protective factor among adolescents against substance abuse (pp. 192-199).

Gorsuch (1995) suggested that studies demonstrate that corporate spirituality is associated with lower incidence of substance abuse. He stated that social acceptance of anti-abuse norms, which are engaged in among peers, is a protective factor.

Hodge et al. (2007) found that individuals who actively exercise both private and corporate Spiritual Disciplines appear to be the most protected group from alcohol and tobacco use, and engagement in gambling. “Protective factors facilitate positive outcomes by buffering individuals from constructs that place them at risk to engage in addictive substances and practices...Hence they decrease the likelihood that individuals will participate in harmful activities” (p. 211).

None of the participants developed individual or corporate relationships, divine or human, that significantly influenced their thinking patterns, worldview, and philosophy of life. These relationships may have provided them with buffers resiliencies and protective elements.

Gorsuch (1995) implied that corporate spirituality provides an environment for social acceptance and meaning in life (p. 67). He explained that a loving, supportive, and empowering spirituality may serve as an effective buffer; decreasing substance abuse, and is also found to be effective in treatment for dependence (p. 67). All of the participants lacked private and corporate aspects of *Christian spirituality* or any private or corporate spiritual influences which may have served as buffers, resiliencies or protective factors to deter their abuse of alcohol. All of the participants reported that peer friendships provided group acceptance that reinforced maintenance of alcohol abuse and sin related behaviors.

### **Parental Engagement with Participants during their First 18 Years of Life**

All of the participants reported that their parents spent little time engaged with them in developing a nurturing relationship. Those participants who reported that their parents spent moderate amounts of time with them stated that they fulfilled essential parenting responsibilities but were not personally invested in their lives.

Only one of the eleven participants reported that his parents developed closeness with him. Daniel reported that his mother showed daily concern for him and his father taught him a profession.

Hayes, Smart, Toumbourou, and Sanson (2004) suggest that parental alcohol abuse and dependence effect changes in parenting behavior related to parenting norms. Parental alcohol abuse and dependence generally diminishes the ability to cultivate significant relationships that are mutually satisfying with their adolescents. These behavior patterns also curtail the ability of parents to adequately fulfill their role to monitor their child's behaviors (pp. 83-86).

Parental establishment of open and honest communication, along with active monitoring of activities, helps to limit adolescent alcohol abuse. Parental supervision of adolescent drinking limits abuse (Hutchinson, Maloney, Yogl, & Mattick, 2008, p. 5).

### **Household Modeling of Alcohol Use**

Hutchinson et al (2008) noted that children are most often initiated into alcohol use within their home. Parental attitudes toward drinking are more permissive when parents drink themselves (pp. 1-5). All participants' parents, except Matthias', engaged

in drinking. Nine of the eleven participants had at least one parent who engaged habitually in excess drinking. Many of these parents were dependent upon alcohol.

Parental permissiveness appears to influence adolescent drinking and progression to abuse. Parental social modeling of alcohol use and abuse increases the risk of their children experiencing alcohol related problems (Hayes et al., 2004; Hutchinson et al., 2008; Office of National Drug Control Policy, 1999).

Consistent parental restriction of alcohol use has been found to significantly lower the risk of teenage alcohol abuse and its sequela in college. Contrariwise, parental abuse of alcohol, along with permissiveness of alcohol use, contributes to teenage alcohol abuse and problems in college (Abar, Abar, & Turrisi, 2009, pp. 1-6). Seven of the participants reported that their households consistently modeled alcohol abuse.

Bahr, Hoffman, and Yang (2005) suggest that family variables have significant effects upon adolescent alcohol use and binge drinking. Parental tolerance of alcohol use increases adolescent alcohol use by 80 percent; older sibling alcohol use increases the likelihood of adolescent increase of alcohol by 71 percent (p. 543).

### **Common Motivations of Participants to Drink during Childhood**

Nine of the eleven participants stated that they drank in order to gain and maintain peer acceptance. All of the participants noted that they enjoyed the temporary physical euphoria afforded by alcohol. Two of the participants reported that they drank to assuage their guilt and shame over being a victim of sexual and physical abuse.

All participants spent time with peers who abused alcohol; and some had siblings who abused alcohol. All participants noted that they were oblivious to the shackles of bondage developing as they cultivated their relationship with alcohol.

Bahr et al. (2005) suggest that the risk of binge drinking is commensurate with the number of close friends who drink; the more close friends who binge drink, the greater the risk that the individual will engage in binge drinking. The greatest influence on adolescent drinking is parental attitudes; the second greatest impact is having an older sibling who drinks (p. 543).

Some participants noted that an additional precipitating factor to drink as a child and adolescent was to assuage the mental anguish, emotional rage, and physical pain caused by physical and sexual abuse. Christopher recalled painful years in his life when his mother sent him to live with relatives in Puerto Rico.

It wasn't a special time; we were sexually abused; we were physically beaten. A lot of terrible things started in the first five or six years of my life. It wasn't just with me, as I found out later. It was with my sisters as well...

### **Parental or Caretaker Intervention Related to Alcohol Abuse**

Hayes et al. (2004) suggest that parental behavior management, which seeks to communicate clear boundaries, as well as establish appropriate consequences for disobedience to established rules, serves to decrease adolescent alcohol abuse (p. 85). All of the participants reported that there was no parental or caretaker's intervention in response to their alcohol abuse.

All of the participants inferred that their parents either: (1) were unaware of the seriousness of their alcohol abuse/dependence problems; (2) passively denied that a



problem existed; (3) were preoccupied with life crises they considered more demanding. Hutchinson et al. (2008) suggests that parental limiting of adolescent drinking contributes to decreased abuse and dependence. Early parental intervention is the most effective means of derailing adolescent alcohol abuse (p. 4).

### **Period of Alcohol Dependence before Attempting Self-Treatment**

Five participants were adults living independently from their parents or caretakers before they perceived themselves as alcohol dependent. The participants said that they experienced alcohol dependence between three and twenty-four years before they acknowledged and considered addressing their condition.

All of the participants shared that they denied the seriousness of their condition for an extended period of time. They stated that they habitually minimized increasing family and relationship conflicts; difficulties at school or work, and legal problems.

**Table 4.1*****Contributing Factors to Alcohol Dependence***

| <b>P</b> | <b>SI</b> | <b>PE</b> | <b>PM</b> | <b>M</b> | <b>AS</b> | <b>PI</b> | <b>AD</b> |
|----------|-----------|-----------|-----------|----------|-----------|-----------|-----------|
| 1        | BE/BE     | ME/ME     | E/E       | PA/EE    | 12        | NI        | *16       |
| 2        | A         | A/LE      | ?/E       | PA/EE    | 13        | NI        | *23       |
| 3        | A         | A/LE      | ?/E       | PA/EE    | 7         | NI        | *16       |
| 4        | A/PC      | ME/AE     | M/M       | PA/EE    | 10        | -         | *40       |
| 5        | A/A       | LE/?      | E/?       | PA/EE    | 16        | NI        | *41       |
| 6        | BE/BE     | LE/AE     | A/A       | PA/EE    | 15        | NI        | *16       |
| 7        | BE/BE     | ME/ME     | M/M       | PA/EE    | 13        | NI        | *15       |
| 8        | FR        | LE/ME     | E/E       | A/EE     | 16        | -         | *40       |
| 9        | FR        | LE/LE     | E/M       | PA/EE    | 11        | -         | *32       |
| 10       | A/PC      | LE/ME     | E/A       | PA/EE    | 10        | NI        | *14       |
| 11       | A         | AE/AE     | E/A       | PA/EE    | 12        | NI        | *15       |

**Note:** Bold initials represent chart categories. Father is listed first in all categories with two parent households. **P**=participant identification number **SI**=spiritual influence of household; PC=positive Christian influence; I=influence of any belief system; FR=formal religion without divine-human relationship; BE=brief engagement in formal religion but abandoned by parents during participant's childhood; A=absence of any spiritual influence. **PE**=parental engagement in participants' lives during their first 18 years of life; AE= active engagement; ME=moderate engagement; LE=little or minimal engagement. **PM**=parental or household modeling of alcohol use: A=abstinent; M=moderate; E=excessive. **M**=motivations to drink alcohol: A=assuage emotional/mental suffering; PA=peer acceptance; EE=enjoyed physical euphoria. **AS**=participant's age when they began drinking regularly. **PI**=parental or caretaker/s' intervention in response to alcohol abuse of participant; AI=active intervention; NI=no intervention. **AD**=participant's age when they identified themselves as alcohol dependent. Statistical Abbreviations: \*=approximated time. -=no contextual application to category. ?=Information is unavailable.

**Self-Treatment and Formal Treatment Attempts**

The purpose of this section is to provide a comprehensive picture of the various attempts that the participants made to overcome their alcohol dependence. These factors illustrate the ongoing struggles and conflicting elements experienced by the participants in their attempts to overcome alcohol dependence. All of the participants reported that they were unable to maintain an alcohol free lifestyle without eventual relapse apart from

inclusion of the phenomenon of aspects of *Christian spirituality*. These factors provided a historical context from which the research questions emerged.

All of the participants began to address the problems caused by their alcohol dependence through self-treatment, except for Michri. He noted that although he recognized significant personal and family problems; he rationalized that the benefit provided through self-medication for anxiety outweighed the repercussions.

The period of time between when the participants acknowledged their alcohol dependence and the time when they chose to address it was considerable. The time periods ranged between three and twenty-four years; therefore many participants experienced first, second, and third phases of alcohol dependence. It is staggering to imagine their compromised condition when they initiated this battle to recover their lives.

All participants became independent adults before they reached the crossroads of decision regarding attempting treatment for their dependence or capitalization unto death. Gibb (2007) suggests that alcohol wreaks havoc in the complex brain. The result of alcohol dependence often ruins significant relationships, along with one's ability to function professionally and socially (p. 185). "Symptoms of mood instability and depression are among the most common psychiatric symptoms in individuals with substance use disorders" (Hartwell et al. 2010, p.71).

All of the participants reported experiencing anhedonia (the inability to experience normal pleasures or find contentment in life) apart from alcohol abuse. Long term alcohol dependence without treatment often results in impairment of one's ability in mobility, communication, vision, and higher cognitive functioning (i.e.,

memory, judgment). Physical ramifications may include impairment of brain functioning and other organs; culminating in death (Gibb, 2007, p. 185).

Gibb (2007) states that alcohol dependence is a long term result of the brain's plasticity (ability to adjust brain chemistry to achieve stability to function in spite of consumption of abnormal amounts of alcohol). The euphoric pleasure is caused by alcohol's ability to increase levels of dopamine flooding the reward pathway in the nucleus accumbens. All participants noted that they found the physical euphoria experienced to be a significant reinforcement to consistently repeat alcohol abuse.

Gibb (2007) noted that the brain responds to the habitual increase of dopamine flooding its system by decreasing the number of dopamine receptors in neurons, reducing the neuron's excitability. The brain attempts to create homeostasis at a new level, which the increase of alcohol has upset. This causes one's tolerance of alcohol to increase.

The individual must progressively drink more alcohol in order to experience the same level of euphoria. The desire to achieve this euphoria creates a craving which motivates the individual to consume more alcohol. The inability (i.e., lack of availability) to consume enough alcohol to reach the desired effect results in withdrawal symptoms (Gibb, 2007, p. 185).

Gibb (2007) noted that cravings for alcohol often consume the dependent individual's thoughts; motivating irrational, erratic, antisocial thought patterns and behaviors. All of the participants stated that they experienced obsessive cravings, excessive time abusing alcohol, and periods of anxiety caused by their abuse.

The first phase of alcohol withdrawal includes: bodily tremors, profuse sweating, and mild hallucinations. The second phase may include convulsions.

All participants stated that they have struggled with cravings and withdrawal symptoms as delineated in these two phases. They said that they experienced these symptoms repeatedly during multiple attempts of self and formal treatments. Many of these men shared that they experienced third phase symptoms.

Gibb (2007) said that the third phase generally affects long term dependent individuals who have consumed large portions of alcohol; withdrawal delirium or delirium tremors and terrifying delusions. The brain's plasticity often restores the dopamine level after an extended period of abstinence and withdrawal symptoms and cravings eventually dissipate; ten percent die during this phase (p. 78).

Most of the participants made multiple attempts to overcome their alcohol dependence through self and/or formal treatment, without success. These participants noted in hindsight; that they recognized God's activity in events leading to their entrance to northeastern.

### **Discussion of Common Aspects and Results of Self-Treatment**

Five participants noted that personal, family and legal problems motivated them to make numerous attempts to stop drinking through self-treatment. They shared that they eventually acknowledged that their strongest, most sincere resolutions to overcome alcohol dependence through self-effort ultimately failed.

Shapham reported that he made a feeble attempt to stop drinking. "I would go to the bar every night but I would drink Birch beer." He explained that in the midst of drinkers; he was overcome by the insidious allurements of alcohol. He stated that without support his effort failed.

Shapham noted that during a physical exam, at age 32, a doctor detected a problem with his liver and advised him to stop drinking; but he failed to heed. He noted that at age 34 he began to experience delirium tremors (DTs) and hallucinations.

I remember cooking lobsters and chickens in the oven. When I opened the door, I saw the lobsters and the chickens were dancing. I used to get the shakes. I had the strength...mentally...eventually I took a job in Margot, New Jersey...I had to take public transportation because I had creamed my car.

Shapham described having about nine accidents without serious injury. “The first night I worked there I went down and woke up in the hospital with 11 stitches in the back of my head.” He stated that he returned to work the next evening because he did not want to let the owner down due to his extensive drinking, but needed to leave.

Rephael stated that he attempted to overcome his dependencies by moving geographically in order to start fresh with anonymity. He noted that “geographical fixes” failed to accomplish freedom from dependence. Although he moved several times; he stated that he remained in bondage to alcohol and drugs.

Three participants reported that they each respectively entered a divine-human relationship while they were incarcerated. They all noted that when they actively engaged in private and corporate Spiritual Disciplines they received divine empowerment to abstain from alcohol and drugs.

Matthew testified that he experienced approximately three years of freedom from alcohol and drug dependence through self-treatment while he actively cultivated his divine-human relationship. He said that he maintained two years of abstinence while incarcerated and one year after completing his sentence.

Matthew stated that he joined his mother and sister's church. He said that he established a strong support system and boundaries as a safeguard from relapse. He testified that he cultivated his divine-human relationship daily through private and corporate Spiritual Disciplines centered on Scripture, prayer, worship, and fellowship. He stated that a friend personally disciplined him and daily encouraged him to immerse himself in his "new life" in Jesus as his Lord and Savior.

Matthew shared that before treatment at northeastern; whenever he sinned or experienced a temporary slip related to abuse, his guilt and shame kept him from crying out to Jesus for forgiveness and help. Matthew proposed that his past sinful behaviors were a reflection of his identity; motivating him to continue in sin. He stated that he lost hope in Jesus' ability to help him sustain an alcohol and drug free lifestyle. He said,

I used to throw a pity party if I used. It gave me an excuse to say, 'I'm back, that's who I am and I will go into my sin.' My pity parties used to motivate my sin. I would set myself up for another fall. It was a lie from Satan...I know who I am now and no matter what he says; what comes my way, it doesn't change my position of who I am...It's freeing, you don't have to work at it. God did it at the cross and my identity is in Him. I have areas I need to work on but it does not change my identity.

Christopher and Daniel shared that they overcame alcohol dependence every time they were incarcerated; experiencing up to two years of abstinence. They stated that they became actively engaged in developing their divine-human relationship through private and corporate Spiritual Disciplines.

Both of these men reported that they often compromised their divine-human relationship through neglect shortly after being released from prison. They shared that instead of seeking fellowship and developing Christian friendships; they engaged in

sinful activities that encouraged alcohol abuse. These patterns quickly culminated in alcohol dependence.

Christopher stated that he remained in this cycle for 22 years, without overcoming alcohol dependence outside of confinement in jail or prison. Daniel stated that after repeating this behavior pattern following numerous incarcerations; he broke the cycle through remaining single-hearted in exercising Spiritual Disciplines and maintaining boundaries to avoid relapse.

Daniel reported that his first period of abstinence lasted 16 months, when he joined the Salvation Army Church. He said that he received supernatural resources through his divine-human relationship. He said that he consistently engaged in private and corporate Spiritual Disciplines and Christ-centered NA and AA meetings.

Daniel stated that he allowed relationship conflicts to overwhelm him. He stated that when he stopped seeking God through exercising private and corporate Spiritual Disciplines he quickly relapsed.

Daniel shared that his second period of abstinence lasted for two years while he attended a Christ-centered treatment program in Pennsylvania. He testified that as long as he actively engaged in cultivating his daily relationship with Jesus as the Lord of his life he received God's strength to overcome the temptation to drink. He said that he was blessed with God's strength to maintain an alcohol free lifestyle, until he neglected his divine-human relationship and eventually relapsed.



## **Common Factors and Results of Formal Treatments before Northeastern**

Miller and Rollnick (2002) suggest that positive behavioral change occurs when people associate it with intrinsic values that are significant to them. They delineate three essential components of motivation: readiness, willingness, and ability (pp. 10-12).

Gabriel said that he made four formal treatment attempts. He shared that he failed at his first three attempts and was seriously contemplating suicide. He remarked that his motivation at this point in time was a “last ditch effort” before ending his life. He describes himself as desperate and hopeless because dependencies had destroyed his life.

Gabriel noted that, miraculously, God’s grace empowered him to become single-hearted and wholehearted in his commitment to resist physical cravings and maintain abstinence for almost ten years. He shared that he committed himself to attend nightly meetings at either AA or NA, along with attendance at weekend spiritual retreats.

Gabriel expressed that he experienced God’s amazing grace in two ways: he was inspired by the Christ-like love, support, encouragement and acceptance he received by individual’s who modeled a Christ-centered lifestyle at meetings and on retreats; and he was sustained in his abstinence through answered group prayer on his behalf, along with the ongoing group support he received during weekend spiritual retreats.

Gabriel shared that God’s grace enabled him to emulate the lifestyle of abstinence; which he observed in Christ-like models. He said that he received power to overcome alcohol dependence before he entered into a divine-human relationship through regeneration. He stated that sin still prevailed in many areas of his life; causing him personal problems and relational turmoil.

Gabriel stated that his relapse was precipitated by an accident in which he crushed his leg and was hospitalized for 40 days. He said that he lost all support that God's grace had provided through relationships within AA, NA, and weekend spiritual retreats.

Gabriel noted that his lifestyle of abstinence ceased after 40 days of euphoria that he experienced from medication taken for pain management. He explained that the "feel good buzz" provided by pain medication rekindled an obsessive craving.

Gabriel stated that upon his hospital discharge he abandoned his family-oriented goals and impetuously chose to sustain this feeling of euphoria; immersing himself in consumption of alcohol. He noted that his life deteriorated as he returned to habitual abuse. He shared that this, along with added drug abuse, continued for six years.

Gabriel acknowledged that his dependencies enslaved him; ultimately undermining his relationships. He noted that he no longer experienced the power of God's grace, which had enabled him to resist cravings.

Gabriel explained that he displaced his single-hearted humility in seeking God's grace with a double-mindedness. He acknowledged that he maintained his relationship with alcohol; while sporadically attending meetings. He stated that his divided heart condemned him; imprisoning him in guilt and shame.

Gabriel explained that he attributed his increased use of alcohol to his sustained feelings of guilt and self-contempt, which he experienced as a result of the loss of his marriage and relationship with his daughters. He explained that he lost hope of change and again contemplated suicide.

Gabriel shared that his final attempt to escape the shackles of alcohol dependence involved a plan to flee the temptations found in New York and start fresh in another

geographic location. He noted that a seed of hope germinated within him when his parents agreed to his request to live with them in New Jersey.

Gabriel shared that he cried out to God for help with a divided heart, while sustaining his dependencies. He stated that God used a pastor; who was a friend of his parents, to rekindle a spark of hope; when he informed him about the northeastern evangelical Christian based alcohol treatment program. Gabriel's interest grew after attending a few meetings; which influenced him to enter the program a month later.

Joshua made approximately six attempts at formal treatment, with his goal being to overcome dependency. He stated that his first attempt at formal treatment began with his attendance at a 28 day inpatient treatment program. He shared that he relapsed on the second day following graduation; at which time his wife left.

Joshua shared that he creatively experimented with drug substitution in an attempt to overcome his dependence, but always failed. During this period he tried heroin, which exacerbated his physical deterioration.

Joshua said, "I tried other programs...I was just high again shortly after that...I was a functioning addict. I still worked the government job...It just went on...It was... a crutch that helped me get through life." He acknowledged that his best attempts to overcome dependence quickly turned to dust. He said that his dependence became a cruel taskmaster; enslaving him after decimating his family.

Joshua mentioned that his church encouraged him to apply to northeastern. He said, "...One of the reasons I couldn't get out of my habit...I didn't have a relationship with God...It was...nobody's fault but my own...I didn't... develop my relationship with God...It was all works-righteousness for me."

Joshua reported that he arrived at the program “strung out on heroin.” He said, “I had been strung out for about seven years; almost dead...I...knew this was the last shot for me. I would probably end up dead if God didn’t act in a special way. He did!”

Rephael acknowledged that he recognized the impact that his alcohol and drug dependence was having on his personal relationships and his performance at work. “Things were crazy with alcohol. I had another relationship that was all messed up and I decided to move again.” He said that moving failed to accomplish the relief he hoped for; moving and working in a new company became a “geographical fix.”

Rephael stated that he attempted to seek help after he accumulated \$25,000.00 in debt on the company’s credit card from expenditures on alcohol and drugs.

I was selling cocaine. I was a party boy; this was sort of my identity. I was 20, 21 years old...this has got to stop. I opened up the phone book and called the number of AA that was closest to my house...it was a gay AA, but it didn’t say it...and that afternoon I went to an AA meeting. That day I stopped drinking, but going to three meetings a day.

Rephael shared that his sexual activity and shopping increased. He stated that he had exchanged one maladaptive relationship for another. “I was lonely and miserable.” He noted that he received grace and kindness from the company’s lawyer, who permitted him to repay the debt without prosecution. He declared that he was abstinent for 18 months; he addressed God as “The All Good in my life”; refusing to mention His name.

Rephael remarked that he addressed his physical health through exercise and his spirituality by attending a gay church. “I began to believe in God...I started to hear the Gospel again.” He explained that this church preached that a person did not have a choice in sexual orientation; rather a person was born with a particular gender preference.

He stated that at that time he was not studying the Bible and accepted this lie. He noted that he found freedom in this false preaching. He said,

That was the first time I didn't feel guilt or shame in my life. I was free; wow, mind-boggling, everybody else is wrong...When they explained it, I said, 'This is amazing; no wonder He didn't answer and change me; because He wanted me to be that way anyway. He created me to be that way...So I have been mad at God and He never intended for me to change; He was waiting on me to get it.'

Rephael expressed that during this period in his life he was struggling with anxiety and depression. He was alcohol free for over a year and his health improved. He noted that he developed an intimate relationship with a doctor who prescribed antidepressants and tranquilizers, which he remained on for the next 15 years. He commented that he severed this relationship after eight years due to relentless inner conflict. He confessed that he relapsed within a few months.

Rephael stated that after overcoming a physical injury, being laid off, and experiencing depression he found an executive management position. He confessed that his alcohol and drug dependence continued. He said,

I had periods where...cocaine, drugs and sex was crazy...I was looking for anything to fill the hole in my heart. I was so empty...if I saw a car, I would buy it...I thought if I possessed these things maybe I would feel better. Work was the only thing that was positive...I was good with the people.

Rephael shared that his life began to spiral out of control; he recklessly pursued dark sexual activity, while consuming alcohol and drugs; rendering him unconscious and in need of CPR. He stated that he retired from his company, sold his possessions and moved to Mexico; as he experienced paranoia and hallucinations. He said,

At that point the cocaine and drug addiction was so bad. I always thought people were trying to hurt me. I got paranoid...I was hiding in the attic with a knife and carrying a gun around. The police were afraid to come to my house. I had installed cameras. I would call them in and show them all the people who were

trying to get into my house to kill me. There was no one there (on the cameras), but I was seeing it.

Rephael said that he ended up selling everything and going to Cozumel. He lived alone and described himself as being in “really bad shape.” “I was in really bad shape...I had no hope...I thought if something didn’t work out I would just stay there and die...”

Rephael stated that his best friend and his brother returned to Cozumel two weeks after a hurricane and helped him to leave the island.

Rephael shared that he was soon bankrupted by his alcohol and drug dependence; he attempted suicide and was hospitalized while his family tried to help him.

...they couldn’t find a drug addiction center to help me...I had no money or... insurance. This pastor told me about...[this northeastern evangelical Christian based treatment program]. The pastor’s father had come to...[this treatment facility] 35 years earlier with an alcohol problem. He got saved and became a pastor and counselor at his mom’s church.

Rephael said that he was impressed after hearing from this pastor-counselor and reading the material he received about their Christ-based treatment program. He shared that he tried to recover from alcohol and drug dependence on his own, but failed.

Rephael noted that after one shot of alcohol he was trying to take his life again. He said that he immediately called the counselor and arranged to fill out an application.

**Table 4.2**

***Self Treatments and Formal Treatments***

| <b>P</b> | <b>R</b> | <b>A</b> | <b>D</b> | <b>E</b> | <b>ST</b> | <b>TA</b> | <b>SR</b> | <b>FT</b> | <b>FA</b> | <b>F</b> | <b>T</b> | <b>A</b> | <b>NR</b> |
|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|-----------|
| 1        | C        | 60       | 16       | *12y     | *10       | 0         | 10        | *4        | *10y      | 4        | 51       | 9y       | 0         |
| 2        | A        | 37       | 23       | *3y      | *10       | TI/1y     | 10*       | 0         | 0         | 0        | 31       | 6y       | 0         |
| 3        | P        | 41       | 16       | *22y     | *10       | TI        | 10        | 0         | 0         | 0        | 38       | 3y       | 0         |
| 4        | A        | 55       | 40       | *9y      | *10       | *2m       | 10        | *4        | *8m       | 4        | 51       | 4y       | 0         |
| 5        | C        | 58       | 41       | *7y      | *10       | -         | 10        | *6        | *2d       | 6        | 49       | 9y       | 0         |
| 6        | C        | 37       | 16       | *18y     | *1        | *6m       | 1         | *1        | 0         | 1        | 31       | 6y       | 0         |
| 7        | P        | 46       | 15       | *16y     | *100      | TI        | 100       | *30       | *2y       | 30       | 45       | 1y       | 0         |
| 8        | C        | 46       | 40       | *4y      | *3        | *4m       | 3         | *1        | 0         | 1        | 44       | 2y       | 0         |
| 9        | C        | 75       | 32       | *21y     | *1        | *5d       | 1         | 0         | 0*        | 0        | 35       | 39y      | 1         |
| 10       | C        | 45       | 14       | *8y      | *5        | *3w       | 5         | *2        | *2y       | 2        | 40       | 5y       | 0         |
| 11       | C        | 54       | 15       | *24y     | 0         | 0         | 0         | *6        | TT        | 6        | 39       | 13y      | 1         |

**Note:** Bold letters represent categories. **P**=participant identification number. **R**=race. **A**=present age in 2011. **D**=age became dependent. **E**=longest period that the participant endured his alcohol dependence before addressing it. **ST**=self-treatment attempts. **TA**=longest time abstinent following self-treatments. **SR**=self-treatment relapse/s. **FT**=formal treatment attempts before entering a northeastern evangelical Christian based alcohol treatment program. **FA**=longest time abstinent following formal treatment attempts. **F**=formal treatment relapses. **T**=age of participant upon entering treatment at a northeastern evangelical Christian based alcohol treatment program. **SA**=time abstinent after completing treatment at a northeastern evangelical Christian based alcohol treatment program. **NR**=relapses following successful completion of treatment at a northeastern evangelical Christian based alcohol treatment program. Statistical Abbreviations: I=time incarcerated (Participant maintained sobriety only as long as he remained incarcerated). TT=time in treatment (Participant maintained sobriety only as long as he remained in treatment). R=relapse/s; d=days; m=months; y=years. \*=approximated time. +=self-treatment attempts to limit alcohol intake. -=no statistical relevance to category; ?=Statistical information is unavailable. Race Abbreviations: A=African American; C=Caucasian; P=Puerto Rican.

**Common Theme One**

**Before Treatment**

The first common theme shared by all participants was the limited or lack of significant spiritual influences in their lives as children, adolescents, and young adults.

The majority of the participants reported that they lacked the protective elements of a positive Christian spiritual influence through their parents or household.

All participants reported that they lacked a single-hearted, wholehearted personal engagement in a divine-human relationship. Most participants noted that they lacked exposure to and emulation of spiritual role models and participation in and cultivation of personal or corporate spiritual relationships or affiliations.

All participants reported that they lacked active positive engagement of both parents in their lives as children and adolescents. They stated that they lacked the positive parental modeling of temperance and parental intervention of their alcohol abuse.

These protective elements may have provided safeguards in their lives. The dearth of protective elements may have contributed to each participant's choice to form relationships and engage in behavior patterns supporting the habitual abuse of alcohol, which resulted in alcohol dependence.

### **Influence of Spirituality in Childhood and Adolescence**

All of the participants reported that they lacked significant influence of Spirituality during their childhood except for Rephael and Josiah. They stated that their mothers were authentic Christians.

The role of parents is a principle factor in raising up a child. In formative years, parents function as a conscience for their children. The specific goal in their moral training is to enable the child to refuse the evil and choose the good, even when no parent is near to help. The conscience when informed by the sweet influence of God's Word, instructs the will to the making of proper, important decisions. (Allen, n.d., p. 4)

Matthias declared that he didn't "have a clue" what a Christian was until age 27. "Either you were Catholic or you were Jewish...or maybe Episcopalian...That's how



small my world was.” Growing up he had no concept of a personal living God. He recalled his family attending church when he was very young.

I think every half-way decent American couple when they first get married want to at least try church. We did that until I became a football star...in second grade...That was my ticket out of church. My dad, he didn't want to go either.

Dollahite and Thatcher (2005) state that children of religious, same-faith parents benefit by: decreased use and abuse of alcohol; greater marital harmony and satisfaction; greater parent-child relationships; less domestic violence; and a decreased divorce rate associated with regular church attendance. Judeo-Christian teachings disseminate aspects of *Christian spirituality* that promote: parent-child and family interactions; acceptance and forgiveness; self-sacrifice for one another; and a channel to experience God's love and grace. Scripture commands parents to teach God's love to their children through word and example (pp. 1-7).

...existing evidence suggests that evangelical parenting yields positive benefits for the children raised in such homes...conservative Protestant leaders define corporal punishment as a demonstration of love and concern for the psychological, social, and spiritual well-being of youngsters...these caregivers are considerably more inclined to affirm their youngsters with frequent hugs and words of praise...Conservative Protestant fathers report considerably more involvement with their youngsters than their mainline and non-religious counterparts...Within local conservative Protestant churches across the nation, pro-father language is coupled with an array of faith-based youth activities that regularly give evangelical men a multitude of opportunities to spend time with their own children and to sharpen their caregiving and mentoring skills with other youngsters. (Bartowski, Wilcox, & Ellison, n.d., pp. 1-4)

None of the participants' fathers provided a positive Christian influence.

Christopher reported that spirituality was non-existent in his home life. He shared that none of his relatives were involved with any type of formal or informal religion or belief system. He mentioned that he didn't remember any discussions about God while he was

growing up. He reports that the first time someone spoke to him about God was when he was confined to a facility as a teenager.

Christopher said that when he turned 18 he returned to the United States. He reported that he had violated his probation and was placed in juvenile detention. He mentioned that he was confined in this facility for one month. He said,

I met the guy who was the recreation guy who knew Jesus at the time. We used to call him Coach Bill. He used to allow people from church to come. I remember that was my first time ever that I made some kind of declaration that I wanted to be some part of Jesus' life. Regular people in regular clothes; they used to speak in tongues and stuff. They were talking about a whole new lifestyle. At the time I was already 18. I had already suffered enough. Everything I was doing was always running from the pain. I just wanted to stay numb...from when I was a little kid; that's why I did what I did. I was always running...from the pain.

Christopher stated that he felt that something was different in his life. He said,

I remember feeling this feeling that it was different than what I felt before and a lot of that had to do with because I began to read the Bible...I have always loved it to read from that point.

Christopher remarked that up until then he considered himself to be the "mastermind" of his life; as he often outsmarted others. He recalled,

Coach Bill used to always talk about God and give us stories and different illustrations. It used to give me a picture and I fell in love with that picture stuff. He used to break it down so I could understand it better...When I got released I remember always saying, I don't want to drink and I don't want to use no more; so I wanted to be different...I just wanted to do the right thing, to go on the right path...I had a desire to go to church and share my testimony.

Adolescents who willfully choose Judeo-Christian spirituality experience protective elements against drinking and smoking; viewing pornography; engaging in premarital sexual activity; and risk of suicidal attempts. They experience positive benefits in relationship with increased hope; willful behaviors; purpose and meaning in their lives; greater love, fidelity, and care for others; more friendships; social engagement

in positive programs and activities; and greater social support. These adolescents spend more time on homework and academic pursuits (Dollahite & Thatcher, 2005, 1-7).

The influence of the parent, the child's conscience and God's Word: these form a threefold cord that cannot be easily broken. It is a cord that will bind the child to the throne and will of God, teaching him to refuse the bad and choose the good. Let an affectionate love for God and Christ become your children's foundation, because within that love is formed the desire for truth. Christian parents are urged to fully trust God to be the author and power of your family life. God's rich blessings await those who faithfully work with Him to create today a home in which godly principles direct family life and its decisions. (Allen, n.d., p. 5)

Religion and spirituality have been found to be protective factors against the following influences of alcohol in a national sample of emerging adults, aged 18-29 years. Religion and spirituality may provide protection against early onset of alcohol use and alcohol disorders; binge drinking; impaired driving; increased use for college students; increased academic failure; unemployment; early sexual activity and risk taking (Fortuna, Wachholtz, Torres-Stone; Porche, & Trottier, 2011, pp. 1-13).

Within the last decade, there has been an increasing recognition of a potential relationship between children's spirituality and their emotional and physical health. When children and their families are struggling with life-threatening illness, abuse, or other traumatic events, they often cite their spiritual life as a resource for coping with an overwhelming situation. (Houskamp, Fisher, & Stuber, 2004, pp. 221-230)

Recent and lifetime alcohol disorders were less common among weekly churchgoers and those who considered themselves born again. Recently, but not lifetime, alcohol disorders were also less common among respondents who frequently read the Bible or prayed privately. (Koenig, George, Meander, Blazer, & Ford, 1994, p 225.)

Shapham said that he learned all about God by being raised in a Roman Catholic orphanage, but he didn't have a personal relationship with Him. He said,

I knew all about God, but I didn't know God...I got the circumcision and the baptism, but I didn't know anything about it...Most of the things in the orphanage were mandatory...You had to go to mass. You had to go to confession. Every

Saturday you had to go to confession. Every Sunday you had to go to mass and receive Holy Communion.

Shapham described his memories of the orphanage as mixed, “Kind of both, most of it was bad; we had to be very careful of being molested.” He stated that when a man tried to molest him, “...I punched him right in the nose...I ran away from the orphanage 14 times...finally they threatened to send me to Phoenixville, Pennsylvania, a juvenile (reformatory).” He reported that he was never sent there.

Shapham said that he was a hero to his younger brothers because he looked out for their welfare and protected them. “I was the big, strong protector of them in the orphanage. I would always fight for them. They would get in trouble and I would fight. I got a reputation as a tough guy.” He explained that he never bullied anyone; he just defended victims from bullies.

Greater religiosity in parents and youth is associated with a variety of protective factors for adolescents. Rigorous meta-analyses conducted by scholars in various disciplines and examining populations from several different religious traditions have demonstrated that many of the salutary mental, physical, and marital correlations between religiosity and well-being are quite robust and not attributable merely to selection effects or explained away by socio-demographic factors. (Dollahite, & Thatcher, 2005, p.1)

Chris (n.d.) stated that teenagers involved in a faith community receive buffers from adults and peers who model behaviors consistent with their belief systems. An Australian study found spirituality related to moral beliefs and religious engagement to be a protective element against high risk behaviors (pp. 1-7).

Evangelical fathers emphasized a positive outcome in the next life to their children in Heaven with a positive outcome on earth having a secondary emphasis...Consistency is a big challenge for most fathers...Fathers report being challenged in their daily efforts to avoid sin and be consistent Christian role models for their children...Fathers want to teach their children to navigate life safely. (Dye, 2011, pp. 1-3)

## **Common Motivations of Participants to Drink as Children, Adolescents and Adults**

Goncya and van Dulmena (2010) found that fathers played a significant role in reducing alcohol related problems through shared communication and emotional closeness with their adolescent children (pp. 93-100). Patock-Peckham and Morgan-Lopez (2007) found that poor bonding with one's father is predictive of depression; which is a predictor of alcohol abuse and related problems (pp. 297-306).

Mandara and Murray (2006) stated that a father's absence in their child's life increases the risk of alcohol and drug abuse. The U.S. Census Bureau, Children's Living Arrangements and Characteristics (2011) found that one quarter or 24 million children live in father absent homes. Children in these households experience more alcohol and drug abuse than two parent families (pp. 1-12).

Harmer (2012) explained that when parents allow their children to drink at home under their supervision before reaching legal age; it does not prevent adolescent alcohol abuse. Research demonstrates that adolescents do not restrict their drinking outside the home to the same limits advocated by their parents (p. 1-3). Matthew stated that regular drinking at a young age in his household was considered normal and socially acceptable.

Early initiation to drinking and excessive alcohol consumption can culminate in serious physical and mental health problems. Benevolence between parents and toward their children, combined with parental awareness of the effects of alcohol, are protective factors against children developing alcohol related problems (Birch et al., 2009).

Rosenberg and Wilcox (2006) noted that a father's greatest impact upon his children may be through his relationship with the children's mother. A good relationship between husband and wife affirms their roles as parents, while creating a secure environment for love and growth for their children. Children benefit by assimilating psychologically and emotionally healthy behavior patterns in their lives (pp. 1-4).

Matthew is an African American male who was raised by his grandmother in Woodstown, a small town in southern New Jersey. He stated that his father was absent from his life growing up and he rarely saw his mother for the first 18 years of his life.

An ongoing longitudinal study of 699 adolescents and their parents, begun when the adolescents were ages 13 to 15, found that, although black families had more single-parent households and lower family incomes than white families, black adolescents had higher abstention rates and lower rates of alcohol abuse and other deviance than white adolescents. (Barnes, 1994, pp. 183-201)

Matthew said that he began drinking regularly on the weekends with friends as he entered his teens. "I started indulging in a little bit of alcohol, occasionally; it was recreational at that point, on weekends...partying...with friends. My family always drank in the house so it was acceptable in their eyes."

Matthew assessed that his major motivation to sell and partake of alcohol and drugs was social acceptance. He stated that selling drugs was his primary income, while providing him with a sense of identity, power, and peer acceptance. He said, "... selling...marijuana and the drugs...personal pressures...my whole circle; my whole surroundings were affiliated with it."

Matthew stated that he began to live a double life after he started a family; fathering a child at age 21. He hid his alcohol abuse and selling drugs from his child's mother. "She thought I was out all night conducting business. I was able to spend time

with my son...it was hard but I did.” He stated that the mother of his child was in and out of his life for many years before and during his struggles with dependence.

Children experience higher IQs and better linguistic and cognitive capacities when the father is playful and nurturing with them from infancy through adulthood. Children with fathers who are actively engaged in their lives experience emotional security, social competence and self-control (Rosenberg & Wilcox, 2006, pp. 1-4).

States (2001) noted that positive parental engagement and support of their children from an early age generally promotes a high sense of self-esteem and personal control; along with better relationships with their own families. When parental support of children is lacking; depression and chronic health conditions often result (p. 1).

Rosenberg and Wilcox (2006) state that children generally manifest pro-social behavior; physical and emotional health; good academic achievement; avoidance of drugs; and minimal delinquent behavior when fathers are actively engaged during their developmental years. They contrasted children raised without fathers or minimally engaged fathers with fathers who were actively engaged with their children (pp. 1-4).

Ten participants stated that their desire to gain and maintain peer acceptance played a significant role in their decision to drink as young children. All of these men noted that peer approval and support influenced their behavioral choices.

Youth often look to peers for support, approval and belonging. The pressure to gain acceptance and avoid humiliation and rejection often leads to alcohol use and abuse. Common motivations for engaging in alcohol use include: advertising; media; peer influence; experimentation; rebellion against authority; preoccupation with themselves; and risk taking (Office of Juvenile Justice and Delinquency Prevention, 2012, pp.1-5).

Holmes (2003) noted that children of fathers who abuse alcohol are more vulnerable to emotional and behavioral problems than abstinent fathers. He also expressed that alcohol abusing fathers appear to be less engaged with their young children and less sensitive to their spouse and young children (p. 1).

Gabriel reported that his parents' lifestyle modeled excessive alcohol consumption. He said, "Dad was a drinker and Pop-Pop was a drinker...I used to come home from school and mom and the... neighbor...used to have a pyramid of beer cans... sitting on the porch watching the world go by."

Gabriel noted that he began drinking regularly at age 12. He stated that he used to drink with his cousins and friends at his house, while his parents worked. He mentioned that he pilfered alcohol from his parents' liquor cabinet and beer kept in large tubs that his father and grandfather kept stocked in their yard next to the horseshoe court.

Gabriel suggested that his desire for acceptance by his peers motivated him to drink. He stated that the exhilaration of "the feel good...buzz" from alcohol served to reinforce his habitual use.

Gabriel shared that his desire for acceptance continued to dictate his behaviors in junior high and high school; when he chose to assimilate the sinful behaviors of the "bad company" he identified with. Gabriel stated that during this time period he began sniffing airplane glue regularly and claimed that alcohol was not yet ruining his life.

Gabriel stated that "hanging out with bad crowds" influenced him to make many sinful choices that he regrets today. He remarked that in high school progressive drinking and drug use caused problems.



Gabriel mentioned that he skipped classes, which led to stealing alcohol kept on fire escapes and eventually robbing the apartments. He remarked that his extensive truancy resulted in failing grades, which subsequently influenced him to quit high school and join the Navy in January of 1970. He concluded that his parents were unaware of his drinking and truancy. Gabriel ascribed his downward path to having no guide in his life.

When parents do not set clear behavioral guidelines and actively monitor their children's behaviors; there is an increased probability that their children will engage in underage drinking (Bonnie & O'Connell, 2004). Eight participants stated that they experienced no parental intervention for abusing alcohol while growing up. Two others remarked that they concealed their alcohol abuse from parents and authorities. Judah was an adult living independently from his parents when his alcohol abuse began.

A survey conducted by the World Health Organization (2008) reported,

In the United States 16.5% of suicides are related to alcohol...Alcoholics are 5 to 20 times more likely to kill themselves, while the misuse of other drugs increases the risk 10 to 20 times. About 15% of alcoholics commit suicide, and about 33% of suicides in the under 35 age group have a primary diagnosis of alcohol or other substance misuse; over 50% of all suicides are related to alcohol or drug dependence. In adolescents alcohol or drug misuse plays a role in up to 70% of suicide...(Wikipedia, 2012, p. 5)

Rephael said that he contemplated suicide in his youth and young adulthood as a result of this struggle with his conflict over homosexual behavior.

Many teenagers especially those who are subject to teen depression, feel as though they only feel 'normal' when taking alcohol. Additionally the changes that the body experiences while on alcohol are of a limited duration. When the 'buzz' wears off, teenagers might feel even more depressed than they did before. These feelings can lead to suicidal thoughts, and even teen suicide attempts. Teens who recognize that they have a dependency can begin to feel helpless as though they will never escape their alcohol abuse. These feelings of hopelessness and increased depression can also lead to teen suicide. Teen alcohol abuse is one

of the risk factors of teen suicide (National Youth Violence Prevention, 2005, p. 1).

Some of the participants shared that they struggled with suicidal ideation at various times during periods of hopelessness related to their struggle with alcohol dependence. These participants emphasized however; that although they seriously contemplated suicide briefly during seasons of despair in their battle with dependence; they never developed specific plans to pursue this irreversible, self-destructive path.

Alcohol is the third highest cause of suicide when combined with stress and depression among individuals between the ages of 14 and 25...People who begin drinking before age 15 are four times more likely to develop alcohol dependence at some time in their lives compared with those who have their first drink at age 20 or older (Teen Drug Use, n.d, pp. 1-3).

## **Common Theme Two**

### **Before Treatment**

The second common theme is: all participants developed hope when Christ-like role models reached out to them during their struggle with alcohol dependence. The participants explained that they greatly appreciated the lovingkindness which these Christians extended to them during their interactions.

All the participants testified that these Christians encouraged them to seek treatment founded upon *Christian spirituality*. The participants stated that in the midst of their struggles, these exhortations sparked a glimmer of hope; change was possible!

Above all, encouragement is grounded in unconditional love. Unless a person feels truly loved for who they are and solely because they exist as a unique and valued creation of God, such a person is not, at the core of his being, going to *feel* encouraged. Such love must be received regardless of the person's actions, traits, or accomplishments. It must not be love that is granted for manipulative purposes. It must be love that is both *perceived* and *actively* received without any

strings or conditions attached. The prerequisite to encouraging others, therefore, is to feel encouraged yourself. (Stanley, 1998, p. vi)

Gabriel said that he received encouragement from his parents' neighbor, a pastor associated with the northeastern facility. Matthew stated that he received encouragement from his mother, sister, and a faithful friend who disciplined him; instilling him with hope. Joshua stated that he received encouragement from his church family, who prayed for him and recommended the northeastern facility.

Christian inpatient treatment centers offer interventions based largely on Christian principles. Many offer traditional 12-step programs. Others are based more directly on Biblical/Christian principles. The advantage of Christian Residential Treatment programs is that they allow the person to be in a 24-hour residential program that provides intense round the clock treatment in order to promote optimal change. (Christian Residential Treatment Centers and Boarding Schools, 2010, pp. 1-6)

Christopher acknowledged that he was greatly encouraged when his Christian daughter, who faithfully wrote to him throughout his incarcerations, told him she loved him regardless of his addictions. He told her he was going to seek help. He recalled,

She said, 'Dad I know a place in Ocean County...it's a Christian place.' When I was in prison she used to write me telling me about the youth group; how she loved God; how she prays; how she desires that I come to her church at least one time. She used to say, 'Just give God a chance.'...Her pastor paid for me to come...I never knew; they had been praying for me for years. That was my daughter's desire; to always pray for her father. All these people were praying for me; they didn't even know me. So I came here.

Brock (2002) said,

Get support. Dealing with the difficulties of an alcoholic family member can be overwhelming and devastating, so don't try to do it alone. Look for support networks or substance abuse counseling in your area...Getting and keeping yourself strong will help you...start supporting your alcoholic loved one. (p. 1)

Josiah said that he received encouragement from his former wife, his kindhearted uncle, and his counselor who miraculously sought him out. He remarked that the

therapist asked him three times if he wanted to get his life together; he answered “yes” each time. Josiah reported that his therapist asked him to call and apply to northeastern, while he downloaded the application for admission.

His therapist provided the \$150.00 fee and submitted it. Josiah stated that he told a staff member that he had completed an application and mailed it with the \$150.00 entrance fee. He noted that she told him that the application was outdated; the fee had risen to \$240.00, but the additional fee would be waived. Josiah said,

I didn't know this man from a can of paint. He turned around and said, 'Here's the application, fill it out and put it in the mail. If you don't have the \$150.00, I'll write you a check.' I went home, filled it out, and sent it in. The woman calls me on Monday... They said to call every week. My therapist said if you truly want to get your life together call every day, they don't mind answering the phone... You're just showing them that you're motivated. The lady called and gave me a date to come in 2007, however I didn't because I got a contract job and I blew it all because I was getting high again... 2008 rolled around and I'm going back and forth with my wife; my wife kept saying, 'Why do you keep coming back?' So at this time she started changing locks in doors to keep me out because she was getting tired and fed up. I was working when I felt like working; I'm still a provider; I just wasn't doing right.

Josiah stated that in 2008, after a friend's parent died (who reminded him of his now deceased mother); he went on a binge and stayed away from home that weekend. He reported that when he returned home and found the locks changed, he never returned.

Josiah said that he arranged and missed another entry date into the treatment facility. He recalled that his family was unaware of his whereabouts from February until April 18, 2008, when he serendipitously attended his sister's 40<sup>th</sup> birthday. He shared that he slept over that night and the next day and as he was speaking with his sister, the doorbell rang. Josiah reported that he was amazed by God's sovereign love for him when his Christian therapist miraculously located him at the perfect time to encourage him to

enter northeastern. He said that his uncle provided a bus ticket, which enabled him to enter the program on June 23, 2008. Stanley (1998) said,

On what basis is encouragement to be voiced? On the sure foundation that God loves His children and desires their highest good...to know that God is a loving, merciful, forgiving God-always desiring our best and working to give us His perfect good-then encouragement is within your grasp and you can share encouragement...Encouragement flows from what you believe. It is always an expression of your faith in God. (p. viii)

Four participants stated that they were motivated to attend northeastern after being encouraged by the lives and enthusiasm of former northeastern graduates whose words, spoken with confidence, instilled hope of change in them. These northeastern graduates spent significant amounts of time discipling, and counseling these struggling participants with Christ-like love. Christian Drug Rehab (2012) stated,

Christian drug treatment centers define that Jesus Christ and God are that higher power and the focal point for Christian-based sobriety. In addition to detoxification, individual and group therapies, many Christian drug treatment centers will also have Bible study groups, prayer groups and other religion-based subgroups. (p. 1)

During this period, Michri confessed that he engaged in bookmaking and selling drugs. He reported that many physical problems emerged as his body began to break down. "In 1986, I had a severe drug overdose; very scary...panic, fear, anxiety." He stated that this experience influenced him to stop taking illicit drugs. He said,

...from that point on the alcohol doubled. It was hard to live without it because that's when the panic attacks...Xanax, Valium; all these medications came into my life. I was an uncontrolled panic disorder and that got progressive, of course.

Michri acknowledged that shortly after his father died in 1991, his children being nine and thirteen, he deserted his family; providing little support. He shared that his

criminal activities increased; stealing electronics and \$100,000 from another source, which caused him to seek refuge from his victims.

Michri reported that he was hospitalized in October, 1995 after his third bout of pancreatitis. He also suffered hepatitis, cirrhosis of the liver and a deficient diet. "I was pretty much ostracized from everybody...I was gone from the scene...It was a breaking down process." He no longer sold drugs or engaged in bookmaking.

I was in the hospital; broke, alone, and dying. I was angry at myself...I gave up my family through choice. My body is gone. Laying in that hospital by myself in a bed, miserable, angry, screaming...A pastor came into my room...Somehow my wife had gotten on the prayer list of this pastor's church.

Michri stated that he had an aversion to the gospel at this time. He reported that this pastor had visited him by mistake; he came to this room expecting to find a ten year old boy that he had been requested to visit. "He was a kind man...He just hung out with me and talked to me. He did not pray with me. He would come in every day."

Michri noted that this man's Christ-like gentleness won his heart. He announced that a few days later an elderly man was placed in his room, awaiting radical surgery and this man was a deacon in the church of the visiting pastor.

God knew what He was doing...The thing that changed my life was when the pastor came into the room and went over to the deacon right before he had to go for his procedure. The pastor got down on his knees, grabbed the deacon's hand, and started talking to somebody I didn't know...the Holy Spirit...I started seeing things a little different. I started asking them questions. I started receiving things.

Michri mentioned that the pastor's kindness to him motivated him to attend his church after his hospital discharge. He said,

...I got the best clothes I could find and I limped into that church...I walked into a church voluntarily for the very first time in the 39 years of my life. I sat down next to the man who was in the bed next to me...I sat down next to those two

precious people and they embraced me. It was the very first time in my life I heard a man preach the gospel of Jesus Christ.

Michri recalls a period of time between November and mid January when he attended this pastor's church. He couldn't wait for Sunday services, complemented by Wednesday night Bible studies. Michri stated that the pastor spent three months discipling him; answering his myriad of questions regarding new life in Jesus. He said,

On January 13, 1996, he asked me into a room and said, 'Michri, its time for you to receive Jesus Christ as your Lord and Savior' ...I bent my head and I received Jesus Christ...and three weeks later I was at [northeastern].

Stanley (1998) said,

Encouragement has a very basic message: *Your past and present do not need to continue into your future.* What is a reality today does not need to be what will be the reality of tomorrow. If you are feeling unloved...you can feel love. If you are weighed down in your spirit under a load of guilt...you can receive forgiveness. If you are wallowing about in a cloud of confusion...you can experience God's wisdom and guidance. If your life is in turmoil...you can have peace in your heart. If you are alone and rejected...you can be accepted and surrounded by genuine Christian friends. If you are feeling weak and helpless...you can experience God's enabling presence and power. Encouragement is speaking a word of hope. It is expressing to another person...the sure certainty that God created you with a greater potential for good and that God desires to help you fulfill your potential. Your future can be better than your past or present. (p. vi)

Daniel stated that a life changing relationship significantly impacted him. He was inspired by a Christian relative who discipled him. He said that he modeled Jesus' unconditional love; instilling hope and believing in Daniel's ability in Jesus to overcome all bondage of sin in his life. Daniel said,

Through a series of events...what happened in one of these rehabs, a very dear friend mentioned this spiritual program. Actually he is the husband of my daughter's aunt. He showered patience on me, support...always, always there for me...He always spoke the truth...He always gave me encouragement, but at the same time, stern...and he lived hope. He showed me, believed in me...the whole family...It gave me strength.

Leffel (2000) said,

Promote 'normal living.' It is the tendency of alcohol dependent or abusive people to be focused on...abstinence... They will need assistance in developing relationships and a role in the home church. If the abusers or dependent persons begin to feel that they have a place in the body that is personally rewarding, they have a much stronger incentive to maintain sobriety. (p. 42)

Christian Families Today (CFT) describes itself,

The CFT Recovery Program is unique and different. It is not a performance-based program that offers a believer a way to stop drinking or taking drugs by replacing it with another socially acceptable behavior. Rather, it is a program that guides a believer into a correct concept of God along with understanding their identity in Christ. Our belief is that when a Christian truthfully knows and comes to believe who God is, who they are and what Christ has given them, their life will dramatically change. They will normally and naturally stop engaging in self-destructive addictive behaviors as an ongoing life-style and will start experiencing the Holy Spirit's fruit of controlling self. (CFT Recovery Program, 2012, p. 1)

### **Common Theme Three**

#### **During Treatment**

The third common theme is: participants were taught during treatment, through Scripture, that their greatest personal problem in life was that they are habitual sinners, hopelessly estranged from God in their present state. They shared that their sinful lifestyle prevented them from developing a divine-human relationship with God.

The participants learned that God's plan for them is salvation (to remove their sin) and regeneration (God's spiritual recreation of them as His sinless sons). They learned that this gift of God's grace included the indwelling Holy Spirit, inspiring them and empowering them to overcome external temptations and their old sinful natures.

All the participants stated that that they learned that if they willfully chose to maintain their sinful lifestyle of alcohol abuse; their choice would perpetuate hopelessness. They were taught that their sinful rebellion against God sustains His wrath.



The participants said that they were taught that their choice to perpetually rebel against God's will disqualified them from receiving His supernatural resources to save and empower them to overcome sin, including alcohol dependence. They were taught that sustaining their sinful lifestyle would guarantee eternal separation from God in hell. The participants stated that recognizing this truth revealed their crisis and their need to experience salvation and regeneration through God's grace by faith.

But unless we open ourselves to him through spiritual practices, we will miss his coming altogether. Keeping company with Jesus in the space between wanting to change and not being able to change through effort alone can be a difficult thing to do...we do not know how God intends to conform us to the image of his Son. God's Spirit of truth may use our spiritual practice to reveal false self-conceptions and idols of our heart. Becoming aware of what is true and false about us is essential for spiritual growth, and is not always comfortable. (Calhoun, 2005, pp. 18, 19)

All of the participants learned that experiencing salvation and regeneration through God's grace by faith is God's gift of imputed righteousness.

...the sin of man was imputed to Christ when He became the sin offering for the whole world (2 Cor. 5:14, 21; Heb. 2:9; 1 John 2:2). So also, the righteousness of God is imputed to all who believe, so that they may stand before God in all the perfection of Christ. By this divine provision those who are saved are said to have been 'made' the righteousness of God (1 Cor. 1:30; 2 Cor. 5:21)...Being the righteousness of God, it is not increased by the goodness of the one to whom it is imputed, nor is it decreased by his badness. (Chafer, 1974, p.199)

All participants shared that they learned that the essence of the phenomenon of *Christian spirituality* is a divine-human relationship with Jesus as Lord of all aspects of their lives. They learned that God created them to have an intimate, dependent, obedient relationship with Him and that they are accountable for every thought, communication, and interaction with others.

On Easter Sunday, Diane had attended a worship service at which the pastor gave an 'altar call,' inviting people to come forward to commit their lives to Christ. She

did not go, but later while driving to her parents' house she decided to make the commitment. The conversion experience was immediate: 'I went all goose-bumps, and felt like crying, and was filled with a tremendous sense of awe, peace and joy.' On that day, seven years ago, she stopped drinking and smoking, and her sadness was lifted. A long period of depression and confusion ended, and she felt able to forgive others for issues from her past, including abuse. 'My sense of reality changed. I was sensitized to the pain of others, and also to the beauty around me. (Heatherton & Weinberger, 1994, pp. 268, 269)

The participants said that they were convicted by the Holy Spirit regarding their sin and estrangement from God. They noted that they learned that their choice to habitually abuse alcohol was a sinful manifestation of their rebellion against God.

All the participants testified that they chose to respond to God's amazing grace and receive God's gift of salvation. They stated that they experienced regeneration by God through faith by grace or rededicated themselves to become single-hearted in their focus and wholehearted in their effort to cultivate their divine human relationship as their highest priority in life.

All participants said that they were taught that Scripture is the inerrant, infallible, plenary revelation of the Triune God's being, nature, attributes, and personality. According to Webster (1981), "inerrant...free from error;" "infallible...incapable of error;" "plenary...complete in every respect;" (pp. 584, 585; 875).

Unger (1980) states that Scripture reveals general truth associated with God and His activities as Creator and Sustainer of mankind and the universe. Scripture reveals the sublime truth of God's relationship with man through salvation history. Scripture provides man with God's commands on how to live in relationship with Him and others.

In Titus 3:5...On the basis of this text, the word 'regeneration' has been chosen by theologians to express the concept of new life, new birth, spiritual resurrection, the new creation, and in general, a reference to the new supernatural life that believers receive as sons of God...the term properly understood means the

origination of the eternal life which comes into the believers in Christ at the moment of faith, the instantaneous change from a state of spiritual death to a state of spiritual life. (Chafer, 1974, pp. 97, 98)

Chafer (1967) stated that “Experimental sanctification” is God’s progressive work in the Christian’s life. The Holy Spirit progressively sanctifies the Christian in a manner commensurating with the Christian’s active response to God’s amazing grace. He said,

It is accomplished by the power of God through the Spirit and through the Word...By presenting his body a living sacrifice, the child of God thereby is set apart unto God...The child of God may comply with every condition for true spirituality...or he may be experiencing a partial deliverance from the power of sin....the knowledge of truth, devotion and experience are naturally subject to development...which is progressive. (pp. 107, 108)

All participants noted that they were taught that God is the only true Source of life. Any self-centered pursuit (i.e., alcohol dependency) that man engages in to find life, value, or meaning; divorced from God, is idolatry (VanVonderen, 2004, p. 18). Each man said that he learned in treatment that drunkenness is a sin and alcohol dependence is the culmination of personal choices made in the maintenance of an idolatrous relationship (Graham, 2006; Martin, 1990; VanVonderen, 2004; Welch, 2001).

Gabriel recalled that his parents’ neighbor, a pastor, associated with northeastern, shared with him about their program. He began to attend “New Creations”, which are open public meetings. He said, “I started going to the Monday night group down in Chapel...feeling a desire to go a little deeper...My life was still a mess and I needed...change...all my efforts...weren’t getting me anywhere...”

Gabriel stated that he heard other men speak about a new hope that they found through a personal relationship with Jesus Christ as the Lord of their lives. He noted that while attending these meetings he was encouraged to apply to northeastern. He shared

that hearing from other men who had similar losses provided him with hope in the midst of his self-assessed hopelessness. He said, “I lost the house...my wife, my kids weren’t talking to me...I’m living with mom and dad...I probably would have killed myself ...you know that dark place...hopeless, we just give up on life.”

Gabriel stated that he was encouraged by attending these meetings, applied to the program and was accepted shortly thereafter. “That was November of 2002, the day after Thanksgiving; I started the [northeastern program].”

Gabriel stated that he felt uncomfortable around men reading the Bible and praying to Jesus. He was tempted to flee. His friend responded to his complaints, “...I don’t care what they’re doing...you need to stay there or you’ll die!”

Gabriel stated that through God’s grace he chose to persevere. He said that during treatment he saw his need and entered into an authentic divine-human relationship through salvation and regeneration by God’s grace through faith. “Authentic...having a genuine original or authority, in opposition to that which is false, fictitious or counterfeit; being what it purports to be; genuine; true...” (Webster, 1983, p. 126).

Regeneration...various words are used to express the change which the Holy Spirit effects *gennao* (with *anthen*, Jn.3:3, 7), meaning ‘to beget’ or ‘give birth to’, is used in Jn 1:13, 3:3-9; 1 Jn. 2:29; 3:9; 4:7; 5:1, 4, 18. In 1 Pet. 1:3, 23 the word *anagennao*-‘to beget again’ or ‘to bring again to birth’ –is found. These words are used to describe the initial act of renewal. The words *anakainosis* (Rom 12:2; Tit. 3:5) with the verb *anakainoo* (2 Cor. 4:16; Col. 3:10) denote a making anew or renewing. The references will indicate that the use of these two words is not limited to the initial renewal but extends to the resultant process. We may note with reference to the result of the new birth such terms as *kaine kitsis*, ‘a new creation’ (2 Cor. 5:17; Gal 6:15), and *kainos anthropos*, ‘a new man’ (Eph. 2:15, 4:24). Twice we have the term *synzooptoieo*, ‘to make alive with’ (Eph. 2:5; Col. 2:13), which hints at a change, not only as dramatic as birth, but as dramatic as resurrection, *apokyeo* (Jas. 1:18) denotes to bear or bring forth. Surveying these terms, we notice that they all indicate a drastic and dramatic change which may be likened to birth, rebirth, re-creation or even resurrection. Several of the

terms in their context indicate that this change has permanent and far-reaching effects in its subject. (Douglas, 1982, p. 1015)

Gabriel testified that during his sixth week in the program, on December 14, 2002, the chaplain led him to salvation in Jesus Christ. He commented, “I was not quite sure what I was getting into but I knew that my world had come crashing down around my ankles. I had no place to go but up.”

During times of temptation to cave in to intense cravings; Gabriel said that he prayed and received strength to resist. He stated that he was taught and chose to read the Scripture daily for spiritual strength.

Gabriel shared that he “dove into” northeastern’s lifestyle with zeal. He confessed that he struggled with daily Scripture memorization. He said that he was challenged for writing the verse on the back of his hand to sneak a look when his turn came to quote it. Gabriel acknowledged his deception and committed himself to persevere to wake up at 5:30am to study the Scriptures and pray. He stated that he continues this pattern today, eight years later.

Gabriel shared that he noticed that personal transformation was slowly occurring; which motivated him to wholeheartedly develop his new personal relationship with God. He said that he attributes his power to overcome alcohol and drug dependence to the phenomenon of *Christian spirituality* taught and modeled at northeastern. He stated that experiencing salvation and regeneration opened the door for a divine-human relationship.

Gabriel shared that he attributes his new identity as a “born-again”, “new creation in Jesus” to be the source of his freedom from the shackles of guilt and shame. He stated that he found strength to overcome alcohol and drug dependence through the Holy

Spirit's supernatural empowerment he experienced during treatment. He stated that the same power that he has received to overcome dependencies continues to empower him to maintain a lifestyle free of alcohol and drug dependence.

Gabriel said that he graduated in March of 2003, and then completed the three month discipleship program. He explained that the discipleship program is designed to increase Scriptural knowledge and the ability to apply God's Word. It also increases work responsibilities, personal freedom, and opportunities to encourage peers. He reported that he progressively accomplished these designated goals.

Gabriel declared that the northeastern chaplain extended his discipleship program for an additional three months in order to help him deal with the losses of his marriage and family. "This brought me to September of 2003. In September they asked me to come on board and work at [northeastern]."

Gabriel declared that his divine-human relationship has displaced his former relationship with alcohol and drugs. He stated that he receives and possesses this power as a result of the phenomenon of *Christian spirituality* that he experiences within this relationship. He stated that living and working in an evangelical Christian environment has encouraged him to diligently apply the fruit of the Holy Spirit and Christian virtues in every area of his life. He said that these lifestyle behaviors increase his desire to wholeheartedly love God and share this love with others.

Gabriel remarked that since his regeneration his mind and worldview have been progressively transformed as he has cultivated his divine-human relationship. He stated that exercising private and corporate disciplines taught in treatment have led him to better comprehend God' character through Scripture.

Gabriel mentioned that learning about God's character has motivated him to trust in and obey God's will as revealed in Scripture, rather than gratifying his sinful desires. He proclaimed that the Holy Spirit, within the divine human relationship, has enabled him to assimilate God's power to maintain a lifestyle free from alcohol and drug dependence for the past nine years, without relapse.

Douglas (1994) stated that regeneration expresses the drastic, dramatic change by the Holy Spirit, which is similar to "birth, rebirth, re-creation or even resurrection... The Holy Spirit plants or begets new life by a direct action on the soul" (pp. 1325, 1326).

Chafer (1974) states that regeneration is the foundation of salvation and the act of being born again. The Holy Spirit imparts a new spiritual nature when the believer receives Jesus Christ by faith (pp. 97-100).

The believer becomes alive to spiritual things and has a new desire to obey God with a single-hearted, wholehearted devotion. The Holy Spirit indwells the believer and provides everything the child of God needs to resist the temptation to sin, through the exercise of Spiritual Disciplines (Chafer, 1974, pp. 97-100).

According to McClintock and Strong (1981),

The change in regeneration consists in the recovery of the moral image of God upon the heart; that is, so as to love him supremely and serve him ultimately as our highest end. Regeneration consists in the imputation of the principle of love to God, which obtains the ascendancy and habitually prevails over its opposite. Although the inspired writers use various terms and modes of speech to describe this change of mind, styling it conversion, regeneration, a new creation, etc., yet it is all affected by the word of truth or the Gospel of salvation gaining an entrance into the mind through divine teaching, so as to possess the understanding, subdue the will, and reign in the affections. In a word it is faith working by love that constitutes the new creature or regenerate man (Gal. v, 6; 1 John v, 1-5). Regeneration, then, is the recovery of the moral image of God, and consequently of spiritual life, to a soul previously dead in trespasses and sins. It is the work of the Holy Spirit, opening the eyes of the mind, and enabling the sincere penitent to

believe the Gospel and receive Christ as his only Savior. This gracious work is in accordance both with the character of the Holy Spirit and with the constitution of man; hence by it no violence is done to any physical, intellectual, or moral law or mode of action in human nature. The change is produced in the will or heart, which is in the *moral*, and not the natural, faculties of the soul. As depravity is wholly in the will and heart, the source and seat of all moral actions, the divine operation consists in renewing the heart, and communicating a change of views with a relish for the things of the Spirit. (Vol. viii, pp. 1016, 1017)

Matthew reported that he chose to enter an authentic divine-human relationship through regeneration by God's grace through faith while he was incarcerated. He said that he learned that regeneration was God's supernatural gift of birth into spiritual life; which qualified him to enter into a divine-human relationship. He said,

...somebody invited me to Bible study. I...accepted the notion that the Lord was the Savior. I prayed. I accepted the Bible as the truth. It was in that age of 27...Every Sunday I was going to church and every week I was going to Bible study...I found Christ in a deeper relationship...My life was starting to transform...Christ was real...I started accepting the way of God...I grew deeper because I found some other people who believed...I started wanting to follow what He wanted me to do instead of what I thought was right. My vision and thought pattern started holding closer to what He wanted out of His Word instead of what I wanted. I started reading things that were convicting me of what I should be doing. I had a problem when I first accepted the Lord; because I thought I could do some things but think how I want, I could dream how I want; I could separate it... I guess I had a divided heart or was an immature Christian. I did not know the way I played with my head; it was either not knowing or a divided heart; only God can define that part. I saw that when I followed God's Word and leading it gave me a peace. At the end of the day when I was sitting in my bed bringing things to God and listening to God and not getting involved in things that I would have; it gave me a peace no matter what chaotic things were going on around me, that the Lord was with me. This built a relationship personally...The Scriptures started becoming real. It started giving a presence of truth in my life; not just on paper, but in my life. I was seeing reality practically in my life; I was not just reading it anymore. It started becoming evident in some circumstances. God's grace was showing favor in some life issues.

Trumbull (2007) said,

In the first place, What is grace? We all know that it is God's beneficent work for us, wholly independent of what we are and what we do. It is not merely God's *attitude* toward us, but His *activity* in our behalf. Grace does not mean that God



stands off and smilingly looks in our direction. Grace means His tremendous, omnipotent activity; the dynamite of heaven accomplishing things in our behalf, wholly independent of what we are and what we do. (pp. 64, 65)

Joshua shared that the first aspect of the phenomenon of *Christian spirituality* that he associated with his recovery and began to develop during treatment; was his need to enter into a personal intimate relationship with Jesus Christ. He said,

They taught me here that God would forgive me for my sins; that God had already forgiven me for my sins. They gave me the example about the prodigal son; how the father was waiting on the porch with his arms wide open. All I had to do was come back; and so I did. I began to renew that relationship and study and try to understand who this God was that I was in this relationship with. And I began to hear Him...I had a head full of knowledge and I was trying to get it from the head to the heart...

Joshua stated that Steven McVey was considered by some to be a controversial preacher of God's grace. He mentioned that this man spoke in chapel one day while he was seated next to Pastor Raws, the grandson of the program's founder. He noted that when Pastor Raws was asked if the speaker should be asked to stop preaching on this topic; Pastor Raws replied, "You better not stop him, this has been the message here for 105 years."

Regeneration is a divine miracle within the soul, not merely the refinement of the old heart. Regeneration cannot be accomplished by the reformation of the old character...regeneration is a spiritual rebirth that takes place in a person's soul when he is saved. Regeneration which comes from the Latin *re* and *genero*, means to generate again. This definition emphasizes the fact that in the new birth an entirely new spiritual life is begotten which was not there previously...new spiritual life is begotten by God. (Hardman, 1980, p. 59)

Joshua joyfully exclaimed that this discovery set him free from his life-long works righteousness orientation. "The Law is all about what we do for God. Grace is all about what God has done for us." He said,

That's the key, my friend, letting Jesus live His life in you. Self is the problem; self gets on the throne and Jesus wants to be up there. He's a polite Guy. He wants you to invite Him in. He wants to be a part of your life. He died not only for the forgiveness of sin, but so that He could have relationship with you. Isaiah 59: 2 says, 'Your sins separated you from God; He would not even hear your prayers.' The blood of Jesus rent the Temple veil so we could go boldly into the throne of grace.

Stanley (1998) states that when we experience salvation and regeneration by God's grace through faith we receive a new nature. He said,

Our old spiritual nature-with all its desire for self and sin-is cleansed from us. Our hearts are made new, and our new spiritual nature has a desire for God and a desire to follow His commandments. This change in our spiritual nature is so complete that the best way one can describe it is that we are 'born again' in our spirits-we are birthed anew, we are begotten again (John 3:5-8)...Everything about one's spiritual perception and experience is changed. (pp. 22, 23)

Narramore (2002) states,

Although it is impossible to fully comprehend, the vast majority of Christians can attest to the fact that while their lives are not all they would like them to be (or perhaps in some instances little of what they should be!) there is an awareness of who they are in relation to God that did not exist before regeneration. I believe that awareness grows out of the fundamental core of regeneration and reflects the knowledge that we are inwardly different. We know who we are (as spiritual children) in relationship to our heavenly Father. (p. 295)

Simpson (2009) said

He saved us...because of his mercy...(Titus 3:5). Regeneration is not justification: it is the effect of it...God gives a new heart to every soul that He justifies, but we cannot make this new heart-we can simply believe for it. And as we accept His grace by faith, we receive His quickening life by conscious experience. (p. 81)

Collins (1998) said,

Grace is an expression of goodness, given without strings attached, to people who don't deserve what they receive. God's grace is the goodness of God shown to people who don't deserve it. We become Christians and begin to experience authentic spirituality when we reach out and accept the gift of salvation, offered by God because of his grace...We have nothing to boast about as Christians. We

do not do anything to deserve God's gift of salvation. He offers it because of his grace, because of his unmerited favor toward us. (pp. 183, 184)

Unger (1980) stated,

Regeneration...is the spiritual change wrought in man by the Holy Spirit, by which he becomes the possessor of a new life...regeneration is a change in our moral and spiritual nature. Regeneration is...distinguished from sanctification, in as much as the latter is the work of God in developing the new life and bringing it to perfection; while the former is the beginning of that life. (p. 916)

### **Common Theme Four**

#### **During Treatment**

The fourth common theme consists of two elements. All participants were taught during treatment that there are two diametrically opposed natures that are engaged in a life-long spiritual battle for their will as regenerated children of God. They learned that their new spiritual nature, indwelt by the Holy Spirit, inspires and empowers them moment by moment to choose to align their will with God through obedience. Their old sinful nature simultaneously entices them to disobey God's will and submit to the egocentric desires of their old sinful nature.

Having received the divine nature (2 Pet.1:4) while still retaining the old nature, every child of God possesses two natures; one is incapable of sinning, and the other is incapable of holiness. The old nature, sometimes called 'sin' (meaning the source of sin) and 'old man,' is a part of the flesh; for, in scriptural usage, the term 'flesh,' when used in a moral sense, refers to the spirit and soul as well as the body-especially of the unregenerate man. Therefore, the Apostle Paul states, 'For I know that in me (that is, in my flesh,) dwelleth no good thing' (Rom. 7:18). On the other hand, when considering the imparted divine nature, the Apostle John writes, 'Whosoever is born of God does not commit [practice] sin; for his seed remaineth in him: and he cannot sin, because he is born of God' (1 John 3:9). This passage teaches that *every* Christian, being born of God, does not practice sin, or keep on sinning. (The verb is in the present tense implying continuous action.) However, it should be observed that it is this same epistle which warns every child of God against professing that he has no sin nature (1:8), or that he has not sinned (1:10). These two sources of action in the believer are again

considered in Galatians 5:17, where both the Holy Spirit and the flesh are seen constantly to be active and in unceasing conflict: 'For the flesh lusteth against the Spirit, and the Spirit against the flesh: and these are contrary the one to the other.' The apostle is not writing here of the carnal Christian but of the most spiritual, even of the one who is not fulfilling the lust of the flesh (5:16). In such a one this conflict exists, and though he is delivered from the lust of the flesh, it is because he is walking in dependence upon the Spirit. (Chafer, 1974, p. 190)

The second element involves God's remedy to this ongoing spiritual conflict between their new spiritual nature and their old sinful nature. God, through regeneration, inspires and empowered them to embrace and maintain a Holy Spirit dependent lifestyle. The indwelling Holy Spirit inspires and empowers these participants to consistently exercise private and corporate Spiritual Disciplines and to diligently apply the fruit of the Holy Spirit (Galatians 5:22-25) and Christian virtues (2 Peter 1:2-11) in daily life.

God commands the participants to diligently exercise Spiritual Disciplines in order to cultivate and enjoy Him, along with His power and presence in their divine-human relationship. During this time of intimate fellowship; the Holy Spirit transforms the heart and renews the participants' minds to "walk in the Spirit" and not to fulfill the lusts of their old sinful natures. The Holy Spirit, indwelling their new spiritual natures, progressively sanctifies their lifestyles as they faithfully responds to God's inspiration to spend time seeking Him through consistent exercise of Spiritual Disciplines and diligent exercise of the fruit of the Holy Spirit and Christian virtues (Fear, 2007).

Daniel stated that he remained active spiritually only while incarcerated. He shared that the Holy Spirit revealed God's lovingkindness and protection.

Daniel expressed that he had a desire for God and His will but his flesh rebelled against this desire, while being drawn by his lust toward his cravings. He said, "That which I will, I don't do, and that which I don't will, I do." He noted that each time he

was delivered from his sinfulness, he quickly forgot Who delivered him and returned to his lust for alcohol and drugs. He said that he was awed that God never gave up on him.

The Holy Spirit encourages obedience to God through quickening and illuminating the Christian's heart and mind in concert with the living truths of Scripture. He also strengthens the Christian through divine-human communion, by listening and speaking with one another as a loving Father with His beloved child (Fear, 2007).

The apostle Paul said, 'he who sows to his own flesh will from the flesh reap corruption; but he who sows to the Spirit will from the Spirit reap eternal life' (Gal. 6:8)...God has ordained the Disciplines of the spiritual life as the means by which we are placed where He can bless us. In this regard it would be proper to speak of 'the way of disciplined grace.' It is 'grace' because it is free; it is 'disciplined' because there is something for us to do...We must take up a consciously chosen course of action involving both individual and group life. That is the purpose of the Spiritual Disciplines...Picture a narrow ledge with a sheer drop-off on either side. The chasm to the right is the way of moral bankruptcy through human strivings for righteousness...The chasm to the left is the way to moral bankruptcy through the absence of human strivings...On the ledge there is a path, the Disciplines of the spiritual life. This path leads to the inner transformation and healing for which we seek. We must never veer off to the right or the left, but stay on the path. The path is fraught with severe difficulties, but also with incredible joys. As we travel on this path, the blessing of God will come upon us and reconstruct us into the image of His Son Jesus Christ. We must always remember that the path does not produce the change; it only puts us in the place where the change can occur. This is the way of disciplined grace. (Foster, 1978, pp. 6, 7)

All participants testified that they have experienced these two elements since the day they truly experienced salvation and regeneration through grace by faith.

All of the men were taught that consistent exercise of Spiritual Disciplines must be the highest priority in their lives; resulting in the Holy Spirit's divine power enabling them to experience "The Victorious Christian Life".

What Regeneration is-It is real change from nature to grace-It is common to all the children of God-It is the contrary of the former frame-It is universal as it respects the whole man-It is principally an inward change, a change of principle

and a change of end or object, a change of thoughts and comforts-It is also an outward change, in regard to objects and operations. (Charnock, 1980, p. 100)

All of the participants testified that whenever they do not respond to the Holy Spirit's inspiration to daily exercise Spiritual Disciplines they become vulnerable to the incessant enticements of their old sinful nature. They explained that they were taught that they are like soldiers at war; they must do three things in order to remain victorious (Fear, 2007).

All of the participants shared that they learned in treatment to eat nourishing food, experience renewal and strength through sleep and rest, and vigorously exercise their bodies. They said that they were taught to nourish themselves spiritually through daily exercise of the Spiritual Disciplines and Christian virtues.

The participants noted that they learned to experience the Holy Spirit's renewal and divine strength through prayer, meditation, and contemplation. Finally, they said that they were taught to exercise their new spiritual nature; through total obedience to God in their ongoing battle with their old sinful nature and the devil (Fear, 2007).

Gabriel shared that many challenges remain as he grows in discipleship. He noted that he often struggles in the battle with his old sinful nature; he said,

I am no longer living a self-centered life. I'm trying and I use the word trying because we all fall short of the glory of God; I try to live a Christ-centered life. Unfortunately my ugly little past will rear its head sometimes and I have to say, 'Alright Lord; forgive me on this one.'

Gabriel stated that when he does fail, which is often, he quickly and sincerely asks for forgiveness and repents. He shared that when he sees attitudes springing up that are sinful; he takes a spiritual inventory, which he adapted from steps four and five of NA. "Step Four-We made a searching and fearless moral inventory of ourselves; and then

Step Five-We admitted to God, ourselves and to another human being, the exact nature of our wrongs. That's...like an inventory.”

Gabriel noted that the Holy Spirit gives him discernment to recognize and repent of attitudes that spring up from his old sinful nature. He said,

I know enough now that when I get very critical; when I get that critical spirit, something is not correct and that's when I have to start doing an inventory. Is my prayer life correct? Is my devotional time really meaningful? Am I really living for the Lord as I say I'm trying to? I start doing that spiritual inventory.

All participants were taught that God's grace equips them with the potential to exercise private and corporate Spiritual Disciplines as the means of cultivating their divine-human relationship. Each participant was taught that the Holy Spirit actively speaks to the believer's heart with Scriptural truth during these times of divine-human intimacy (Fear, 2007). Calhoun (2005) said,

Spiritual disciplines give the Holy Spirit space to brood over our souls...He knows how to help us move into the 'unforced rhythms of grace' that Jesus offers to teach us. Spiritual transformation, 'recovering your life,' comes from partnering with the Trinity for change...Then we keep company with Jesus by making space for him through a spiritual discipline. Our part is to offer ourselves lovingly and obediently to God. God then works within us doing what he alone can do. (pp. 18, 19)

All participants said that they were taught that the Holy Spirit creates a desire in them to live in concert with Scriptural truth as they consistently exercise private and corporate Spiritual Disciplines. They noted that they learned that the Holy Spirit empowers them to obey God and overcome temptation to sin (Fear, 2007).

All participants stated that they spent time daily in treatment engaged in Scripturally related Spiritual Disciplines. They said that they were required to memorize one assigned Scripture daily for 120 days as one means of spiritually strengthening them

to resist the temptation to sin through storing God's living Word in their hearts. All men expressed that they had classes, assignments, and a workbook which taught Scriptural truths related to resisting their old sinful nature and principles for living an authentic Christian life (Fear, 2007, pp.16-40).

All participants shared that they were taught that God's grace equips them to overcome the enticements of their old sinful nature through consistent exercise of the Spiritual Disciplines as the means of cultivating their divine-human relationship. Participants noted that they were taught that the Holy Spirit actively speaks to their hearts with Scriptural truth during these times of divine-human intimacy (Fear, 2007).

All of the participants shared that they learned that God provides divine resources to resist the temptation to sin resident in their old natures as they cultivate intimacy with God through consistent exercise of Spiritual Disciplines. The fruit of the Holy Spirit is one of the present benefits of consistent cultivation of the divine-human relationship; which enable participants to diligently exercise Christian virtues, resist sin, and make life changes that glorify God (Fear, 2007). Charnock (1980) stated,

Regeneration considered as a Law put unto the heart-It is the law of grace restored in the heart-It does not make the outward law useless-It consists in inward knowledge of the law, conformity of the heart to it, affection for it, ability to obey it-There is a likeness to God in the regenerate, not in essence but by participation-Likeness to Christ and the Holy Spirit-This likeness consists in affections, in actions, in holiness-. (p.143)

## **Common Theme Five**

### **During Treatment**

The fifth common theme delineated the major elements of three essential Spiritual Disciplines that all participants stated they endeavor to consistently exercise in the



cultivation of their divine-human relationship. The participants shared that they regularly engage in: Scripture reading; study; meditation; contemplation and memorization; obedience to Scriptural commands and application of Scriptural principles to daily life; speaking and listening to God in worship; prayer; meditation and contemplation.

All participants said that they learned in treatment that spending consistent intimate time with God must be their highest priority. They said that they must resist their fleshly inclinations and respond to the Holy Spirit's inspiration to devote scheduled personal time to God on a consistent basis.

The participants stated that the Holy Spirit motivates them to spend intimate time with God daily; through consistent exercise of three major Spiritual Disciplines. They shared that they use variations of these private Spiritual Disciplines: engagement with Scripture; prayer; and meditation and contemplation. Calhoun (2005) said,

You wouldn't want more of God if the Holy Spirit wasn't first seeking you. It is the Trinity's action within that fans the small flame of desire motivating us to 'keep company' with Jesus. In fact, the very desire or desperation you feel can be God's way of readying you to walk and work with Jesus. Take heart transformation happens as you keep company with Jesus. (p. 5)

Tan (2007) said,

Spiritual disciplines have been defined by Willard (1990) as: an ancient tradition of activities which are means of grace, ways of approaching and relating richly to God... activities in our power, things that we can do to meet God in such a way that we become able to do what we cannot do by direct effort (p. 18). I have elsewhere nuanced and clarified Willard's definition or view of spiritual disciplines by pointing out that we actually need the Holy Spirit's power and help even in the actual practice of the spiritual disciplines, that therefore are not completely within our power or ability to do (Tan, 1998). We can choose intentionally to engage in the spiritual disciplines, but the actual practice or doing of them also requires the Holy Spirit's enabling help or empowering. Hence the spiritual disciplines can be called the disciplines of the Holy Spirit. (p. 2)

All participants reported that they learned that God has provided them with the potential to cultivate this divine-human relationship through consistent exercise of private and corporate Spiritual Disciplines. They shared that they learned that God works within the context of their divine-human relationship.

The participants shared that in the dynamics of exercised Spiritual Disciplines God manifests His presence and power in their lives to enable them to develop trust in Him exclusively to meet their needs, rather than depending on alcohol. They said that becoming “God dependent” empowered them to experience a meaningful Christ-centered life and an alcohol free lifestyle.

Jesus wants everyone to depend upon Him as their sole source of life and value. “Because He is the only adequate source of these things, He provides resources to meet my needs. You might call it ‘God dependency’- the state that results from the process of choosing to depend upon Him more and more.” (VanVonderen, 2004, p. 23)

The participants explained that they were taught that God revealed in Scripture that as regenerated children they are to love Him with all their heart, soul, might, and intellect. They shared that God commanded them to seek Him wholeheartedly through reading, studying, meditating, and obeying Scripture, along with speaking and listening to Him in prayer, meditation and contemplation (Fear, 2007).

All participants stated that they learned in treatment that in order to use God’s supernatural resources to enable them to make life-changes; they needed to actively cultivate their divine-human relationship as their highest priority. They shared that they learned that their inspiration to cultivate an intimate divine-human relationship is activated by the indwelling Holy Spirit as revealed in Scripture.

Wanting to work with and watch Jesus is where transformation begins. Willpower and discipline alone can never fix our soul. Striving, pushing and trying harder will not recover your life. Unforced rhythms of grace depend on something more than self-mastery and self-effort. The simple truth is that wanting to keep company with Jesus has a staying power that ‘shoulds’ and ‘oughts’ seldom have. Jesus wants us to recognize that hidden in our desperations and desires is an appetite for the Lord and Giver of life. (Calhoun, 2005, p. 16)

Participants shared that they were taught in treatment that just as physical birth was the beginning of their physical life; regeneration is the beginning of their spiritual life and their divine-human relationship. They stated that their divine-human relationship has become their most precious relationship in life (Fear, 2007).

From the beginning the church linked the desire for more of God to intentional practices, relationships and experiences that gave people space in their lives to ‘keep company’ with Jesus. These intentional practices, relationships and experiences we know as spiritual disciplines. (Calhoun, 2005, p. 17)

Participants shared that they learned that one of God’s essential purposes for establishing an intimate divine-human relationship is sanctification by the indwelling Holy Spirit. They said that their divine-human relationship gives them faith; which enables them to cope with stress and live an alcohol free lifestyle.

...when a person believes in Christ and is regenerated by the Spirit, that person is not thereafter abandoned by him and compelled to grope his way through the Christian life as best he can. Rather, the Holy Spirit makes his home in that believer’s heart and offers his power to work the will of the heavenly Father. It is this constant indwelling of the Spirit that gives Christians their hope and power to become Christ-like, which is essentially what sanctification means in the New Testament. (Hardman, 1980, p. 77)

Participants noted that active cultivation of their divine-human relationship enables them to live a victorious Christian life over temptation to sin. They said that it equips them to obey God’s will and experience His peace and pleasure.

## Engagement with Scripture

All participants reported that they use aspects of *Christian spirituality* related to Scripture in order to cultivate their divine-human relationship. They said that engaging with Scripture is a foundational aspect of their *Christian spirituality*.

**Bible, Attributes of**...a title by which, in the 16<sup>th</sup> century, Protestant theologians designated certain true views of Scripture...They are divided into two classes: 1. *Primary* attributes...such as *directly* flow from the divine origin and canonicity of the Scriptures. They are...(1) *Authority*...as opposed ...to the Socinian undervaluing of the O.T., and on the other to the Romish doctrine that the *Church* settles the authority of Scripture. The authority of the Bible to bind men to believe and do whatever it teaches or commands,...as the Bible is the final appeal in questions of faith and practice. (2) *Sufficiency*,...as the Bible contains all things necessary for faith and practice, opposed to the Quaker doctrine of special inspiration or the 'inner light,' and to the Roman demand for traditional and Church teaching in addition to Scripture. (3) *Intelligibleness*...opposed to the Romish doctrine that the Bible cannot be understood without the Church's exposition of it. (4) *Efficacy*, i.e. of its doctrines and principles for the salvation of men. 2. *Secondary* attributes, such as flow *indirectly* from the same sources: (1) *Necessity of Scripture*, as the truth could be preserved and handed down neither by tradition nor by the 'inner light.' (2) *Integrity*, i.e. that no part essential to the canon has been lost. (3) *Purity*, i.e. the uncorrupted preservation of the text. (4) *Freedom*...i.e. the unrestrained reading of the Bible by all Christians, lay as well as clerical. (Knapp, *Theology*, xi as cited by McClintock & Strong, 1980, p. 803)

Today, American religious life is full of a nebulous spirituality.

Sociologists Robert Bellah illustrates this impulse with the story of Sheila Larson, a woman he interviewed...Sheila was a young nurse who believed in God, but had developed her own faith and named after herself: Sheilism. 'I can't remember the last time I went to church,' Sheila admitted to Bellah, but 'my faith has carried me a long way. It's Sheilism. Just my own little voice.' Although Sheila was unusual in having named her personal faith, her brand of solo spirituality was common among people Bellah interviewed across the country. (Kraybill, Nolt, & Weaver-Zercher, 2010, p. 32)

The validity and reliability are established solely by the individual who creates their contemporary spirituality and their god as best suits their idiosyncratic mindset and self-fashioned worldview. "Contemporary spirituality is highly individual and deeply

private: no one else can judge the authenticity or integrity of this sort of faith. Like the lone ranger, it answers to no one” (Kraybill et al., 2010, p. 32).

The participants at northeastern were taught that its philosophy of treatment is based upon evangelical Christianity’s belief that Scripture is God’s perfect revelation of His character and will for man. Scripture provides principles for treatment that can be examined and tested for validity and reliability by measuring the behavioral changes that God effects in the participants’ lives during treatment (Fear, 2007; Trumball, 2007).

Rephael shared that he felt accepted, respected, valued, and cared for. He sincerely responded by assuring the counselor, “I want to change; I want to serve God with all of my life.”

Rephael noted that as he began to read and study the Bible; he began to view things from God’s perspective. He said that he experienced God gently and progressively changing his desires for homosexuality, alcohol, drugs, work, power, and possessions.

As I started to read the Bible I started thinking, ‘How could I ever have come to believe this?’ I started to get convicted by the Scriptures about homosexuality. And He started to take away the desire to drink and the desire for cocaine and those things...For the most part they started to fade away...I used to pace around...at night, crying, when I had been here a few months. I’d say, ‘I can’t do this! I can’t do this!’ I was scared because when I was 18, I had gotten to that place where I was going to kill myself.

Rephael stated that as God was convicting him through Scripture he realized that he was actually not saved as a child. He acknowledged that when he was begging God to deliver him as a teenager, he was not really trusting in God as his Savior, but was trying to change his behavior in his own strength. He stated that he learned that, as a child of God, he had supernatural power, which he lacked before his recent salvation.

The battle was there, but I couldn't reconcile it in my mind. I was in the college library one night and I said to God, 'God I cannot do what you are asking me'...very gently, not audibly, I sensed God saying to me, 'You can't but I can!'...I said, 'I know me and if You want this to happen it is going to happen in Your strength.'...I didn't have a clue how God would do it. I couldn't even imagine.

Rephael stated that God revealed to him that Scripture is absolute truth from cover to cover as He led him one step at a time. He noted that Scripture revealed God's eternal love for him in Jesus Christ. Rephael shared that he fell in love with the person of Jesus Christ as God spoke to him through creation and through His Word. Rephael noted that he also experienced freedom from depression progressively, without medication.

All participants shared that they endeavor to spend time in God's presence thoughtfully reading, studying, memorizing, and meditating on Scripture systematically; including devotionals or guided Scripture studies on a consistent basis.

Study is a specific kind of experience in which through careful observation of objective structures we cause thought processes to move in a certain way...The Old Testament instructs that the laws be written on gates and doorposts, and bound to the wrists...The purpose of that instruction was to direct the mind repeatedly and regularly in certain modes of thought about God and human relations. (Foster, 1978, p. 55)

Participants have chosen some common and some unique aspects of Scripture, prayer, meditation and contemplation that they associate with maintaining an alcohol free lifestyle. Engagement in Scripture consists of many variations. Chafer (1974) said,

Two lines of evidence are usually offered supporting the conclusion that the Bible is the Word of God: (1) the internal evidence, the facts found in the Bible itself and the Bible's own claim concerning its divine origin: (2) the external evidence, the nature of the facts given in the Scripture which support its supernatural character. (p. 11)

## Prayer

Participants reported that prayer is another foundational aspect of their *Christian spirituality*. These men shared that they pray many times daily in many different ways, for many different reasons.

Prayer is a request or a petition for mercies; or it is ‘an offering-up of our desires to God, for things agreeable to his will in the name of Christ, by the help of his Spirit, with confession of our sins, and thankful acknowledgement of his mercies.’ Nothing can be more rational or consistent than the exercise of this duty. It is a divine injunction that men should always pray, and not faint (Luke, xviii, 1). It is highly proper that we should acknowledge the obligations we are under to the Divine Being, and supplicate his throne for the blessings we stand in need of. It is essential to our peace and felicity, and is the happy means of our carrying on and enjoying fellowship with God. It has an influence on our tempers and conduct, and evinces our subjection and obedience to God. (McClintock & Strong, 1981, p. 473)

Christopher shared that his personal relationship with God has given his life new meaning and purpose. He said that the storms that he had gone through used to motivate him to numb himself through alcohol and drugs.

Christopher stated that now when he goes through storms in his life he goes to his knees and cries out to God for help. He cited a recent storm in his life when he had to appear in court for outstanding traffic violations. He was facing a mandatory ten day sentence, along with a large fine. He cried out to God in preparation for court and God gave him peace to accept His will. He said that his heart sang for joy when the judge spontaneously chose to suspend his sentence.

Participants noted that some common aspects of prayer include: praising, worshiping and thanking God; asking God for divine help, strength, wisdom, comfort and guidance through supplication; and intercession for others. They enumerated variations of prayer that they learned in the program and apply in their lives: confession;

repentance; rededication; talking to God in a relaxed conversational manner or while trying to accomplish a challenging task; through thoughts; earnest supplication for various needs; thanking, praising, and worshipping God for who He is or for what He has done; listening for God's voice while in an attitude of prayer; using formal prayers-the Lord's Prayer; resting with God in silence; consciously welcoming God's presence and power; praying in one's thoughts while engaged in daily activities; and thanking Him.

Prayer catapults us onto the frontier of the spiritual life. It is original research in unexplored territory...it is the Discipline of prayer itself that brings us into the deepest and highest work of the human spirit. Real prayer is life creating and life changing. To pray is to change. Prayer is the central avenue God uses to transform us. If we are unwilling to change, we will abandon prayer as a noticeable characteristic of our lives. The closer we come to the heartbeat of God the more we see our need and the more we desire to be conformed to Christ...when we pray God slowly and graciously reveals to us our hiding places and sets us free from them. (Foster, 1978, p. 30)

Participants stated that they learned that prayer is one of God's most amazing means of grace. They said that this is because anyone in a divine-human relationship can pray and God listens and answers according to His perfect will.

Josiah shared that he attributes his cataclysmic transformation during treatment to prayer. He said that God's grace motivated him to constantly pray. "Even when I didn't want to pray; I prayed; I did not want to be where I was...the total surrender happened when I said, 'God, not my will ever again, but Your will be done.'"

Josiah stated that at this time he chose to surrender himself totally to God alone. He actively chose to sever his relationship with alcohol and drugs, which had derailed his Christian life for many years and left him bankrupt of peace.

Josiah recognized that the reason he had formerly failed to gain victory over dependence was that although he confessed his sins, sincere repentance was lacking. He



stated that previous commitments were hindered because he failed to surrender his relationship with alcohol and drugs. “I hadn’t surrendered everything. I would give Him 98% of it; that other 2% He couldn’t have, because I wanted to control that.”

Josiah shared that he learned during treatment that he would never experience victory over dependence or any sin binding him; unless he became single-hearted in his submission to God. He described his whole-hearted surrender to God in the following words, “I would never be the pilot again.”

Josiah delineated the aspects of the phenomenon of *Christian spirituality* which helped transform him into a single-hearted Christian during treatment: total surrender; walking in the footsteps that God had prepared. He shared that he discovered the following to be important aspects of prayer: an abiding awareness of God’s presence and power; heeding God’s continual call to come to Him; total acceptance of God’s unconditional love and forgiveness “in Jesus Christ.”

Josiah stated that he learned all these aspects of the phenomenon of *Christian spirituality* from Scripture during treatment. He said that he grew progressively in his knowledge and application of these aspects of the phenomenon of *Christian spirituality* on a daily basis through continuous prayer; personal and corporate Bible study; fellowship with others in the program during classes and homework; assigned Scripture memorization; corporate worship; private praise; Christian music; and while on work assignments. He said that these aspects of the phenomenon of *Christian spirituality* are essential foundational building blocks of his personal relationship with Jesus Christ.

Augustine of Hippo said, “*The confession of evil works is the first beginning of good works*” (Foster, 1978, p. 125). Participants shared that they were taught three

foundational aspects of prayer that are intrinsic to maintaining their divine-human relationship. When the Holy Spirit convicts an individual of personal sin he must choose: to sincerely confess that he accepts personal responsibility for his sin; to repent and turn away from the confessed sin and to rededicate himself to a wholehearted engagement in his divine-human relationship.

Participants explained that they learned that fasting was an important Spiritual Discipline that is to be combined with prayer. They shared that they learned that fasting is a personal humbling of themselves through denying of some basic human need, habit or comfort before God in order to express their earnestness related to their request.

Fasting is not a magical way to manipulate God into doing our will; it is not a way to get God to be an accomplice to our plans. Neither is fasting a spiritual way to lose weight or to manipulate others. Fasting clears us out and opens us up to intentionally seeking God's will and grace in a way that goes beyond normal habits of worship and prayer. While fasting we are one with God, offering him the time and attentiveness that we might otherwise be giving to eating, shopping or watching television... Thus we willingly set aside a little comfort so we can listen and attend to the voice and nourishment of God alone. For God can give us grace and comfort and nurture we cannot get on our own. (Calhoun, 2005, p. 220)

Participants noted that they always pray when they read Scripture; asking God to make personal application of His promises and principles that they are focusing upon. They shared that they are often inspired to pray about a personal issue or for someone that God brings to mind while they are reading, meditating, or memorizing Scripture.

Participants said that they set scheduled time in the morning and evening to pray. Some shared that they combine prayer time with their devotional time; focusing on Scripture and related aspects of *Christian spirituality*. Others said that they like to honor

God for a short time upon waking up; but spend their main time praying at night in order to prepare spiritually for the following day.

There is a way of ordering our mental life on more than one level at once. On one level we may be thinking, discussing, seeing, calculating, and meeting all the demands of external affairs. But deep within, behind the scenes, at a profounder level, we may also be in prayer and adoration, song, and worship, and a gentle receptiveness to divine breathings. (Foster, 1978, p. 40)

Participants said that they have designated a place in their living accommodations for Scripture reading, prayer, meditation and contemplation on *Christian spirituality* in their lives. They shared that they keep their Bibles, Christian literature, music, Christian media, etc. available to them while they spend time alone with God.

William Temple said,

To worship is to quicken the conscience by the holiness of God, to feed the mind with the truth of God, to purge the imagination by the beauty of God, to open the heart to the love of God, to devote the will to the purpose of God. (Foster, 1978, p. 138)

Participants shared that during personal prayer God communicates with their hearts; edifying, exhorting, and comforting them, in regard to His love and will. They testified that they use various modes of prayer according to their momentary needs.

Participants testified that they receive personal joy from all aspects of corporate prayer.

### **Meditation and Contemplation**

The Prayer Book Society (n.d.) states that the older Roman Catholic and Anglo-Catholic devotional books encourage “Mental Prayer” and “Contemplative Prayer.”

‘Mental Prayer’ is considering reflection upon some truth revealed by God while praying for illumination and inspiration by the Holy Spirit. In contrast, ‘Contemplative Prayer’ is the focusing of the mind, heart, and will upon God and being spiritually delighted by this vision and experience. The Sulpician Method preparation...confessing your sins...becoming aware of his presence...asking for

the help and guidance of the Holy Ghost... The next step in meditation is *communion* with Jesus-**Jesus in your heart**. Here your desire is to be like Jesus, to draw him into your life so that your life is shaped by his... The third and final step is your *cooperation* with Jesus who desires your full salvation and sanctification... Here you commit yourself to the Lord Jesus and make practical resolutions which, if put into action, will bring into your life that which you have adored in the Lord Jesus himself. Of course you realize that anything you resolve to do can only be done with the guidance and assistance of the Spirit. 'work out your own salvation with fear and trembling, knowing that it is God which worketh in you both to will and to do of his good pleasure.' (Phil. 2:12, 13; pp. 13, 14)

Participants shared that they have been taught and have personally experienced meditation and contemplation to be unique aspects of prayer that provide them with an opportunity to focus on aspects of *Christian spirituality* related to Scripture and theology. Foster cites many forms of contemplative prayer. According to Shadoan (2006) these would include; silence before God; meditation upon Scripture; examination of one's interior or sinful nature; release of unconscious memories, psychological pain or barriers to growth; and personal experience of the indwelling Holy Spirit (p. 40).

Participants remarked that meditation and contemplation strengthen their divine-human relationship as they focus on God's love and His divine plan for their lives. Joshua shared that his intimate, divine-human relationship motivates him to spend time with God through prayer and Bible reading, study, and reflection.

Joshua shared that he presents himself to God as a living sacrifice and allows God to renew and transform his mind and heart. He stated that he contemplates the things of God during devotional Bible reading, study, and Scripture memorization.

Joshua explained that he uses journaling on memorized Scripture to bring his head and heart knowledge together in meditation and contemplation in God's presence. He stated that God inspires his thoughts and guides him in ways to apply these truths in life.

Joshua noted that he strengthens himself spiritually by reading inspirational Christian books and reflecting and assimilating spiritual truths that the Holy Spirit highlights; as he draws him unto Himself daily. He reiterated that as he thinks in alignment with God's thoughts and asks God for guidance; his choice is to please Jesus, which is a "win-win" situation, resulting in joy and peace.

"Meditation is a long, ardent gaze at God, his work and his Word. Slowing down and giving one's undivided attention to God, lies at the core of Christian meditation" (Calhoun, 2005, p. 172). Foster (1978) said,

Christian meditation goes far beyond the notion of detachment. There is need for detachment- 'sabbath of contemplation' as Peter of Celles, a Benedictine monk of the twelfth century, put it. But we must go on to *attachment*. The detachment from the confusion all around us is in order to have a richer attachment to God and to other human beings. Christian meditation leads us to the inner wholeness necessary to give ourselves to God freely, and to the spiritual perception necessary to attack social evils. In this sense it is the most practical of all the Disciplines. (p. 15)

Calhoun (2005) said,

Contemplative prayer is a receptive posture of openness toward God. It is a way of waiting with a heart awake to God's presence and his Word. This kind of prayer intentionally trusts and rests in the presence of the Holy Spirit deep in our own spirit. (p. 211)

Participants shared that this aspect of prayer is intimately connected to Scripture but allows God to direct their thoughts to Him without limitations of time, situation or geographical boundaries. Aumann (1985) said,

Meditation is an activity of one's spirit by reading or otherwise, while contemplation is a spontaneous activity of that spirit. In meditation, man's imaginative and thinking power exert some effort. Contemplation then follows to relieve man of all effort. Contemplation is the soul's inward vision and the heart's simple repose in God. (p. 276)

Judah stated that he gains spiritual strength by reading a few daily devotionals and meditating and contemplating upon the Scriptural truths and how he can apply them to his life. Participants noted that some examples of contemplation focus on: God's person, omniscience, omnipotence, omnipresence; His character and attributes; His creation of the universe and mankind; His amazing grace in relationship to human sin, free will, salvation, regeneration, sanctification, mercy, lovingkindness, judgment, eternal life, eternal punishment, etc.

Francis de Sales (1955) said,

Represent to your imagination the whole of the mystery on which you desire to meditate as if it really passed in your presence. For example if you wish to meditate on our Lord on the Cross, imagine that you are on Mount Calvary, and that you there behold and hear all that was done or said on the day of the passion. (p. 84)

The participants noted that meditation and contemplation are similar to leaving the noisy confusion of the city and finding a country hideaway or a serene uninhabited beach. They shared that they are refreshed in a quiet, peaceful place of rest and repose.

The participants shared that this occurs through intimacy with the Lord Jesus; relaxing with Him; enjoying His presence; listening and speaking to Him without any schedule or agenda. Some participants stated that they enjoy playing Christian music, while pondering in Jesus' presence on anything that the Holy Spirit brings to their minds.

## **Common Theme Six**

### **Following Treatment**

This theme consists of two elements; the first element comprises the participants' consistent neglect of active cultivation of their divine-human relationship and the

reestablishment of their relationship with alcohol related behavior patterns. The second element consists of the aspects of *Christian spirituality* used by participants to reactivate fellowship with God and reestablish an alcohol free lifestyle.

These aspects of *Christian spirituality* are instruments that God has provided for participants to exercise with a sincere single-hearted focus after they have willfully abandoned their divine-human relationship. These elements become intrinsic for reestablishing their divine-human relationship after they have developed a pattern of willful sin and adopted it as their lifestyle; which is referred to as a “relapse.”

The two aspects of *Christian spirituality* that participants were taught for reconciliation with God are sincere confession and repentance. Unger (1980) states,

Confession “The Greek word rendered ‘confession’ is *homologeō*, literally to say the same thing, i.e., not to deny, and so to admit or declare one’s self guilty of what he is accused. It is also used in the sense of a profession, implying the yielding or change of one’s conviction (John 12:42; Acts 23:8; Romans 10: 9, 10; I Timothy 6:13, etc.; p. 218).

Calvin taught that repentance stemmed from serious fear of God and consisted in the mortification of the old man and the quickening of the Spirit. Mortification and renovation are obtained by union with Christ in his death and resurrection. (Calvin, n.d., III 5, 9, as cited by Harrison, 1979, p. 444)

The participants learned that Christians sin whenever they fail to avail themselves to God’s grace and capitulate to their old sinful nature or the devil’s enticement. This theme addresses a different type of sin. It illustrates the effect of consistent willful neglect of cultivation of the divine-human relationship; while reestablishing a sinful relationship associated with alcohol abuse patterns.

All of the participants shared that they experienced relapse either after self-treatment attempts or after formal treatment attempts before entering treatment at

northeastern. All participants, except for Shapham and Michri, testified that through God's grace they have maintained an alcohol free lifestyle without relapse since they completed treatment.

Matthew shared that he experienced salvation and regeneration when he was about age 28 in prison. He said,

I went to jail and then I moved right on to prison. It's all the same system...I found Christ in a deeper relationship...My life was starting to transform...Christ was real...It was through that whole system that I started accepting the way of God...I grew deeper because I found some other people who believed...After I accepted the Lord at the county level jail; He never let me go...I was experiencing God through the whole system.

Matthew noted that as he learned about God's character; his heart and mind were slowly transformed. He reflected that his worldview slowly began to change as he realized that Jesus is actively engaged in every aspect of his life.

Matthew stated that upon discharge from prison he continued his single-hearted mindset; separating himself from all past sinful influences and relationships. He reported that he set up boundaries by severing all relationships conducive to sin, in order to protect his personal relationship with Jesus as Lord of his life.

At first I put a boundary; I wasn't allowing anybody who had anything to do with negative concepts or vibes or negative sin. I had a boundary; I would cut them off. I wouldn't get myself involved with them at all.

Matthew shared that he remained single-hearted in cultivating his personal relationship with Jesus. He mentioned that he further reinforced this relationship through active social engagement at his church with Christians, who befriended him. He declared that his single-hearted relationship with Jesus empowered him to maintain an alcohol free lifestyle for approximately three years, until he compromised his boundaries.



Matthew announced that he succumbed to his old sinful nature when he relaxed his boundaries of protection; allowing sinful temptations to overwhelm him. He confessed that he failed to cry out to God and sin progressively mastered him. He shared that he stopped cultivating his personal relationship with Jesus. He said,

I had family members and friends from my past coming in and out and planting bad seeds...For instance one would come over drinking; another would come and offer me to get on some drugs or they had drugs. Women would offer not sex, but promiscuous attitudes toward me...sin, they offered sin...They started inching their way in; they wedged their way in...Slowly they set me up and I...quenched the spirit...and I let it back in my life...I started with sleeping with a girl; letting sin in with a female...

Matthew commented that he abandoned all Spiritual Disciplines, except for a private Bible study that his faithful friend held with him since his prison release.

Matthew stated that his respect for this friend caused him to continue this Bible study during the darkest period of his life.

Matthew confessed that his sinful depravity far exceeded his former sinful lifestyle. Many Christians encouraged him to return to the Lord. His church continually prayed for him. Matthew noted that, "You can only hold on to someone who wants to be held on to." He reported that he recklessly pursued alcohol and drugs. He said,

I fell for about a year...It got bad! When the Bible says, 'Seven more demons come back into your house.' It was seven times worse...I was going back to alcohol and drugs. The process was shorter and it got me faster...I plummeted to rock bottom; quick!...Tim had a family now; but he was still trying the whole time; faithful Tim stayed there; my mom stayed there; I had some sisters that stayed around, that were in the faith. So I had some family members; but Tim was strong, my mom was strong! They wouldn't let go of me. He was still holding Bible study for me and I would go...

Matthew said that his mother heard about northeastern from a peer employee and graduate. He shared how Jesus had changed his life.

Matthew remarked that his mother tenaciously encouraged him to apply for admission; he honored his mother's request, but had reservations about actually entering.

He said,

I called up here to set a date but I didn't really know if I was going to come. But I sat on there (grandma's porch) the day before and we were partying; we were drinking and drugging. I stopped everything and I told everybody... well at first it was a decision. It was a real dark place! I was in a real dark place because I knew the truth; before I didn't know the truth...but knowing the truth; you can't walk away from it. I was at a place where I knew I needed Christ...For two years it kept running itself like a tape, 'You need help; but only Christ can help you; you need help but only Christ can help you.' I knew secular AA and NA weren't gonna be any help for me; after knowing the truth. I walked in the truth and so I knew; and it kept like brow beating...I lost the peace...It encouraged me that that was the only answer. It wasn't audible like people say; but it was; it was a still small voice in my heart.

Matthew said that he responded to the Holy Spirit's voice. He said that in that moment, he became single-hearted and decided to enter Christ-centered treatment at northeastern. He stated that the chaplain used Scripture to give Matthew the opportunity to be reconciled to God through sincere confession and repentance. He said,

My chaplain made me read. My homework assignment was to read...the Gospel of John and write down 'believe,' how many times it was recorded 'believe.'...What he did was rekindle my relationship with Christ and allowed me to trust Him with my life again. Basically what he did was reignite my personal relationship with Him again...We did not talk about drugs and alcohol; we just talked about Jesus. And within three months...I realized it wasn't about the drugs and alcohol, it was that my life was not hidden in God; in Christ...I got it. I substituted a void with drugs and alcohol, where it was evident that Jesus was supposed to be there...and is now!

Matthew shared that he experienced sincere confession and repentance.

The confession of sins is a part of the confession or acknowledgement (Greek *homologia*) of the sovereignty of God (Isa. 45:23; Rom. 3:19). It is the admission of guilt when confronted with the revealed character and will of God, whether or not forgiveness follows. Confession is consequently a test of repentance and belief in the gospels as Mark 1:1-5 illustrates, and by God's grace is a condition of forgiveness (s. 32:5; 1 John 1:9; Harrison, 1979, p. 135).

Repentance (*metanoia*) signifies a *change of mind* from a rebellious and disaffected state to the submission and thorough separation from iniquity by which converted sinners are distinguished (Matt. iii, 2-8; McClintock & Strong, 1981, p. 1042).

Matthew declared that he made a decision in his heart to sincerely confess his sin of abuse and wholeheartedly repent; which meant to sever his relationship with alcohol and drugs forever. He revealed that this new focus positively motivated his recovery.

Formerly, he shared that he used alcohol and drugs to cope with or escape unresolved emotional pain. He mentioned that he learned that all unresolved life issues need to be brought into the light of God's truth and addressed. He indicated that his new Christ-centered perspective reoriented his worldview regarding the true meaning and purpose for his life. He said,

I realized that issues from past life experiences need to be brought to the light; as God says, 'truth in the inner parts.' I need to know that it's not really issues of alcohol and drugs that had me dependent; but my issues of life drove me to an alcohol and drug habit. I did not use drugs and alcohol because I liked the taste...I used drugs and alcohol to cope with some things I wasn't dealing with in life. I didn't want to deal with some things that were going on in my life...Even in the deeper darker issues, where people don't want to deal with; I'm trying to deal with them when God reveals them to me. And He doesn't reveal them all at once. He reveals them to me in my sanctification; one by one, or however He does it progressively. I don't go looking for them...Let's just say He shows me my flaws by the Holy Spirit...It's cool as I learn and grow!

Before treatment, Matthew noted that he held an unscriptural view of God; believing that God's love changed for him according to his behavior. He shared that he is learning to trust God's unchanging character and perfect love as revealed in Scripture.

Matthew spoke of a new perspective of God's unconditional love. He said,

I noticed that no matter how often or deep I was involved in my sin; He placed a way to bring me back to Him. Physically too; when I was in life-threatening situations, God gave me a way of escape. I was in life situations where my life would have been taken; but God kept and delivered me...When I didn't want God, God was there walking me through it; His love extended...And every time I came back; He was always the same. My view of God changed because of this life, because of what I put myself through, but every time I came back and got myself into a healthy relationship with Him; He always was the same. He was still the same when I got back here. Man! I was like, 'Wow! God doesn't change!' Sometimes I thought because of my situation that God was changing; but it was never God that was changing. It was me having a dysfunctional view of what I thought God was...Because in and out of this relationship I had with the Lord; sometimes I got closer and sometimes...further away from Him. So I would have a dysfunctional view; a distorted view of what I thought God was. When I was clear of Who God was; He never changed at all...He doesn't change at all.

Matthew shared that before treatment at northeastern his guilt and shame kept him from crying out to Jesus for forgiveness and help. He proposed that his past sinful behaviors were a reflection of his identity; motivating him to continue in sin. He stated that he lost hope in Jesus' ability to make permanent changes in his life.

I used to throw a pity party if I used. It gave me an excuse to say, 'I'm back, that's who I am and I will go into my sin.' My pity parties used to motivate my sin. I would set myself up for another fall. It was a lie from Satan...I know who I am now and no matter what he says; what comes my way, it doesn't change my position of who I am...It's freeing...God did it at the cross and my identity is in Him. I have areas I need to work on but it does not change my identity.

Two other participants reported that they had formerly experienced salvation and regeneration before entering treatment at northeastern, but failed to consistently exercise Spiritual Disciplines. They shared that failure to spend time earnestly seeking God culminated in the demise of their divine-human relationship and the abandonment of their obedience to God.

These participants testified that this willful choice resulted in the loss of divine resources to resist temptation and the cravings of their old sinful natures. They said that

their relationship with alcohol began with them as the master and alcohol their servant; however, alcohol mastered them; enslaving them in cruel bondage.

The participants shared that they began to abuse alcohol and reestablish sinful relationships with individuals who actively cultivated a sin dominated lifestyle; which included habitual alcohol abuse and dependence. These men stated that after their initial relapse they recklessly pursued a sinful path; which resulted in diabolical depths of depravity and culminated in alcohol dependence. McClintock and Strong (1981) describe the deceptive allurements of sin leading to alcohol dependence in Volume X,

...the term intoxication, or drunkenness, is...a combination of two effects, narcosis and exhilaration...dreamy joys for a brief space...continued indulgence tends to the formation of a tyrannical habit...when the force of the last dose...has been spent, he is in a condition of unrest, mental and physical...he knows only one method of quick relief, and that is another dose...And so the drug becomes the tyrant and he the slave. As the coils of the serpent tighten about him he sinks, mentally, morally, socially...At last, he cares only for his drug, or rather is driven to it by the lash of remorse and horror, which come upon him whenever he is not under the spell. He cares not for poverty, rags, and dirt, for cold and hunger. He cares less for his wife and children than a tiger does for his mate or a wolf for his cubs...in passive and hopeless shame and despair, alternating with brief seasons of attempted reform, he goes down to his doom. (p. 244)

The participants who relapsed explained that sin progressively dominated their lives as they abandoned private and corporate Spiritual Disciplines; culminating in their return to the bondage of dependence. They explained that the Holy Spirit continuously convicted them of their sinfulness; causing them mental and emotional anguish.

These participants noted that they lived with a divided heart and divided allegiance to God. They embraced idolatrous worship in servanthood to their old sinful natures. They shared that their thinking became deluded; they returned to their sinful mindset and perceived themselves enthroned as the master with alcohol as their servant.

These men said that they learned in hindsight during treatment at the program that Satan was the “father of lies” and had deceived them. This deception served to motivate them to satisfy their sinful nature through alcohol abuse as a means of experiencing “happiness”. They said that they learned that surrendering to their old sinful nature, as opposed to maintaining their divine-human relationship in total dependence on His grace, would result in their return to alcohol dependence as their master and enslavement to sin (Fear, 2007). Welch (1998) said,

...the Bible talks about our motivations and desires, forces so powerful that they can take over our lives. The Bible says that we first choose our addictions, and only then do our addictions choose us...The price of those good feelings is more than we bargained for...we love drinking and what it does for us. We love it enough to be unwilling to do what it takes to remove it from our lives, despite its impact on our relationships and commitments. (p. 191)

These men said that they were unable to recapture the former peace and contentment that they had experienced through their divine-human relationship. They noted that self-condemnation, guilt and shame returned with a vengeance as they observed their loved ones being victimized by their own sinful choices and neglect.

These participants shared that the Holy Spirit repeatedly revealed to them the depth of their depravity; as they recklessly cultivated their idolatrous relationship with alcohol at the expense of their relationship with God and others. They testified that through God’s amazing grace, as one startled awake from a nightmare, they chose sincerely to confess and repent of their sinful rebellion against God.

Northeastern has established two relapse programs. The chaplain said,

We are sincerely concerned with helping you restore your relationship with Jesus Christ, in order for you to continue living the ‘Victorious Christian Life’. As we have prayerfully asked God for wisdom in accomplishing this objective, He has led us in establishing two new programs specifically designed to meet your needs.

Our Graduate Relapse Program will allow a man to come away from the world, consider the root cause of his failure and set in place a strategic plan to succeed. It allows for an intense, focused time for the man to realign his life with a Godward gaze...The Residential Relapse Completion Program is designed to provide men who have been in the Colony Program already but did not graduate or move into their covenant the opportunity to return to do the entire program in a more focused environment. (Freed, 2008)

Shapham and Michri shared that they experienced relapse after attending the treatment program. Shapham reiterated that he was dishonest with God, himself and others because he did not enter treatment the first time with a sincere heart committed to overcoming alcohol dependence. He concluded that his insincere motives, attitudes and assumptions contributed to his relapse.

Both men noted that they shared the process of becoming disengaged; Shapham, during treatment and Michri, months later. They expressed that they both relaxed boundaries; which had been firmly established to protect them from engaging in former behaviors which promoted alcohol abuse. This culminated in dependence.

*...homologeo...* To agree, confess, profess, admit, acknowledge, promise, praise...*Metanoeo...* To repent, change one's mind, be converted...The most extensive repentance is a thoroughgoing change in one's thinking, attitudes, and purpose. This is the deep-seated repentance spoken of in the passages like Matthew 3:2 and Acts 3:19 where a thorough change of mind is urged. When compared to *metamelomai*...is much more prevalent, especially when referring to repentance linked to salvation. This repentance is stronger than remorse or emotional regret. *Metanoeo* portrays a change of mind so effective that Luke 15:7, 10 assumes salvation for a sinner who has 'repented.' This 'repentance' is required for entrance into the kingdom of heaven and is a subject of apostolic preaching in Acts. (Gilbrant et al., 1986, pp. 171, 172, 350)

Shapham, unlike Michri, cried out to God for divine help within days of relapsing. He said that he promptly confessed and repented of his sin. He stated that he immediately sought God's grace, confessed his hypocrisy to God, and humbly sought permission to reenter treatment.

Michri confessed that he relentlessly pursued his abuse of alcohol; abandoning his relationship with God. He reported that his former zeal for *Christian spirituality* quickly faded as his sinful behaviors escalated; shackling him again in the bondage of sin, alcohol dependence and emotional lability.

Michri reports that, following his arrest, he humbled himself and cried out to God for His grace and restoration. God answered his prayer when the judge graciously granted his request to serve his sentence by returning to the program.

In the NT the words translated ‘repent’ are *metanoeo* and *metamelomai*. In GK. They usually mean ‘to change one’s mind’, and so also ‘to regret, feel remorse’ (i.e., over the view previously held). This note of remorse is present in the parable of the tax collector (Lk. 18:13). probably in MT.21:29, 32; 27:3 and Lk. 17:4 (‘I am sorry’), and most explicitly in 2 Cor. 7:8-10. But the NT usage is much more influenced by the OT...that is, repentance not just a feeling sorry, or changing one’s mind, but as a turning round, a complete alteration of the basic motivation and direction of ones’ life... (Douglas, 1982, p. 1018)

Shapham and Michri reported that they became single-hearted and wholehearted in consistent exercise of Spiritual Disciplines and Christian virtues during their second time in the program. They both shared that through God’s amazing grace they have received supernatural resources through living a Holy Spirit dependent lifestyle. They testified that they have maintained an alcohol free lifestyle without relapse after graduating the second time.

The second element of this theme consists of the aspects of *Christian spirituality* utilized by participants to reactivate fellowship with God and reestablish an alcohol free lifestyle. All participants were taught that reconciliation after any sinful behavior pattern, regardless of the type, depth, or time of engagement is possible through sincere confession and repentance.



Participants shared that they were taught that intimacy with God through the divine-human relationship can become stronger and deeper throughout one's life. They learned that this is accomplished through consistent exercise of Spiritual Disciplines and focus upon the Christian virtues in daily life (Fear, 2007).

Shapham shared that he learned during his second time in treatment that he had to become completely honest with himself and sincere with God in order to experience God's power within his divine-human relationship. He said that he learned that he had to honor Jesus as his Lord, as well as his Savior.

Shapham stated that he slowly learned to trust his "identity in Christ" to maintain victory over discouragement after succumbing to sin's temptation. He shared that he was taught to promptly confess and forsake sin rather than dwell upon it.

Shapham shared that his divine-human relationship grew deeper and more meaningful as he has learned to thank God for all of His blessings. He said he learned to have consistent devotions and to develop an awareness of God's presence.

Michri acknowledged that in order to maintain the "Victorious Christian Life" he had to become single-hearted in: cultivating his divine-human relationship with Jesus as Lord of his life; strengthening his relationship with the body of Christ through sincere participation in Church life; and avoiding situations, relationships and environments that detract or distract from his divine-human relationship.

Participants confessed that as soon as they sincerely sought God's forgiveness with the intention to repent; God restored them to intimate fellowship with Himself. They said that they learned that confession and repentance restores the purity of the divine-human relationship made possible by justification through Jesus' atonement.

## Common Theme Seven

### During Treatment

All participants experienced a transformation in perspective related to their work ethic. They cited a progressive change that occurred in their desire to honor God by serving others rather than themselves as they assimilated a Christian worldview.

The participants explained that their former motivation to work was ego-centric; which was congruent with their self-serving, sinful lifestyle. They shared that they took no moral responsibility for their (often sinful, illegal) work related behaviors. They noted that their unscrupulous; unethical competitiveness; performance based self-aggrandizement; and selfish goal seeking often produced contrived stress in others.

White (1998) stated that work as therapy began in 1840. The theory was that productive work stimulated the mind and body to return to its former healthy state before experiencing alcohol or drug dependence. Many facilities required patients to work up to seven hours a day using their skills or learning new ones. Their stated goal was to stimulate the clients intellectually and socially (pp. 38, 91).

The participants stated that regeneration created a radically new Christ-like character; resulting in a new mindset and an inherent joy in serving others. They noted that all aspects of the daily schedule were intrinsic in developing their ability to apply the truths of Scripture that they were taught in the classroom.

The participants said that as they cultivated their divine-human relationship; they developed a Christ-centered work ethic of service to others. They concluded that as they

assumed responsibility to honor God by serving others in their work assignments; they learned experientially that Scripture is relevant to all aspects of life.

The participants remarked that they were taught that work is a practical expression of Biblical faith. They shared that they learned that true Scriptural faith is not accurately measured by words but by the way they treat others, work, and behave when they were alone.

Judah shared that about a week before graduation he prayed to God for an opportunity serve Him and others. He shared that he desired to combine his learned skills with his new life to honor God and contribute to His kingdom.

Coincidentally, two days before I was supposed to graduate, the guy that had the position that I now have; he had it for 14 years, decides he is going to leave. I said to my Chaplin that I would like to apply for that job. The rest is history. I started right out...on February 10, 2011. It has been a great experience.

The treatment team staff modeled Christ-like behavior while teaching Scriptural truth through scheduled classes. They also did this serendipitously through formal (supervision, group and individual counseling) and informal interaction with the men.

The participants stated that their daily work assignments were an essential component of their Christ-centered treatment. The ontology of a “Christ-centered work ethic” was communicated to the men through classroom education and by modeling of application of the great commandment, the fruit of the Holy Spirit and Christian virtues.

Matthias noted that before seeking help at northeastern, he was obsessed with serving only his own needs and sinful desires. He said that he grew stronger in his divine-human relationship during his third and fourth months in the program. He said,

...for a person who spent 32 years serving himself...‘a real New Jersey boy.’ For 32 years I really didn’t give a ‘rip’ about anybody. But God instilled a gift in me,

‘serving’; I love to serve! I love to come to this dining room and serve other people. I was so selfish and most of the time I just want to help others.

Matthias said that after experiencing regeneration God instilled in him a desire to serve others. He said “...I love to serve others.” He said he loves serving, first, his wife and children and then others. Porter, Bigley and Steers (2003) identify the effectiveness of the Scriptural model developed at this northeastern facility. They identify the first type of extrinsic motivation as “external regulation,” which is performing work in order to meet external demands. All the participants began work details in this manner in order to fulfill treatment requirements.

The second type of extrinsic motivation, labeled “introjected regulation,” involves performing a regulation without fully accepting it as one’s own. Northeastern adds a unique element here. The staff models Christ-like behavior; which the men are taught to emulate during work assignments and all human interactions.

The third type of extrinsic motivation is “regulation through identification.” This type of extrinsic motivation occurs when the individual consciously values a behavior, goal or regulation. The men reported that as they observed the Scriptural principles modeled in the lives of their teachers and began to emulate them; they began to value their new behaviors and the positive reactions they received. They said that the Holy Spirit slowly transformed their perspective toward work.

The fourth type of extrinsic motivation is “integrated regulation.” Integrated regulation is similar to the indwelling Holy Spirit’s inspiration of the participant to desire to express his love to God by serving Him and others out of a thankful heart. In treatment, group encouragement serves to reinforce Jesus’ example of serving others.

“The relative internalization of extrinsically motivated activities is also a function of perceived competence. People are more likely to adopt activities that relevant social groups value when they feel efficacious with respect to those activities” (Porter et al., 2003, p. 57).

This integrated regulation describes the goal of the staff at northeastern, which occurs when the participants assimilate Christ’s character as their own. It is also extrinsically reinforced by the staff and intrinsically motivated by the indwelling Holy Spirit (Fear, 2007). Porter et al. (2003) said,

Integration occurs when identified regulations are fully assimilated to the self, which means that have been evaluated and brought into congruence with one’s other values and needs. Actions characterized by integrated motivation share many qualities with intrinsic motivation, although they are still considered extrinsic because they are done to attain separable outcomes rather than for their inherent enjoyment...As people internalize regulation and assimilate them to the self, they experience greater autonomy in action. This process may occur in stages, over time...they can relatively readily internalize a new behavioral regulation at any point along this continuum depending on both prior experiences and current situational factors... (p. 56)

The participants stated that they learned that God’s design for all human activity and interaction was to be accomplished through the Holy Spirit’s empowerment. They learned that this occurs in the context of their divine-human relationship in order for them to fulfill God’s will as new creations in Christ (Fear 2007).

The participants were taught that work was a daily opportunity designed by God to focus on practically applying Scriptural truths that they were taught in treatment (i.e., the great commandment; the fruit of the Holy Spirit and Christian virtues). They were taught that their new identity is in Jesus Christ; therefore every aspect of their lives is a vehicle by which God desires to manifest His glory.

Shapham shared that before regeneration he struggled with alcohol dependence for many years; reaping the sequela of self serving, sinful pursuits. He stated that he lived only to serve himself and satisfy his craving for alcohol.

Shapham noted that during his second treatment at the program he learned the value of serving others, rather than serving his own desires. He stated that when he fully surrendered himself to God as a thankful servant for his victory over alcohol; he discovered true peace and abiding joy. He mentioned that this peace and joy has not dissipated over the last 39 years, as he serves others as a chef in the program.

Shapham described his second time in treatment, with a renewed mind and Jesus as his Lord and Savior, as “beautiful.” He stated that while he was in treatment he worked hard at memorizing Scripture, which he found to be challenging. He noted that he enjoyed working in the kitchen, an area where he was able to use his gifts to serve others.

Since graduation in June, 1972 Shapham has remained in the kitchen faithfully demonstrating Jesus’ love to program residents and staff, while serving meals for the past 39 years. Shapham had the following words of encouragement to anyone who is struggling with alcohol, including anyone who may have taken their eyes off of Jesus and their focus upon their relationship with Him. He said, “Don’t forget what Jesus has delivered you from ...Not to turn back to the old life...Although they cannot perish...Remember if you fall you’re still forgiven (Eph. 2:8-10).”

All the participants shared that they learned to become responsible to God in serving others and to submit to God ordained delegated authority based on Scripture. They said that working wholeheartedly to glorify God to the best of their ability gave them a sense that God was pleased with them for fulfilling His will.

Pilegge and Holtz (1997) stated that individuals with low self-esteem often engage in self-protective strategies (i.e., alcohol abuse) in order to avoid failure. The teaching at northeastern taught the participants that everyone's abilities are gifts from God; therefore, God does not judge performance, because He gives the abilities.

Matthias stated that his personal relationship with the Lord began to give him purpose and hope for his future. He described his day; waking at 6:30am, washing up, making his bed and devouring a hearty breakfast. He shared that he looked forward to attending daily devotions before going on a work detail.

Matthias said,

First you asked a question that I think is important! How did your faith relationship with God influence your recovery? And how did your relationship with God during treatment influence your recovery from alcohol dependence? First I had to realize that I needed God's help and I could not do it all myself. I had to experience God's grace. I had to have time away from the world. Time went by, and I just didn't think about drugs because I was thinking about God. Well, that's what addiction is, it's a worship disorder...I realized that I could live like a normal person. I thought I could live normally...like normal Christians, or like other Christians. I didn't need drugs to function any more!

The participants were taught that God requires that they do everything with a single-hearted focus and wholehearted effort; in order to glorify Him. They stated that this Scriptural truth freed them from fear of failure.

The participants explained that they were thankful when they learned in treatment that they are always unconditionally loved and accepted by God through Jesus' atonement. They said that this realization motivates them to do their best for God from a thankful heart for all that God in Jesus has done for them.

The participants said that their identity with Jesus was reinforced when they were taught in treatment that through regeneration they became sons of God; appreciated and

incomprehensibly valued by Him. They testified that they slowly came to believe the Scriptural truth that they were precious to God.

The participants shared that working enabled them to observe subjectively the reality of the supernatural transformation taking place in their lives through their divine-human relationship. They said that they came to accept and appreciate that their lives mattered to God; which gave them meaning and purpose.

Rephael stated that before regeneration he experienced a guilt-ridden, egocentric lifestyle that often left him hopeless; despairing of life. He stated that during treatment he learned the joy of serving God instead of himself.

Rephael shared that the cultivation of his divine-human relationship increased his desire to share God's abundant life with others. He stated that his desire to serve others continued to grow as he worked full-time in various positions at the program. He stated that he has found abounding joy and abiding peace by serving as a Christian counselor.

Rephael concluded his testimony with these encouraging thoughts. He said,

I have never had more joy in my life than doing what I am doing now; serving God, helping other people...He has redeemed all those former things that I went through, because now I use them to bring glory to His name by helping other people...I have a joy and peace today that I have never had in my whole life. From the time I was 12 years old I didn't know why I was even on this earth, but now I get it; to have a relationship with God and to bring glory to God.

Michri stated that before he experienced regeneration he lived a sinful, egocentric lifestyle that resulted in multiple incarcerations, residual anxiety and serious physical sequela resulting from acute alcohol abuse. He shared that during his second time in treatment at the program he developed a Christian work ethic and experienced the joy of serving others during daily work assignments.



Michri testified that through God's grace he serves other men who have been incarcerated by helping them to transition into society. He stated that he and his wife minister to men; endeavoring to model authentic Christianity. He shared that they provide temporary shelter and training to help men live fruitful Christian lives.

### **Common Theme Eight**

#### **Following Treatment**

All participants learned that maintaining both an intimate divine-human relationship and significant Christian relationships in the body Christ, particularly within their home church, are essential factors in maintaining an alcohol free lifestyle. All participants experienced that cultivation of their divine-human relationship is essential for the development of growth and maturity necessary for a healthy Christian life. Fear (2007) stated,

Our relationship with God and one another is of supreme importance and indicates our true spiritual condition. To the extent that we fall short of loving the Lord with all our heart, soul, strength and mind, and loving our neighbor as ourselves, we need recovery. (p. 207)

The participants were taught in treatment that this is accomplished through consistent exercising of private and corporate Spiritual Disciplines, Christian virtues and manifesting the fruit of the Holy Spirit in their daily lives. They learned that experiencing a healthy Christian life is accomplished by cultivating a dependent relationship with God and interdependent relationships with others in the body of Christ.

Judah stated that the aspects of the phenomenon of *Christian spirituality* that he regularly exercises privately are: reading daily devotionals; daily memorization of Scripture; daily prayer; daily Bible reading; listening to Christian music; thanking God

regularly for His blessings; reflecting on the good in others; prayerfully making decisions to honor God.; and beginning his day in devotions with God.

Judah summarized the intrinsic, symbiotic relationship between developing a dependent relationship upon God and simultaneously developing interdependent relationships with other Christians in the body of Christ. He stated that it is an important safeguard for him to hold himself accountable to God and to others. He shared that accountability motivates him to make God honoring choices. He said,

Folks always want to know, ‘What got you out of bondage? What keeps you?’ ...going back to me it was a total surrender, I can’t do this on my own...and a study of the gospels of Jesus Christ...I see folks coming out of here who fail and I see folks coming out of here who succeed ...I think the big deal is surrender...is the complete study of the gospel and what it is...surrounding yourself with good, godly people, being accountable to people...by that I mean being places...I have to go to a study group today...I have to go to work today...being accountable to life...and making the right choices...

Daniel emphasized how important the development and cultivation of interdependent relationships with the church were in order to receive continual support and encouragement during times of temptation and life’ challenges. He stated that at age 33 he continued drinking and taking drugs. He shared that he found spiritual strength and encouragement to abstain for 16 months by attending a Salvation Army church and NA/AA meetings. He said that he began a relationship with a beautiful lady, struggling with severe alcohol abuse. He explained that when he chose to stop exercising his private and corporate Spiritual Disciplines; he relapsed. He said,

What happened was, I met a young lady; we started going out...I met her in one of those NA/AA meetings. She had a really...alcohol addiction. She was a beautiful gal, so we got together, and then she got pregnant with my youngest daughter. She relapsed, and...I was still clean...and there was no more church ...and there was nothing I could do on my own. I was going crazy. My substance abuse sparked up again. I was hardly employable, because I needed my fix first

and my drink before anything else. It was a real tough time...then I did a bank robbery and went to prison...for three years. Once again the Lord had my attention and I did grow spiritually...

Daniel stated that treatment at northeastern taught him how to get God's spiritual truth from his head to his heart; through the "Victorious Life...Exchanged Life." He intimated that the second piece of this "victory puzzle" is the transformation of his mind and heart into Jesus' image. Daniel mentioned that this transformation occurs by the Holy Spirit during private and corporate spiritual disciplines.

Daniel declared that his identity as a born-again child of God is purity and holiness because of Jesus' crucifixion and resurrection. He noted that his self-effort and self-reliance were sinful idols which failed him every time he submitted himself to their deception. He states that he has learned his true value because of the price that Jesus paid for him through redemption.

Daniel shared that in treatment he discovered that true Christianity can only be developed in a healthy progressive manner within community. Daniel stated that his life has significant present meaning and eternal purpose. He acknowledges that he is motivated by the knowledge of the truth of Who God is and who he is in Jesus.

Daniel states that he invites Jesus to live His life through him. He remarked that he loves to serve his wife, children, and other believers out of appreciation for what God has done for him. He said that he likes to reach out to sinners with God's redemptive love, of which he is a recipient.

Daniel stated that the aspects of the phenomenon of *Christian spirituality* that he regularly exercises privately include: daily devotional time with Jesus through Scripture reading and prayer; meditation and contemplation upon God's grace; and reflection upon

people and ministries that God used in the past and present to encourage him to “trust Jesus as the Answer” to alcohol and drug dependence.

Daniel commented that the aspects of the phenomenon of *Christian spirituality* that he regularly exercises in fellowship with others include: becoming an active member of a Church fellowship; developing relationships with other believers; practicing family devotions; and becoming a servant to his wife and family. Daniel said that the summation of his new life and personal relationship with Jesus is summed up in his life verse, Galatians 2:20.

Kraybill et al. (2010) stated that *Christian spirituality* in the Amish culture consists of three segments: religious beliefs, practices, and affections. They summarized religious beliefs as being the worldview and mindset in which a person understands the world they exist in and the meaning of their life within this context (xii).

Kraybill et al. (2010) define religious practices as having a reciprocal relationship with religious beliefs; in that they both significantly impact each other. They shared that consistent exercise of these religious practices creates religious affections; which transform the heart and motivate behaviors that are congruent with their religious beliefs, practices and affections (p. xii).

The manner in which the Amish weave their beliefs into their daily lives is similar to the group treatment philosophy that the participants reported at northeastern. They shared that the Holy Spirit used this practical method of discipleship following regeneration to transform them spiritually, mentally, emotionally, physically and socially.

The participants call this: the “Victorious Christian life,” the “Exchanged Life,” or “Walking in the Spirit.” They and the Amish form communities which hold

individuals responsible to the group according to Scriptural teachings, which call upon believers to love God supremely and to serve others above themselves.

The participants reported that northeastern treatment encouraged them to seek simplicity and seek God's kingdom reign in their heart rather than seeking worldly goals. The essence of the Amish and northeastern treatment focuses on intentional exercising of living Scriptural faith in order to become a living well of God's grace, springing up unto eternal life in thought, word and deed. This is accomplished by the indwelling Holy Spirit as participants live single-heartedly in their focus and wholeheartedly in their effort to love God and their neighbor as themselves (Kraybill et al., 2010).

Rephael stated that the aspects of the phenomenon of *Christian spirituality* that he regularly exercises privately are: a Bible-based salvation trusting wholeheartedly in Jesus' atoning death, apart from his own effort; active development of his intimate divine-human relationship; daily Scriptural devotional reading and study for mind renewal; daily earnest prayer; total surrender to Jesus as Lord as revealed in Scripture; a thankful heart; silence; time alone with God; worship; attending church; daily group prayer; confession and repentance.; and application of his "Jesus is the Way" illustration.

Rephael stated that the aspects of the phenomenon of *Christian spirituality* that he regularly exercises in fellowship with others are: worship; church attendance; daily group prayer with brothers and sisters on the recovery team; attending "Victorious Christian Life" retreats; service through group and individual counseling; sharing his testimony publicly; group Bible study; and fellowship with other believers.

Rephael summed up his testimony with the following insight; desiring that others avoid the pain he experienced before becoming a new creation in Jesus Christ. “I had to come to a place where I had to surrender” (Ezekiel 36:24-28 NLT).

### **Chapter Summary**

This chapter began with a discussion regarding life factors which contributed to the participants’ alcohol dependence. Discussion of the participants’ self and formal treatment attempts followed. Eight themes were discussed that were extracted from before, during and after treatment at the northeastern evangelical Christian based program. A content summary completed this chapter

## **CHAPTER FIVE: CONCLUSIONS, COUNSELING IMPLICATIONS, LIMITATIONS, FUTURE RESEARCH**

### **Introduction**

This chapter begins with a discussion of conclusions gleaned from eight common themes. Counseling implications, future research possibilities, and limitations follow. A summary conclusion is furnished and a content summary completes this chapter.

### **Conclusions Gleaned from Common Theme One**

The major premise derived from common theme one is: all participants lacked aspects of *Christian spirituality* which, literature reports, serve as buffers, resiliencies and protective elements against forming relationships and engaging in behaviors that promote and support habitual abuse of alcohol. These aspects may have served as safeguards from engaging in relationships and behaviors that esteemed and reinforced habitual alcohol abuse and sin-related behaviors; which resulted in dependence.

Twenty of the twenty-two parents of the participants did not actively invest themselves or encourage their engagement in any private or corporate aspects of *Christian spirituality*. The participants stated that their parents did not encourage or compel them to become active in participation and cultivation of spiritual relationships, affiliations or activities which may have provided safeguards against alcohol abuse; while providing them with positive spiritual guidance and direction.

## **Influence of Treatment**

All of the participants stated that they now have buffers, resiliencies, and protective elements through the phenomenon of *Christian spirituality* that they experienced and developed during treatment at northeastern. They stated that the essence of the phenomenon of *Christian spirituality* is the divine-human relationship experienced through authentic regeneration.

The participants stated that they were effectively taught through Christ-like discipleship how to overcome and maintain an alcohol free lifestyle. They were taught that the means of accomplishing this goal was through consistent cultivation of their divine-human relationship through exercise of private and corporate Spiritual Disciplines; and practical application of the fruit of the Holy Spirit and Christian virtues.

All of the participants reported that their parents did not address their alcohol abuse or provide verbal or physical discipline related to their behavior while they were growing up. Bartkowski et al. (n.d.) report that conservative evangelical parents prioritize the value of childhood obedience over childhood autonomy. Physical discipline is defined as,

...a demonstration of love and concern for the psychological, social and spiritual well-being of youngsters...evangelicals see the nature of children as a product of willfulness and tenderness, physical discipline is encouraged 'to shape the will' while regular displays of affection and support are urged to 'build the spirit.' Thus, careful use of physical discipline, and admonitions against yelling and open emotional expression directed at children are seen as complementary-not contradictory-parenting tools among evangelical caregivers...existing evidence suggests that evangelical parenting yield positive benefits for children raised in such homes. (pp. 1, 2)

Research demonstrates that parental modeling of consistent behavior patterns of engagement in evangelical Christian teachings and exercising private and corporate



Spiritual Disciplines directly exposes children to these experiences in a secure environment. These lifestyle behavior patterns provide protective elements against children and adolescents forming relationships and behavior patterns which encourage alcohol use and abuse.

Literature demonstrates that to be most effective, parental lifestyle engagement patterns in aspects of *Christian spirituality* must be congruent with Scriptural parenting; such as consistent nurturing, loving engagement and appropriate physical affection. Parents must also maintain consistent discipline and monitoring of child, adolescent, and teenage behaviors; along with acceptance and forgiveness (Barnes, 1994; Bartowski et. al.; Birch et. al. 2009; Bonnie & O’Connell, 2004; Dollahite & Thatcher, 2005; Dye, 2011; Fortuna et.al., 2011; Harmer, 2012; Holmes, 2003; Houskamp et al., 2004; Koenig et al., 1994; Pargament, 2002; Rosenberg & Wilcox, 2006; States, 2001; Wilcox, 2004).

### **Conclusions Gleaned from Common Theme Two**

The major premise derived from common theme two is that Christ-like role models and their personal kindness impacted the participants who were struggling with alcohol dependence. All participants testified that interaction with these individuals helped them to develop hope that personal change was possible.

All participants reported that through interaction with these Christians; they were encouraged to attend the Christ-centered program at northeastern. They said that they learned from them that the philosophy of northeastern was founded on Scriptural truth.

The participants stated that the love and acceptance they received through Christian family members, relatives, and other individuals helped them to overcome their fears and motivated them to choose to attend northeastern. They said that interactions with these Christians motivated them to enter Christ-centered treatment.

### **Influence of Treatment**

All the participants reported that that they were challenged to be sincere and to persevere in the program by their Christ-like role models' prayers and words of exhortation. The men stated that their fears and apprehensions dissipated as they wholeheartedly invested themselves in the program (Brock, 2002; Christian Drug Rehabilitation, 2012; CFT Recovery Program, 2012; Christian Residential Treatment Centers and Boarding Schools, 2010; Leffel, 2000).

### **Conclusions Gleaned from Common Theme Three**

The major premise derived from common theme three is: all participants recognized their need for salvation and regeneration. They learned that their sinful lifestyles were rebellion against God. They were taught that their choice to maintain a sinful lifestyle would culminate in God's judgment and condemnation. They learned that their sinfulness blinded them to God's gift of salvation and regeneration. They were taught that regeneration would reconcile them to God and make His resources to overcome sin available.

All the participants chose to respond to God's amazing grace and the Holy Spirit's conviction of them as sinners. They said that they humbly cried out to God to receive His gift by faith. They reported that regeneration empowered them to use God's

resources to overcome alcohol dependence and maintain an alcohol free lifestyle during and after treatment.

The Bible conceives salvation as the redemptive renewal of man on the basis of a restored relationship with God in Christ, and presents it as involving ‘a radical and complete transformation wrought in the soul (Rom. 12:2; Eph. 4:23) by God the Holy Spirit (Titus 3:5; Eph. 4:24),’ ...Regeneration, or new birth, is an inner re-creating of fallen human nature by the gracious sovereign action of the Holy Spirit. (John 3:5-8. Harrison, 1979, p. 440)

### **Influence of Treatment**

All of the participants stated that they were taught through the study of Scripture that they were responsible to God for all aspects of their lives; including their unspoken thoughts and attitudes that motivate their behavior. They shared that they learned that their alcohol dependence was just one result of egocentric sinful choices and behaviors.

All of the participants stated that their habitual abuse of alcohol had significantly contributed to the decimation of their relationships; devastating their lives. They explained that their habitually sinful lifestyles reinforced their proclivity toward sin.

The participants said that they experienced the Holy Spirit’s conviction of their sin and awareness of their alienation from God. They stated that their sinful thoughts, attitudes, and behaviors tormented them with guilt, fear of God’s eternal punishment, and contrition.

*Contrition* and *attrition* are both theological terms. *Contrition* is sincere sorrow for sin, wrong-doing, or offense, especially as arising from a sense of the baseness of sin and of God’s loving mercy; *attrition* is sorrow or repentance for sin arising from fear of punishment. (Fernald, 1947, p. 363)

All of the participants noted that they learned that God’s divine resources were available to them to effect positive lifestyle changes through salvation and regeneration.

The participants shared that they chose to confess and repent of their sinful lifestyles and prayed to experience salvation and regeneration by God through grace by faith.

Those participants who had experienced salvation and regeneration previously, but had failed to cultivate their divine-human relationship, said that they confessed and repented of their sinfulness and asked for His grace to restore them to intimate fellowship. They shared that they experienced reconciliation to fellowship with God in the context of His grace. They committed themselves to cultivating an authentic divine-human relationship through consistent exercise of the Spiritual Disciplines and diligent application of the fruit of the Holy Spirit and Christian virtues (Backus, 1987; Brock, 2002; Buddy, 2012; Chafer, 1974; Collins, 1998; Douglas, 1994, 1982; Fear, 2007; Graham, 2006; Hardman, 1980; Harrison, 1979; Leffel, 2000; Martin, 1990; McClintock & Strong, 1981; Narramore, 2002; SAMHSA, HHS, 2010; Simpson, 2009; Stanley, 1998; Unger, 1980; VanVonderen, 2004; Welch, 2001).

#### **Conclusions Gleaned from Common Theme Four**

The major premise derived from common theme four is: all participants acknowledged that as regenerated children of God; they are engaged in a life-long battle between their new spiritual nature indwelt by the Holy Spirit and their old sinful nature; which entices them to sin. All participants resonated, through painful personal experience, that they must remain vigilant in living a Holy Spirit dependent lifestyle based fully upon God's amazing grace in order to experience victory over the lusts of the flesh, their old sinful nature and the temptations from the devil. They stated that this was the essence of the "Victorious Christian Life."

All the participants were taught that victory over their old sinful nature and the devil's temptations is always possible through the "Exchanged Life." They learned that Jesus is living in and through them; empowering them to overcome all internal and external temptations to sin. The participants stated that they were taught in treatment and personally experienced their need to respond to the Holy Spirit's inspiration and power.

The participants said that they learned that they needed to exercise Spiritual Disciplines and diligently apply the fruit of the Holy Spirit and Christian virtues. They were taught that this is the practical means of "walking in the Spirit" and actively "mortifying" their old sinful nature (Fear, 2007; Trumbull, 2007).

Each man delineated specific Spiritual Disciplines and aspects of *Christian spirituality* that he finds most effective. They shared that their unique preferences are all based on three common Spiritual Disciplines: various elements of engagement with Scripture; various forms of prayer; and meditation and contemplation, which is related to both Scripture and prayer.

### **Influence of Treatment**

The participants explained that they learned in treatment that exercising these Spiritual Disciplines is their human response to the Holy Spirit's inspiration. They said that it is God's chosen method through which He divinely inspires and empowers them to experience a meaningful, alcohol free lifestyle.

All participants said that they learned about the "Victorious Christian Life" and the "Exchanged Life" in group classes at northeastern. They shared that they were taught

how to keep a journal related to their thoughts, prayers, hopes, dreams, and feelings regarding their divine-human relationship and personal experiences.

These men shared that the following aspects of *Christian spirituality* were taught in treatment: the necessity of consistently cultivating their divine-human relationship; being single-hearted and wholehearted in this relationship; total surrender to God; how to deal with the devil's temptations; denying the desires of old sinful nature; resisting temptation to sin, which includes alcohol and all dependencies; submission to God as a living sacrifice; being a living temple of the Holy Spirit; sincere confession and repentance; accountability to God and to others for one's choices and behaviors; private and corporate Spiritual Disciplines; the importance of active engagement in a local Scripturally based church; openness to hearing God's voice in prayer and truth in Scripture; the essentials of authentic Christianity; living out one's faith; intimacy with Jesus as Lord and Savior; seeking contentment in the divine-human relationship; God's promises in Scripture; Bible prophecy; how to apply Scripture to daily life; dealing with one's emotions; accepting God's total forgiveness; forgiving oneself and forgiving others; how to deal with relapse into sin; how to encourage oneself and others to persevere in one's faith journey; and how to identify with Jesus and inviting Him to live His life through them daily (Calhoun, 2005; Chafer, 1974; Charnock, 1980; Fear, 2007; Foster, 1978; Laymon, 1971; Pfeiffer & Harrison, 1987; Unger, 1980).

### **Conclusions Gleaned from Common Theme Five**

The major premise derived from common theme five is: all participants reported that consistent exercise of variations of three Spiritual Disciplines: engagement in

Scripture; prayer; and meditation and contemplation were the cognitive components of cultivating their divine-human relationship. They learned that diligent application of the fruit of the Holy Spirit and Christian virtues are the behavioral components of cultivating their divine-human relationship.

The participants were taught in Scripture that diligently exercising the fruit of the Holy Spirit fulfills God's will; while "mortifying" their old sinful nature. They learned that the diligent application of Christian virtues strengthens their faith; while making them useful and productive in God's kingdom and safeguarding them from relapse (Fear, 2007; Trumbull, 2007).

### **Influence of Treatment**

All the participants shared that they experience intimate communion with God through these Spiritual Disciplines in humble obedience to God's command to seek Him. They testified that diligent application of the fruit of the Holy Spirit and Christian virtues are practical expressions of "living faith" and of "The Victorious Christian Life" and "The Exchanged Life;" which were repeatedly emphasized during treatment. They stated that diligent exercise of these aspects of *Christian spirituality* guaranteed them continual fruitfulness in their lives and was a safeguard against relapse (Aumann, 1985; Calhoun, 2005; Chafer, 1974; Fear, 2007; Foster, 1978; Hardman, 1980; McClintock & Strong, 1981; Narramore, 2002; Trumbull, 2007; VanVonderen, 2004; Welch, 1998).

### **Conclusions Gleaned from Common Theme Six**

The sixth common theme shared by all participants consists of two factors; the first comprises the participants' relapse from active cultivation of their divine-human

relationship and concurrent return to their former sinful relationship with alcohol. The second factor consists of the two aspects of *Christian spirituality*, sincere confession and repentance, which the participants used in order to restore their divine-human relationship and to reestablish their alcohol free lifestyle.

The major premise derived from common theme six is: all participants shared that consistent neglect in the cultivation of the divine-human relationship or maintaining daily intimacy with God through consistent exercise of private and corporate Spiritual Disciplines and diligent application of the fruit of the Holy Spirit and Christian virtues generally results in the loss of spiritual insight and potential relapse into the bondage of sin (i.e., alcohol dependence).

### **Influence of Treatment**

The participants learned that Christians sin whenever they fail to avail themselves to God's grace and capitulate to their old sinful nature or to the devil's enticement. This theme addresses a different state. It is a state of rebellion against God. This is a sinful choice that alienates the participant from intimate fellowship with God and His divine resources. This sinful rebellion consists of the rejection of God and the return to sinful behavior patterns, such as habitual alcohol abuse as a chosen lifestyle.

This sinful lifestyle denies the Holy Spirit's daily opportunity to spiritually fortify the participants; by renewing their minds; transforming their hearts; and receiving His continual supernatural resources and inspiration to diligently apply the fruit of the Spirit and Christian virtues (Fear, 2007; Trumbull, 2007).

...If a believer does not develop these characteristics he is 'blind' (*tuphlos*, sightless, or partly so) and 'cannot see afar off' (*muopazon*, blink when a light is



too bright). In ancient Greek literature (*muopazon* was used for a nearsighted man. The nearsighted person who lacks these things 'hath forgotten' (*lethen*, willfully forgotten) that he was 'purged' (*katharismou*, cleansed, purified) of the sins he committed prior to his conversion. If he would look back to the life of sin from which he was delivered, and look ahead to the eternal blessings God has promised, he would see the great advantage of developing his Christian character to the fullest extent possible. (Gilbrant, 1986, p. 325)

All participants were taught during treatment that God is merciful and continuously calls all "prodigal sons" to come return home to the intimate fellowship that Jesus secured for them through His atonement. All the participants stated that through treatment they learned that Jesus' nail-scarred hands are always extended to the deepest cavern of hell to restore them to Himself. They learned that their response to God's amazing grace is possible through sincere confession and repentance (Fear, 2007).

Chafer (1974) said,

*...the Christian's sin is forgiven, not on the ground of believing unto salvation, but on the ground of confessing the sin (1John 1:9). The effect of the Christian's sin, among other things, is the loss of fellowship with the Father and the Son and the grieving of the indwelling Spirit. The child of God who has sinned will be restored to fellowship, joy, blessing, and power when he confesses his sin. (p. 186)*

Participants shared that after reconciliation occurs they experience gratitude for God's longsuffering, forbearance, and forgiveness through His unending stream of amazing grace. They said that this experience motivates them to esteem intimacy with God as their highest priority and privilege in life. The participants cited this as their motivation to remain vigilant in consistent exercise of Spiritual Disciplines.

Participants shared that they learned that they must invite Jesus to live His life through them; submitting themselves to His will in all choices and behaviors. They

associate engagement in their divine-human relationship with their divine empowerment to maintain an alcohol free lifestyle and avoid sin.

Narramore (2002) explains,

...Jesus has once and for all paid the penalty for our sins and that the agony of that payment calls us to face directly the fact that our entire nature tends to be at enmity with God and that we need a continual awareness of Christ's presence in our lives. This goes much deeper than confession to remove guilt feelings. It is a true repentance involving godly sorrow and a significant change of mind. (p. 156)

### **Conclusions Gleaned from Common Theme Seven**

The major premise derived from common theme seven is: all participants stated that they learned in treatment through various aspects of *Christian spirituality* that the desire to serve others rather than themselves was a natural fruit of the cultivation of their divine-human relationship. They explained that through practical discipleship northeastern used a philosophy of education to progressively communicate this element of a Christian mindset and worldview.

### **Influence of Treatment**

All the participants testified that they were taught that the fruit of the Holy Spirit and the Christian virtues are generated by the indwelling Holy Spirit. It is one method of God's progressive sanctification, beginning in treatment, through work assignments.

All participants stated that they learned in treatment that Christ came as a servant and desires to manifest Himself through their lives in the same manner. They learned during treatment that their former fear of failure at work was removed because God is

the giver of all their abilities; therefore they can freely use these God-given abilities to serve others and glorify God with a thankful heart.

All participants were taught that they are always eternally loved and accepted by God. Therefore, they are motivated to give their best with a grateful heart because they are freed from the stress of trying to gain love, approval and acceptance by personal performance. They said that they are now free from the stress of competing with others because they learned that everyone is equally precious in God's eyes as a son of God.

All the participants learned in treatment that they are no longer working in their own strength according to their human abilities. They learned and experienced personally that they are indwelt by the Holy Spirit and therefore never alone; empowered by Him to accomplish His will by trusting wholeheartedly in His wisdom.

All the participants learned during treatment that as they obey God and wholeheartedly seek Him and His kingdom first in their lives; He promises to provide all of their needs. They learned that they are free to enjoy working because, as a child of God doing His work, their work has eternal value.

All the participants stated that that assimilation of the Christian work ethic during treatment has equipped them to confidently return to work in the world after treatment. The participants noted that through the daily work assignments the opportunity to apply Scripture practically began with an emulation of Christ's attitude and example of servanthood. They noted that in the course of treatment their hearts were transformed; which resulted in assimilating an inherent desire to serve God and others as a lifestyle.

## **Conclusions Gleaned from Common Theme Eight**

The major premise derived from common theme eight is: all participants testified that experiencing a healthy Christian life is accomplished by cultivating a dependent relationship with God and interdependent relationships with others in the body of Christ. They learned that relationship with God and with others are intrinsic elements associated with their maintenance of an alcohol free lifestyle after completing treatment.

### **Influence of Treatment**

All participants identified their divine-human relationship as the foundation of the phenomenon of *Christian spirituality* upon which all other aspects are built. They learned that after cultivation of their divine-human relationship they need to focus on developing Christ-like characteristics in all their human relationships and interactions.

All the participants reported that they learned that God chose the exercise of consistent corporate Spiritual Disciplines and diligent application of the fruit of the Holy Spirit and Christian virtues as the means of developing godly relationships. They were taught that the indwelling Holy Spirit inspires and empowers them to wholeheartedly apply the Christian virtues in all their interactions.

The participants learned that the indwelling Holy Spirit manifests Jesus' character through Christians in His spiritual body. The men learned in Scripture that God promised to make their Christian lives fruitful and to keep them from relapsing if they diligently applied the fruit of the Holy Spirit and Christian virtues. Gibrant (1986) said,

...the *fruit* of the Spirit is the result of the Spirit's work...(*agape*), self-giving, self-sacrificing love which has its source in Christ's self-giving love resulting in man's salvation (1 Corinthians 13:13). The result of love is 'joy' and 'peace,' grounded in the believer's grace relationship with God (Romans 14:17;

15:13)...‘long-suffering’ or patience, the quality of being long tempered, especially when others may seek to provoke the Christian. ‘Gentleness’ in the original has the meaning of ‘kindness.’...‘goodness’ with special reference to generosity...*pistis*, ‘faith,’ which in Paul’s usage may be translated as ‘faithfulness,’ especially referring to one’s relationship with others. In modern English the quality of ‘meekness’ is best expressed with ‘gentleness’ in dealing with others...‘temperance’ is best expressed as ‘self-control’ of human desires. All of these virtues are the result of the Spirit’s work...All of the above are the fruits of Christ’s redemptive work. Paul wrote that all who belong to Christ ‘have crucified the flesh with the affections (*pathemasin*, ‘sinful desires’) and lusts (*epithumais*, ‘passions’)’...Through His crucifixion and death on the cross He paid the awesome penalty of man’s sin. (p. 83)

Northeastern’s discipleship consisted of a symbiotic, complementary relationship between these elements: classroom instruction; observation of northeastern staff; emulation of Christ-like characteristics through consistent exercise of private and corporate Spiritual Disciplines; and diligent exercise of the fruit of the Holy Spirit and Christian virtues during work assignments under staff supervision.

The Holy Spirit empowered the participants to experience assimilation of Christ-like characteristics through progressive sanctification within the context of the divine human relationship. They explained that they were also taught that God supernaturally commanded the participants to diligently apply the fruit of the Holy Spirit and Christian virtues as a behavioral element of discipleship.

Gilbrant (1986) described God’s guarantee of sustained fruitfulness and the safeguard from falling in Peter 1:5-8. He said,

**1:5.** Spiritual life either grows or dies. Believers should not be content to hold their ‘faith’ (*pistis*, belief, assurance, persuasion, as in verse 1) but should ‘add’ (*epichoregesate*, amply furnish, contribute nourishment) to it with wholehearted ‘diligence’ (*spouden*, carefulness, intense effort). Peter listed seven supplements needed to round out the believer’s faith. Two affect the believer’s relationship to God (knowledge, godliness) and five affect his relationship to other people (virtue, temperance, patience, brotherly kindness, love). ‘Virtue’ here is not *dunamis*, the miracle-working power that went out of Jesus (Mark 5:30; Luke

6:19; 8:46). It is *areten*, meaning valor, holy excellence, moral power; as in Philippians 4:8, 'If there be any virtue...think on these things.' The word translated 'knowledge' is *gnosin*, meaning awareness, intelligent insight; as in John 15:15, 'All things that I have heard of my Father I have made know unto you.' As the believer opens his being to the Spirit and the Word, he begins to see truth in its proper perspective. **1:6.** 'Temperance' (*enkrateian*; cf. Galatians 5:23) relates to the believer's entire life-style, not just drinking. It means self-control, mastery over one's temper, and over all physical appetites. It is the exact opposite of the self-expression and self-indulgence so prevalent in the world. 'Patience' (*hupomonen*) is not a quiet resignation to one's fate; it is a heroic perseverance in serving Christ in spite of opposition, as in James 1;3, 'The trying of your faith worketh patience.' 'Godliness' (*eusebeian*; cf. I Timothy 6:11) speaks of piety, devoutness, holiness. Peter had informed the believers that by the new birth they had become partakers of the divine nature; next he showed them how to develop divine character. It means adding those traits which reflect the presence of Christ in our lives. **1:7.** 'Brotherly kindness' (*philadelphian*) is fraternal affection, fondness for a brother or sister in Christ; 'Charity' (*agapen*) is a wider and deeper love. The latter is the kind that enables the believer to love his enemies (Matthew 5:44). The believer is to love others not because he likes them but because they need his love. It is volitional rather than emotional, a love that operates by deliberate choice. It is Calvary love (John 3:16), the love pictured in 1 Corinthians 13:4-7. Believers are to extend to others the kind of love God has shown to them. **1:8.** Peter indicated the characteristics he enumerated in verses 5-7 should be in them and 'abound' (*pleonazonta*, increase exceedingly, overflow). This speaks of the Spirit-filled life which is an overflowing kind, spilling over so others are blessed. It also speaks of Christian character which is formed by developing all these qualities until they are ingrained in one's life. The believer's Christian character is either strong or weak depending on the extent to which he cooperates with the Holy Spirit in developing these qualities in his life. The goal is to be neither 'barren' (*argous*, useless, ineffective) nor 'unfruitful' (*akarpous*, unproductive). Believers' 'knowledge' (*epignosion*, intimate acquaintance, full discernment) of Christ should make them active in serving Him, and if they possess these qualities their service will be effective and fruitful. (pp. 323, 325)

The participants stated that they grew spiritually by diligent application of the fruit of the Spirit and Christian virtues as a lifestyle. They said that God's resources empowered them to grow in a practical knowledge of Him, resist their old sinful nature and maintain an alcohol free lifestyle.

## Counseling Implications

A paradigm for counseling in concert with William Raws' evangelical theological model of *Christian spirituality* as modeled at northeastern would be Christian Cognitive Behavioral Therapy (CCBT) and The Healing Cycle; a Christian model for group therapy. These are evangelical counseling models that are based upon adherence to the high standard of the inerrancy of Scripture and incorporate individual and continuing group support.

The phenomenon of *Christian spirituality* in alcohol dependence treatment embraces a unique, innovative Christian cognitive-behavioral modality of treatment (Hawkins et al, 1999; Straub & Sibcy, 2008; Tan, 1996). This philosophy embraces an evangelical biblical paradigm ([northeastern, 2008]; Parsec, 2007; Refuge Ranch, 2007; Salvation Army, n.d.; Teen Challenge, 2007).

An intimate divine-human relationship is the essence of *Christian spirituality*. It begins with salvation and regeneration. This empowerment is effected by the indwelling Holy Spirit; Who is received at salvation. The fruit of the Holy Spirit enables self-control and consecration of oneself through wholehearted surrender and submission to God's will for God's glory (Backus, 1987; Ellison, 1994; Friends in Recovery, 1994; Hurding, 1985; White 1998).

Hawkins et al (1999) stated, "Holistic conceptions of healthy personality and functioning theorize that spiritual and psychological well-being and wholeness are interconnected...CBT has been shown to be a very useful model with Christian clients..." (p. 1). Primary distinctive elements of Christian Cognitive Behavioral Therapy (CCBT) embrace Scripture as the foundation and basis for truth, worldview,

mindset and finding one's wholeness through a personal, intimate divine-human relationship.

Christian cognitive techniques include many variations taught at northeastern, such as: Scripture memorization; contemplative worship; and various forms of prayer between client and counselor (Hawkins et al, 1999, pp. 7, 8). The implications for CCBT are applicable for all Christian counseling environments.

Christian Cognitive Behavioral Therapy (CCBT) is ideal for pastoral Christian counseling because cultivation and maintenance of the counselee's divine-human relationship is based upon consistent exercise of private and corporate Spiritual Disciplines and aspects of *Christian spirituality*. The philosophy of treatment at northeastern is aligned with the proposed model advocated by Clinton, Ohlschlager, and Camper (2006). Hawkins et al (1999) said,

The goal here is to meld an eclectic, attachment based, Christian cognitive therapy on the left hand with inner healing and spiritual formation strategies on the right-facilitating with as many clients and parishioners as will allow, *a genuine healing and transformative encounter with the living God that will be carried on unto maturity and completed sanctification.* (p. 9)

Clinton et al. (2006) capture the intrinsic element that transforms the mindset, worldview and basic personality of the participant in treatment. They explained that knowledge of God without experiencing an intimate divine-human relationship is insufficient to gain victory over sin and healing. They said,

Much Christian counseling is now done as an eclectic variant of cognitive-behavioral therapy...Assessing and renouncing faulty thinking-exposing the 'lies' we still live by after regeneration and exchanging them with the truths of Scripture is a central method of numerous models of Christian therapy...most pastors and clinicians have encountered Christians who, after years of Bible study and growth in truth by the scriptures, are still stuck, still oppressed...this has nothing to do with the limits of salvation or the 'need for' something more than



the Bible-the Scriptures are complete in themselves, revealing everything that we need in principle or in propositional detail. Life-giving therapy becomes a matter of translating the truth from a proposition to an encounter-oftentimes a series of life-changing encounters-with the living God. When Christians reach the limits of their knowledge about God, they must be helped to overcome this fear, to strengthen a trembling faith and be enabled to step into the realm of knowing God as He is-knowing Him experientially by a transforming relational encounter. (pp. 9, 10)

McMinn and Campbell (2007) capture foundational aspects of *Christian*

*spirituality* taught at northeastern. They said,

None of us can reach God, even with our noblest efforts, but Jesus graciously restores us to God, not because any of us deserves it but because of the grace of God, fully revealed in Jesus. The apostle Paul writes that *Jesus 'has brought you into the very presence of God, and you are holy and blameless as you stand before Him without a single fault'* (Colossians 1:22). If we want to experience the most abundant life and the healing power of relationship that comes from it, we must first experience the love of Christ. (emphasis mine; Clinton et al., 2006, p. 10)

Northeastern's treatment philosophy teaches that holistic health related to *Christian spirituality* involves mental, emotional, and physical well-being. This process necessitates active social engagement in the body of Christ; which is the church. Pastoral counseling and Christian counseling address individual needs of Christians seeking holistic treatment for individual Christian growth and healing.

Pastoral counseling facilitates incorporation of the Christian who desires to become an active member of a Bible-believing Christian church or faith community. Christian counselors would have the same ability to address needs of counsees and would develop a working knowledge of area churches that they would provide as a resource to their counsees as a support structure. Counsees would be encouraged to become actively engaged in the life of this faith community and a contributing member of a church family. Entwistle (2009) said,

Christianity (and most other major religions) are not primarily designed to bring about personal satisfaction and fulfillment. Rather the focus of Christianity (and most other major religions) is on transforming people into the kinds of persons and communities that the religious system says they should be. This in turn, may have significant personal and interpersonal benefits, but such benefits is not the over arching aim of the religious system. (p. 4)

Northeastern embraces this idea and its philosophy of treatment is in concert with it. Their philosophy of treatment is based upon Scriptural truth. They believe that experiencing a divine-human relationship through salvation and regeneration with Jesus Christ as the Lord of all aspects of one's life is the sublime need of humanity.

Northeastern exists to treat a devastating fruit of sin. The major focus is on men who, through willful choice, have habitually engaged in behavior patterns of alcohol abuse, which culminated in alcohol dependency. The phenomenon of the aspects of *Christian spirituality* effects a transformation of the essence of one's being from being dead in sin and alienated from God to being a new creation in Jesus and in intimate relationship with Him.

Northeastern teaches that one of the benefits of experiencing salvation and regeneration is becoming a new creation, with a new mindset and worldview. The exercising of Spiritual Disciplines cultivates an intimate divine-human relationship.

This relationship provides access to divine resources, which enables one to overcome and maintain an alcohol free lifestyle. Cultivation of an intimate divine-human relationship through regeneration displaces one's former relationship with alcohol; which led to the physical and psychological bondage of dependence.

Narramore (2002) said,

The Bible sees the process of regeneration as so important that we are labeled new creatures...a fundamental change has taken place that can begin to effect major

alterations in the personality...we acknowledge our sinfulness and separation from God and our inability to close either the gap between ourselves and God or between the people we are and what we aspire to be. This lays a foundation for a radical change that can effect the total personality and especially feelings of guilt. (p. 294)

### **The Philosophy of CCBT Treatment at [northeastern]**

Treatment philosophy at northeastern provides a rich resource for all evangelical Christian counseling modalities. The foundational principle for counseling at northeastern is uniquely Christ-centered in its major premise and supraculturally universal in its application to evangelical Christians worldwide.

The foundation of treatment is founded upon,

*...a life of sustained fellowship with God, victory over sin, and power in service through Christ as Saviour, Lord, and Life, and God's call to all as missionary Christians to share this with others to the uttermost part of the earth.* (Raws, n.d., p. 1)

The following is a brief summary of its founder's application of the message of "The Victorious Christian Life," which is the foundation for the phenomenon of *Christian spirituality* taught during treatment at northeastern. It was compiled in a condensed version by his great, great grandson, Reverend William Raws.

Northeastern teaches aspects of *Christian spirituality* that are grounded in sanctification. Hackney (2010) uses Hoekema's definition of sanctification. He said,

...sanctification as 'that gracious operation of the Holy Spirit, involving our responsible participation, by which He delivers us as justified sinners from the pollution of sin, renews our entire nature according to the image of God and enables us to live lives that are pleasing to Him.' (Hoekema, 1987, p. 61; as cited by Hackney, p. 2)

The major tenet of this premise is that the Christian life is impossible for anyone to live but Jesus Christ, Himself. He established the standard during his incarnation. His

obedience in thought, word and deed was tested. Raws (n.d.) said, “He was totally free from sin (Heb. 4:15, 2 Cor. 5:21, I John 3:5). His character is to be formed in each believer by the Holy Spirit...the fruit of the Spirit, these virtues result from the filling of the Holy Spirit (Eph. 5: 18, Gal 5:22, 23).” He alone lived a perfect victorious life over sin through His sustained fellowship with God the Father and the Holy Spirit (pp. 2, 3).

“If you have received Him as your Savior, He actually lives in you (Gal. 2:20). Jesus not only lives in you but He wants to live His life through you...*victorious*” (Raws, n.d., pp. 2, 3). He noted that the life Jesus wants to live in us is the same life that He lived on earth and lives in heaven; a life of victory over sin. Raws said,

In some cases, life-dominating sins and addictions seem to have retained their hold. Does the experience of failure and frustration mean that the biblical teaching concerning the indwelling life of Jesus is not true? If it is true, why, isn't it true for every believer? (p. 3)

Raws (n.d.) states that the first part of responsibility is God's part in order to empower the believer to experience a lifestyle of victory over sin and alcohol dependence. He said,

The first is God's part. The key element is *provision*. God has already made full provision for a life of fulness and victory for every true Christian. There is nothing more that He needs to do in securing such a life for you and me. The victorious One stands ready to demonstrate this life in our experience. (John 10:10, Phil. 2:13, 2 Cor. 2:14, Rom. 8:37; p. 3)

Raws (n.d.) said,

The second area of consideration is our part. The key element is *appropriation*, laying hold on what has been provided for us. How do we do this? The Apostle Paul gives the answer in Romans 6:1-13. The solution is built on three action words: *know*, *reckon* (count yourselves – NIV), and *yield*. Our responsibility is to know that we are identified in the death of Christ on the cross and in His resurrection. This means that His death for sin is credited to us, and we are dead to sin. We are therefore freed from sin as a ruling force in our lives. His resurrection is also credited to us, and we live with Him. (p. 4)

Raws described the significance of these three words. Raws (n.d.) said,

Knowing these facts will not automatically result in victorious living. We must count or *reckon* upon them to be personally true. Faith is an essential element, and it rests on the facts. The third critical responsibility is to *yield* or offer ourselves. This is closely associated with reckoning. Discovering that in God's sight we have died to the domination of sin, we must count it to be true and then *yield* ourselves in surrender to the One who transfers this provision into living reality. It often begins with a major transaction of yielding when a person turns over the life to the Lordship of Christ. (Romans 12: 1-2,) but this must be continued in a life of submission. (pp. 3, 4)

Raws explains the idea of his purpose statement. He said,

'a sustained life of fellowship.' One of the clearest is our Lord's teaching on the vine and branches relationship (John 15:1-11). Using this metaphor, Jesus declared the basis of sustained fellowship between Himself and His disciples—the relationship between the vine and the branches, i.e. *union*. Stemming from this union is a continuing process- *communion*. Essential to the understanding of these truths is the realization that Jesus is the vine, not just the trunk. He's the whole thing. As His disciples, we attain significance through our continuance, abiding or remaining in vital union with the Lord. The evidence of this communion is the fruit produced. As the vine-life is permitted to have unrestricted flow into the branch, it produces fruit. The branch cannot produce the fruit-it bears it. Perhaps the most precise identification of the fruit is found in Gal. 5:22-23. As previously stated, this nine-flavored fruit is a concise description of the character of Jesus Christ. (pp. 4, 5)

Raws (n.d.) explained that maintaining fellowship or communion with God is the believer's responsibility; he does not assume a "totally" passive role. He said,

Jesus used the imperative form of the word *abide* or *remain* (John 15:4). This indicates our responsibility to do certain things in order to maintain communion. In this chapter and other portions of John's writings there is a clarification of what is required (v.9-obey, 1 John 1:7 – walk in the light, 1 John 1:9 - confess our sins). Second, the ultimate purpose of this spiritual fruit is not for our enjoyment but for God's glory (John 15: 8). A sense of personal satisfaction will be a by-product. (Raws, p. 5)

Raws went on to describe the spiritual battle that rages throughout the Christian's life. He delineates our enemy, our old sinful nature, the world, and the devil. He said,

Both the Word of God and our experience tell us that the Christian life involves a battle. It is therefore essential that the teaching in the Bible on God's provision for victory be made clear...Three enemies are arrayed against the Christian: the world system, the flesh nature, and the devil. Essentially, the devil's role is to orchestrate the tactics which are designed to lure the believer into disobedience to God. He works through the attractions and enticements of the world system (the culture-1 John 2:15) which stimulates the lusts of the flesh, (Gal. 5:17). The genealogy of sin is traced by James as beginning with personal desire which is drawn away from God's will and enticed to be married to disobedience which produces sin (James 1:14-15). (Raws, n.d., pp. 5, 6)

Raws (n.d.) said,

It is God's purpose for every believer that he be an overcomer—a victor rather than a victim in this battle with sin (1 John 5:4-5, 2 Cor.2:14). Since the Holy Spirit is present in the life of all believers, the overcoming power is resident and available. However, He does not force victory on anyone. It results from yielding to His lordship (2 Cor. 3:17, Rom. 8:13) and then appropriating His power. Paul terms this the filling of the Spirit (Eph. 5:18). This filling is not quantitative but qualitative. It refers to the Spirit possessing the control centers of our lives, just as wine affects the control centers of the body. In addition, this filling work of the Spirit is to be a continuing process. It is maintained in the believer as he meets the conditions set forth in the Bible –‘Grieve not the Spirit’ (Eph. 4:30), ‘Quench not the Spirit’ (1 Thess. 5:19), and ‘Walk in the Spirit’ (Gal. 5:16). The first has to do with the need for immediate confession of sin. The second pertains to yielding to the will of the Spirit. The third relates to walking by faith in dependence upon the Spirit. As these conditions are met, the Christian is Spirit filled. When the conditions are violated, filling can only be restored by renewing the process of conforming to the conditions...A life of overcoming must ultimately become a life of overflowing (John 4:14, 7:37-38). Obedience to the great commission of our Lord is a vital component of the truly victorious life. When believers surrender their lives to the lordship of Christ and submit to the Holy Spirit, service results. They become involved in one way or another with the program of God in reaching the lost. (p. 6)

Raws' philosophy of *Christian spirituality* as the foundation of treatment is congruent with CCBT models of treatment that embrace the divine inspiration of Scripture. Garzon (2009) summarizes Anderson's modality of treatment as reflected in his writing (i.e., “Victory over the Darkness” revised 2000a” and “The Bondage Breaker” revised 2000b) as a means of gaining victory over sin; including alcohol dependence.

He exhorts the Christian to focus upon God's acceptance. He states that they should develop a positive self-concept through assimilating Jesus' love. He recommends using Scriptural truth to displace maladaptive cognitive distortions (p. 1).

Anderson incorporates some steps, "... similar to the historical prayer of examen (cf., Foster 1992, pp. 27-36)." These steps involve confession, renunciation, prayers of repentance, and utilization of sacred text passages from the Bible to affirm God's forgiveness and love (Garzon, 2009, p. 1).

The philosophy of treatment at northeastern is founded upon the phenomenon of aspects of *Christian spirituality* that are in concert with CCBT models. The treatment staff aspires to continually grow in their divine-human relationship and their knowledge of human behavior. They want to be used as instruments of God to effect freedom through Jesus in the hearts and lives of men that God sends to northeastern.

Clinton and Sibcy (2012) said,

The future belongs to helpers at every level who will press in closer to the heart of God and the knowledge of the holy, expand their understanding of human behavior, and the dynamic process of transformational change which leads to our freedom in Christ...(Galatians 5:1; 2012, p. 3)

The second major implication for counseling derived from Raws' treatment philosophy at northeastern involves the intrinsic element of group counseling and teaching sessions; which are primary aspects of treatment.

The Healing Cycle is a Christian model for group therapy. This model incorporates six steps that are based on the foundation of the phenomenon of aspects of *Christian spirituality* utilized at northeastern. Hook and Hook, (2010) said,

*Grace* The first step in the healing process is the experience of grace. Grace is foundational to the experience of Christian spirituality. The Christian doctrine of

grace teaches that God forgives humans of their sin and offers unmerited kindness and love to those who acknowledge their need for God (McMinn, Ruiz, Marx, Wright, & Gilbert, 2006; p.1)...*Safety* As group members begin to experience grace in the context of the group, they will begin to feel safe in their relationship with the group leader and with other group members...*Vulnerability* As group members begin to experience grace and feel safe in the group setting, the hope is that they will become increasingly vulnerable in sharing their experiences, thoughts and feelings. *Truth* As group members vulnerably share their experiences, thoughts, and feelings in a context of grace and safety, they will begin to discover truth about themselves or their situations. *Ownership* Ownership occurs when group members take responsibility for their truth and acknowledge their contribution to the cause or maintenance of their problems. *Confession* After group members have taken ownership of their problems, confession is an important next step in the healing process. Confession is the process of verbally acknowledging one's ownership of the problem. *Grace* After a group member works through the process of confession...group members will often respond to the confessor with grace. (pp. 1-6)

This model typifies the model of group sessions conducted at northeastern. It portrays the ambience of the church setting in which members would continually reach out to one another in Christ-like love, inspiration, encouragement and comfort.

Hodge (2011) said,

Alcoholism is a major social problem...Previous research has suggested that spiritually modified CBT may enhance at least four outcomes when used with clients who are spiritually motivated (Azhar & Varma, 2000; D'Souza & Rodrigo, 2004; Propst, 1996). These outcomes can be summarized as follows: faster recovery, enhanced treatment compliance, lower levels of relapse, and reduced treatment disparities. It is important to emphasize that all four of these outcomes will not necessarily be experienced by every client. Rather they represent potential outcomes that some spiritually engaged clients may experience. (p. 24)

### **Limitations**

This study is not a theological treatise on *Christian spirituality*. The focus is limited to the assessment of one model of *Christian spirituality* used as the primary philosophical underpinning of treatment for alcohol dependence. The meaning of



*Christian spirituality* in this study is limited to the operational definition provided in order to succinctly clarify the contextual focus of this research.

All definitions provided are operational rather than comprehensive to best fulfill research goals. Research literature supports the need for these operational definitions (i.e., spirituality, *Christian spirituality* in this study embraces all aspects associated with religiosity and religion related to both private and public expressions of faith and faith communities; Cook, 2004).

This study is comprised of a purposeful sample (nonprobability or convenience sample). The strategic design of purposeful sampling seeks to understand “information rich cases in their own right rather than generalize results to a population” (Isaac & Michael, 1997, p. 223). Purposeful sampling provides “...information-rich cases for study in-depth-cases from which one can learn most about issues central to the evaluation and needs of decision makers” (Isaac & Michael, 1997, p. 223).

Extreme or deviant case sampling is the specific type of purposeful sampling being utilized in this study. The strategic design of this type of sampling studies some extreme cases in a population “-those performing unusually well or poorly...The strategy ...aims straight at the most promising sources of useful information” (Isaac & Michael, 1997, p. 223).

Treatment programs that utilize the phenomenon of *Christian spirituality* as their primary modality of treatment for alcohol dependence are extremely rare. There is no standard of treatment for programs based on *Christian spirituality*. Each program is unique. This treatment facility is a privately designed and funded program. Therefore, the results of this study may not apply to other *Christian spirituality* programs.

Inductive phenomenology is concerned with capturing the rich understanding beneath the consciousness (the nature of ideas). This attempt is made possible through inductive study of contextual language provided by the subject who assigns meanings to his experiences during heuristic interviews. Required skills to accomplish these goals include forming a therapeutic bond through empathetic listening and observing; while communicating acceptance, respect, safety, and appreciation to each subject (Ruderstam & Newton, 2001, p. 44).

This study may be limited by the researcher's inability to capture all of the richness conveyed through those whose language, age, culture, and socio-economic background may differ from his own. However, a unique strength of the qualitative design is the researcher's privilege and responsibility to understand, acknowledge and share his or her own underlying values, assumptions and expectations (Ruderstam & Newton, 2001).

Another limitation is the collection of qualitative data through interviewing participants after a significant amount of time has lapsed from the actual occurrence of the experienced events. Additionally, this information has been gathered from the subjective view of interviewees in an artificial setting, in contrast to firsthand observations in a natural setting. The researcher's presence may influence biased responses and some participants may lack self-perception, have difficulty articulating facts, and feel uncomfortable exploring particular topics (Creswell, 2003). All of the participants in this study demonstrated an uncommon depth of self-perception, were gifted in articulation, and willingly discussed all aspects of their lives.

## Recommendations for Future Research

This study would be enriched if it were to become a longitudinal study covering the remainder of the participants' lives. These would be beneficial to study the relationship between the participants' active engagement in the cultivation of their divine-human relationship and its effect upon their ability to maintain an alcohol free lifestyle throughout their lives.

Adelson (2006) noted that the National Institute on Alcohol Abuse and Alcoholism (NIAAA) is conducting the largest longitudinal study in the United States on alcoholism and related conditions. She recorded that 43,000 people are being followed in this study and already new knowledge has been gleaned. She said,

One of the survey's most notable findings so far is that the problem drinking peaks at younger ages than researchers previously thought, with the highest prevalence among young adults ages 18 to 25...The numbers support Goldman's idea that alcohol dependence is a developmental disorder of the young. (p. 1)

Another consideration for future research would be to compare and contrast the effectiveness of the four distinct faith-based programs related to overcoming alcohol dependence and maintaining an alcohol free lifestyle. The areas of comparison and contrast would focus on the following factors: the efficacy of each program in relationship with the participants' ability to overcome alcohol dependence; the ability of the participants to maintain an alcohol free lifestyle after successfully completing treatment; the number of relapses participants experience; the duration of the participants' relapses; and the method of their recovery and reestablishment of an alcohol free lifestyle.

...the Working Group on Human Needs and Faith-Based and Community Initiatives (WGHN) defines four distinct faith based programs: (a) *faith-saturated* that involve explicit, extensive and mandatory religious content integrated throughout the activity, (b) *faith-centered* where explicit religious messages and activities are included but designed so that participants can opt out of them and still expect positive outcomes, (c) *faith-related* where no explicit religious messages/activities exist, although religious dialogue

may be available to participants who seek it, and (d) *faith-background* where no explicit religious content or materials are available (WGHN, 2002). Based upon these definitions, no descriptions of faith-saturated FBRPs that include explicit religious content and activities were found using current (2004-2010) databases: Academic Search Premier, CINAHL Plus with full text, Medline, and Health Source: Nursing/Academic Edition. This void severely limits the ability to adequately replicate and test FBRPs for usefulness. (Timmons, 2011, p. 159)

Northeastern is a faith-saturated program that utilizes explicit, extensive and mandatory *Christian spirituality* based upon Scriptural principles as its treatment foundation. Faith-Based Recovery Programs (FBRPs) that fall into this category appear to be extremely limited.

Timmons (2011) suggests that the evaluation criteria for FBRPs would base the “Description of the Program” upon the following elements: relevance to theory; qualifications of the interventionists; mode of delivery; setting and location; target population; preparation of the participants; and dose. She bases the levels of evidence upon the effectiveness, appropriateness and feasibility of the program (p. 160).

The preceding paragraph illustrates the dearth of evangelical treatment programs, along with the limited research presently being conducted on the effectiveness, feasibility, and appropriateness of explicit faith-saturated programs. This evaluation of northeastern will add to the present research on explicit evangelical faith-saturated treatment programs.

The possibility of studying the application of the philosophy of faith-saturated *Christian spirituality* as the foundation of treatment should be explored in relationship to treatment for addressing other dependent behavioral patterns (i.e., pornography, food, technology, obsessive thoughts and compulsive behaviors). Research regarding *Christian spirituality* in the form of CCBT for various aspects of mental illness would

add to the limited current literature on CBT (i.e., depression, bipolar disorder, anxiety disorders, schizophrenia, etc.). Worthington, Hook, Davis, and Ripley (n.d.) state that CCBT is an empirically supported Christian treatment for depression (p. 36).

The dynamics of Raws' model would make it an excellent choice for application in Christian counseling that utilizes CCBT. It would be an evangelical Christian oriented model that would address cognitive and behavioral problems.

Raws' model might also be useful in collaboration with biological interventions. This eclectic model would seek to combine psychopharmacology with this evangelical Scriptural model of individual, marriage, and group counseling. The heart of this model is based upon regeneration by God as the beginning of the divine-human relationship and followed up with progressive sanctification through the Holy Spirit as earlier delineated.

### **Summary Research Conclusions**

All participants reported that they associated experiencing the phenomenon of *Christian spirituality* during treatment with their recovery from alcohol dependence and maintenance of an alcohol free lifestyle. All participants expressed that regeneration was complemented by consistent cultivation of the divine-human relationship through lifestyle exercise of private and corporate Spiritual Disciplines.

All participants testified that diligent lifestyle application of the fruit of the Holy Spirit and Christian virtues complemented regeneration and cultivation of the divine-human relationship to transform their personality, worldview and mindset during treatment. All participants testified that the combined dynamics and elements of

*Christian spirituality* have enabled them to live an alcohol free lifestyle as their experienced reality.

### **Chapter Summary**

This chapter began with a discussion of conclusions gleaned from eight common themes. Counseling implications, future research possibilities, and limitations followed. A summary conclusion was furnished and a content summary completed this chapter.

### **Study Summary**

This study examined the association between the phenomenon of *Christian spirituality* and overcoming alcohol dependence and maintaining an alcohol free lifestyle after treatment. This qualitative study incorporated inductive logic in the assessment of the data recorded during private interviews with the participants. Open-ended questions were used in order to glean detailed information. Interviews recorded their personal experiences relating to their relationship with alcohol before, during, and after treatment at a northeastern evangelical Christian facility.

Each participant provided a personal assessment of the impact that the phenomenon of *Christian spirituality*, used in treatment, had upon all aspects of his personal life, thoughts and behavior patterns; related to his ability to overcome alcohol dependence. They also shared their perceptions of how the phenomenon of *Christian spirituality* enabled them to maintain an alcohol free lifestyle after treatment.

Finally, each participant reported using various private and corporate Spiritual Disciplines. The participants explained that they chose specific Spiritual Disciplines, which best inspired and strengthened them in diligent application of the fruit of the Spirit

and Christian virtues to overcome alcohol dependence during treatment and maintain an alcohol free lifestyle after treatment.

This data was examined and formulated into individual themes and behavior patterns; which were analyzed into common themes. Research conclusions were derived from common themes and compared with research literature. This completed this study.

### **My Personal Prayer**

It is my prayer that this prototype research may serve to inspire future research in the utilization of the phenomenon of *Christian spirituality* as a foundational treatment for other areas of human need. I pray that anyone struggling with dependence may find victory through the phenomenon of *Christian spirituality*; which can only be experienced through a divine-human relationship with Jesus Christ (2 Cor. 5: 14-21; Eph. 2:1-10).

## REFERENCES

- Abar, C., Abar, B., & Turrisi, R. (2009). The impact of parental modeling and permissibility on alcohol use and experienced negative drinking consequences in college. *Addictive Behavior, 43* (6-7), 542-547.
- Office of National Drug Policy, (2007). *Access to recovery: Fact sheet: Access to recovery. office of national drug policy. September 2007.* www.whitehousedrugpolicy.gov. 1,2.
- Adams, J. E. (1972). *The big umbrella.* Nutley, NJ: Presbyterian and Reformed.
- Adams, J. E. (1979). *A theology of Christian counseling.* Grand Rapids, MI: Zondervan.
- Adams, J. E. (2002). *Insight and creativity in Christian counseling: A study of the usual & the unique.* Woodruff, SC: Timeless Texts.
- Adelson, R. (2006). *National survey spotlights u.s. alcohol abuse 37(1).* 1-4. Retrieved October 20, 2012 from: <http://www.apa.org/monitor/jan06/alcohol.aspx>
- Allen, C. L. (1981). *God's psychiatry.* Old Tappan, NJ: Fleming H. Revell.
- Allen, C. L. (n.d.). *For Christian parents and children.* (Master's thesis, auburn university), Retrieved September 29, 2012 from: <http://www.auburn.edu/~allenkc/fbf/children.html>, 1-5).
- Allen, W. L. (2002). Hearing Baptist spirituality in some conversion narratives from the American south. *Baptist History and Heritage*, Spring, 2002, 32-41.
- Allport, G. W. (1950). *The individual and his religion, A psychological interpretation.* New York, NY: Macmillan.
- American piety in the 21st century: New insights to the depth and complexity of religion in the US .* (2006). (Master's thesis, Baylor Institute), 1-54.
- America's Keswick (2008). The process-intervention. Retrieved July 21, 2009 from: <http://ameriaskeswick.org/366242.ihtml>
- America's Keswick General Brochure, (2010).
- Anderson, N. T. (1993). *The bondage breaker: Overcoming negative thoughts, irrational feelings, habitual sins.* Eugene, OR: Harvest House.



- Anderson, N. T., & Park, D. (1993). *The bondage breaker: Overcoming sexual temptation, peer pressure, bad habits, fears and insecurities*. Eugene, OR: Harvest House.
- Andrews, C. R. (2004). The role of spirituality in grieving children. *Dissertation Abstracts International Section A: Humanities & Social Sciences*, 65(3-A), 838.
- Antoun, R. T., & Hegland, M. E. (Eds.). (1987). *Religious resurgence: Contemporary causes in Islam, Christianity, and Judaism*. Syracuse, NY: University.
- Arnold, C. E. (2003). Can we still believe in demons today? In T. Cabal (Ed.), *The apologetics study Bible* (p.1475). Nashville, TN: Holman Bible.
- Arnold, J. A. (1987). The chemically dependent family: Considerations on “respect” and “bearing one another’s burdens”. *Individual Psychology*, 41(4), 468-478.
- Arterburn, S. (2005). *Healing is a choice: Ten decisions that will transform your life & ten lies that can prevent you from making them*. Nashville, TN: Thomas Nelson.
- Arteburn, S., & Felton, (1991). *Toxic faith: Understanding and overcoming religious addiction*. Nashville, TN: Thomas Nelson.
- Arteburn, S., & Stoeker, F. (2000). *Every man’s battle: Every man’s guide to winning the war on sexual temptation one victory at a time*. Colorado Springs, CO: WaterBrook.
- Aumann, J. (1985). *Christian spirituality in the Catholic tradition*. San Francisco, CA: Ignatius.
- Avants, S. K., Beitel, M., & Morgolin, A. (2005). Making the shift from ‘addiction-self’ to ‘spiritual-self’: Results from a stage I study of spiritual self-schema (3-S) therapy for the treatment of addiction and HIV risk behavior. *Mental Health, Religion & Culture*, 8, 166-177.
- Backus, W. (1987). *Finding the freedom of self-control*. Minneapolis, MN: Bethany House.
- Backus, W. (1996). *The healing power of a Christian mind*. Minneapolis, MN: Bethany House.
- Baetz, M., Griffin, R., Bowen, R., & Marcoux, G. (2004). Spirituality and psychiatry in Canada: Psychiatric practice compared with patient expectations. *Canadian Journal of Psychiatry*, 49(4), 265-271.

- Bahr, S. Hoffman, J., & Yang, X. (2005). Parental and peer influences on the risk of adolescent drug use. *The Journal of Primary Prevention, 26*(6), 529-548.
- Baldacchino, D., & Draper, P. (2001). Spiritual coping strategies: A review of the nursing research literature. *Journal of Advanced Nursing, 36*(6), 833-841.
- Bandura, A. (1990). Author's response: Some reflections on reflections. *Psychological Inquiry, 1*(1), 101-105.
- Barbour, I. G. (1990). Religion in an age of science: *The Gifford lectures* (1989-1991). (Vol. 1). San Francisco, CA: Harper & Row.
- Barnes, G. M. (1994). Family influences on alcohol abuse and other problem behaviors among black and white adolescents in a general population sample. *Journal of Research on Adolescence, 4*(2), 183-201.
- Bartowski, J. P., Wilcox, W. B., & Ellison, C. G. (n.d.). Conservative protestant child discipline: Authority and affection in evangelical families. Hartford Institute for Religion Research. Retrieved September 29, 2012 from: [http://hrr.hartsem.edu/research/parentingand evangelicals.html](http://hrr.hartsem.edu/research/parentingand%20evangelicals.html).
- Bassett, H., Lloyd, C., & Tse, S. (2008). Approaching in the right spirit: Spirituality and hope in recovery from mental health problems. *International Journal of Therapy and Rehabilitation, 15*(6), 254-259.
- Benn, C. (2001). Does faith contribute to healing? Scientific evidence for a correlation between spirituality and health. *International Review of Mission, 90*, 140-148.
- Berenson, D. (1990). A systemic view of spirituality: God and twelve step programs as resources in family therapy. *Journal of Strategic and Systemic Therapies, 9*(1), 59-70.
- Bergin, A. E. (1980a). Psychotherapy and religious values. *Journal of Consulting and Clinical Psychology, 38*, 75-105.
- Bergin, A. E. (1988). Three contributions from a spiritual perspective to counseling and psychotherapy, and behavior change. *Counseling and Values, 32*, 21-31.
- Bergin, A. E. (1991). Values and religious issues in psychotherapy and mental health. *American psychologist, 46*, 294-403.
- Berk, L. R. (2004). Temperance and prohibition era propaganda: A study in rhetoric. *Alcohol, Temperance & Prohibition. Brown University Library for Digital Initiatives*, 1-10 Retrieved June 27, 2010 from <http://dllib.brown.edu/temperance/essay.html>

- Berry, D. (2005). Methodological pitfalls in the study of religiosity and spirituality. *Sage*, 27(6), 628-647. DOI: 10, 1177/01193945905275519
- Birch, D. N., Walker, J., Avery, L., Beyer, F., Brown, N., Jackson, K., Lock, C., A., McGovern, R., & Kaner, E. (2009). Impact of alcohol consumption on young people: A systematic review of published reviews. Newcastle University Research Report No. DCSF-RR067, 1-35.
- Bliss, D. H. (2007). Empirical research on spirituality and alcoholism: A review of the literature. *Journal of Social Work Practice in the Addictions*, 7(4), 5-25.
- Boa, K. D. (1986). *The open bible companion*. New York, NY: Thomas Nelson.
- Boa, K., & Burnett, G. (1999). *The art of living well: A biblical approach from proverbs*. Colorado Springs, CO: NavPress.
- Bonnie, R. J. & O'Connell, M. E. (2004). *Reducing underage drinking: A collective responsibility*. Washington, DC: National Academies.
- Booth, L. (1985). *Spirituality and recovery: Walking on water*. Pompano Beach, FL: Health Communications.
- Braden, C. S. (1963). *Spirits in rebellion; The rise and development of new thought*. Dallas, TX: Southern Methodist University Press.
- Bremer, M. (2004). Spirituality as a moderating variable in facilitating the association between coping and social functioning among the severely mentally ill. *Dissertation Abstracts International: Section B: The Sciences & Engineering*, 64(9-B), 4604.
- Bristow-Braitman, A. (1995). Addiction Recovery: 12 Step programs and cognitive-behavioral psychology. *Journal of Counseling & Development*, 73, March/April, 414-418.
- Brock, L. (2002). *If you love an alcoholic*. Retrieved on September 30, 2012 from: [http://www.focusonthefamily.com/lifechallenges/abuse\\_and\\_addiction/substance\\_abuse/if...](http://www.focusonthefamily.com/lifechallenges/abuse_and_addiction/substance_abuse/if...)
- Bromberg, W. (1975). *From shaman to psychotherapist: A history of the treatment of mental illness*. Chicago, IL: Regnery.
- Brown, H. P. (1992). Substance abuse and the disorders of the self: Examining the relationship of alcoholism. *Treatment Quarterly*, 9(2), 1-27.

- Brown, S. A. (1993). Recovery patterns in adolescent substance abusers. In J.S. Baer, G. A. Marlatt, & R. J. Mc Mahon (Eds.). *Addictive behaviors across the lifespan: Prevention, treatment and policy issues* (pp. 161-183). Newbury Park, CA: Sage.
- Brown, S. A. (Ed.). (1995). *Treating alcoholism*. New York, NY: Jossey-Bass.
- Brown, A. E., Pavlik, V. N., Shegog, R., Whitney, S. N., Friedman, L. C., Romero, C., Davis, G. C., Cech, I., Kosten, T. R., & Volk, R. J. (2007). Association of spirituality and sobriety during a behavioral spirituality intervention for twelve step (TS) recovery. *The American Journal of Drug and Alcohol Abuse*, 33, 611-617.
- Brown, H. & Peterson, J. (1990). Values and recovery from alcoholism through Alcoholics Anonymous. *Counseling and Values*, 35(1), 63. retrieved September 26, 2008 from ebscohost.com.ezproxy.liberty.edu:2048/ehost/delivery?vid=6&hid=117&sid
- Buddy, T. (2012). Alcoholics suicide risk increases with age. Retrieved September 29, 2012 from <http://alcoholism.about.com/cs/elder/ablacer030715.htm>
- Burns, J. P. (2004). The relationship of spirituality to adolescent male anger and aggression. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 64(10-B), 5209.
- Buxton, M. E., Smith, D. E., & Seymour, R. B. (1987, July-September). Spirituality and other points of resistance to the 12-step recovery process. *Journal of Psychoactive Drugs*, 19(2), 274-285.
- Calhoun, A. A. (2005). *Spiritual disciplines handbook*. Downers Grove, IL: InterVarsity Press.
- Calhoun, F. J. (2007). Developing research on alcohol and spirituality: What we know and what we don't know. *Southern Medical Journal*, 100(4), 427-429.
- Campbell, D. T. (1975). On the conflicts between biological and social evolution and between psychology and moral tradition. *American Psychologist*, 20, 1103-1125.
- Campbell, J. W. (1992). Alcoholism. In R. J. Ham & P. D. Sloane (Eds.). *Primary care geriatrics* (2<sup>nd</sup> ed.). Boston, MA: Mosby.
- Carter, J., D. & Narramore, B. (1984). *The integration of psychology and theology*. Grand Rapids, MI: Zondervan.
- Chafer, L. S. (1967). *He that is spiritual*. Grand Rapids, MI: Zondervan.

- Chafer, L. S. (1974). *Major bible themes*. Grand rapids, MI: Zondervan.
- Chafer, L. S. (1983). *Chafer systematic theology* (Vol. VII). Dallas, TX: Dallas Seminary Press.
- Charnock, S. (1980). *The doctrine of regeneration*. Grand Rapids, MI: Baker Book House.
- Chris, (n.d.). Teenage spirituality: Does it matter? Retrieved September 29, 2012 from: <http://understandingteenagers.com.au/blog/2010/08/teenage-spirituality-does-it-matter/>, 1-7.
- Christian Drug Rehab (2012). Retrieved from: <http://stopaddiction.com/index.php//Rehab/Drug-Rhab/Chrisitain-Drug-Rehab.html>
- Christian Families Today (2012). Real freedom in Christ. Retrieved September 30, 2012 from: <http://www.cftministry.org/recovery/introduction.html>, 1-2.
- Residential Treatment Centers and Boarding Schools (2010). Retrieved September 30, 2012 from: <http://www.counseling4christians.com/TreatmentCenters/Treatment%20Centers.html>
- Clandinin, D. J. & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco, CA: Jossey-Bass.
- Clinton, T. & Ohlschlager, G. (Eds.). (2002). *Competent Christian counseling: Foundation & practice of compassionate soul care* (Vol. 1). Colorado Springs, CO: WaterBrook Press.
- Clinton, T., Ohlschlager, G., & Camper, M. (2006). Embracing one meta-theory: The head and heart of Christ and of Christian counseling. *Christian Counseling Today*, 14(4), 8-11.
- Clinton, T. & Sibcy, G. (2012). Interpersonal neurobiology. *Journal of psychology and theology*, 40(2), 141-145.
- Collins, G.R. (1977). *The rebuilding of psychology: An integration of psychology and Christianity*. Carol Stream, IL: Tyndale House.
- Collins, G. R. (1998). *The soul search*. Nashville, TN: Thomas Nelson.
- Collins, G. R. (2001). *The biblical basis of Christian counseling for people helpers: Relating the basic teachings of scripture to people's problems*. Colorado Springs, CO: NavPress.

- Cook, C. C. H. (2004). Addiction and spirituality. *Addiction*, 99, 539-551.
- Cook, C. C. H. (2006). *Alcohol, addiction, and Christian ethics: New studies in Christian ethics*. New York, NY: Cambridge University.
- Cook, C. C. H. (2007). AA's first European experience and the spiritual experience of AA. *Addiction*, 102(6), pp. 846-847.
- Coombs, R. B. (Ed.). (2004). *Handbook of addictive behaviors: A practical guide to diagnosis and treatment*. Hoboken, NJ: John Wiley & Sons.
- Cortright, B. (1997). *Psychotherapy and spirit: Theory and practice in transpersonal psychotherapy*. Albany, NY: State University of New York Press.
- Cox, R. H., Ervin-Cox, B., & Hoffman, L. (Eds.). (2005). *Spirituality and psychological health*. Colorado Springs, CO: Colorado School of Professional Psychology Press.
- Crabb, L. (1997). *Connecting: Healing for ourselves and our relationships: A radical new vision*. Nashville, TN: Word Publishing Group, a Division of Thomas Nelson.
- Cranfield, C. E. B. (1995). *A shorter commentary*. Edinburgh, Scotland: T. and T. Clark.
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.
- Crews, F. V. (1997). *Get off your own back: confront your myths with reality*. Shippensburg, PA: Treasure House-an imprint of Destiny Image.
- Cusack, J. S. (1995). *Always aware: Back to basics: The 12-step plan to recovery and healing from alcohol & drugs*. New York, NY: Brick Tower Press.
- Cushman, P. (1992). Psychotherapy to 1992: A historically situated interpretation. In D. K. Freedheim (Ed.). *History of psychotherapy: A century of change*. (pp. 21-64). Washington, DC: American Psychological Association.
- Cutten, G. (1907). *The psychology of alcoholism*. New York, NY: Charles Scribner's Sons.
- Dadich, A. (2007). Is spirituality important to young people in recovery? Insights from participants of self-help support groups. *Southern Medical Journal*, 100(4), 422-425.
- De Conciliis, A. J. & Kinsella, J. F. (1995). *Every decision you make is a spiritual one*. Mahwah, NJ: Paulist Press.

- DiClemente, C. C. (2003). *Addiction and change*. New York, NY: The Guilford Press.
- Dillon, M., Wink, P., & Fay, K. (2003). Is spirituality detrimental to generativity? *Journal for the Scientific Study of Religion*, 42(3), 427-442.
- Dollahite, D. C. & Thatcher, J. Y. (2005). How family religious involvement benefits adults, youth, and children and strengthens families. *Southerland Institute*, 1-15.
- Douglas, J. D. (1994). *The illustrated Bible dictionary* (Part 3). Leicester, England: Inter-Varsity Press.
- Douglas, J.,D. (1982). *The new Bible dictionary* (2<sup>nd</sup> ed.). Wheaton, IL. Tyndale House.
- Doweiko, H. E. (1999). *Concepts of chemical dependency* (4<sup>th</sup> ed.). Pacific Grove, CA: Brooks/Cole.
- Dowling, E. M. Gestsdottir, S., Anderson, P. M., von Eye, A., Almerigi, J., & Lerner, R. M. (2004). Structural relations among spirituality, religiosity, and thriving in adolescence. *Applied Developmental Science*, 8(1), 7-16.
- Dubiel, R. (2004). *The road to fellowship: The role of the Emmanuel movement and the Jacoby club in the development of Alcoholics Anonymous*. New York, NY: Universe.
- Dye, J. (2011). How different perspectives on religion can impact fatherhood. Retrieved September 29, 2012 from: [http://www.focusonthefamily.com/about\\_us/focus-findings/parenting/got-religion.aspx](http://www.focusonthefamily.com/about_us/focus-findings/parenting/got-religion.aspx)
- Dyslin, C. W. (2008). The power of powerlessness: The role of spiritual surrender and interpersonal confession in the treatment of addictions. *Journal of Psychology and Christianity*, 27(1), 41-55.
- Eccles, J. C. & Robinson, D. N. (1984). *The wonder of being human: Our brain and our mind*. New York, NY: Free Press.
- Eck, B. (2002). An exploration of the therapeutic use of spiritual disciplines in clinical practice. *Journal of Psychology and Christianity*, 21(3), 266-280.
- Edwards, G., Marshall, E. J., & Cook, C. C. H. (2003). *The treatment of drinking problems: A guide for the helping professions* (4<sup>th</sup> ed.). Cambridge: Cambridge University.
- Ellis, A. (1980). Psychotherapy and atheistic values: A response to A. E. Bergin's "Psychotherapy and Religious Values." *Journal of Consulting and Clinical Psychology*, 48, 635-639.

- Ellison, C. (1983). *Saying good bye to loneliness and finding intimacy*. New York, NY: Christian Herald Books.
- Ellison, C. (1994). *From stress to well-being*. USA: Word.
- Engel, G. (1977). The need for a new medical school: A challenge for biomedicine. *Science*, 196, 129-136.
- Enoch, M. A. & Goldman, D. (2000). Problem drinking and alcoholism: Diagnosis and treatment. *American Family Physician*, 65(3), 441-8.
- Entwistle, D. N. (2009). A holistic psychology of persons: Implications for theory and practice. *Journal of Psychology and Christianity*, 28(2), 141-148.
- Erickson, M. J. (1985). *Christian theology*. Grand Rapids, MI: Baker Book House.
- Ervin-Cox B., Hoffman, L., & Grimes, C. S. M. (2005). Selected literature on spirituality and health/mental health. Colorado Springs, CO: Colorado School of Psychology.
- Essig, M. F. (1951). *The comprehensive analysis of the bible*. Nashville, TN: The Southwestern.
- Fabricatore, A. N., Handal, P. J., & Fenzel, L. M. (2000). Personal spirituality as a moderator of the relationship between stressors and subjective well-being. *Journal of Psychology and Theology*, 29(3), 221-228.
- Falkenstein, C. A. (2004). The relationships between spirituality, coping skills, depression, and social support among acutely bereaved individuals. *Dissertation Abstracts International: Section BA: Humanities & Social Sciences*, 64(8-A), 2801.
- Fazzio, L., Galanter, M., Dermatis, H., & Levounis, P. (2003). Evaluation of medical student attitudes toward alcoholics anonymous. *Substance Abuse: Official Publication of the Association for Medical Education and Research in Substance Abuse*, 24(3), 175-185.
- Fear, M. L. (2007). *Overcomers handbook: A practical guide to victory in Christ*. Omaha, NE: Overcomers In Christ.
- Fenneberg, L. M. (2004). The nature of the development of students' spirituality at a private, Jesuit university. *Dissertation Abstracts International Section A: Humanities & Social Sciences*, 64(8-A), 2801.
- Fernald, J. C. (1947). *Funk & Wagnalls standard handbook of synonyms, antonyms, and preposition*. New York, NY: Harper & Row.



- Focus on the Family (1988). New hope for adult children of alcoholics. *Facts: from Focus on the family*.
- Fortuna, L. R., Wachholtz, A., Torres-Stone, R., Porche, M. V., & Trottier, F. (2011). Religion and spirituality as protective factors for alcohol use in a national sample of emerging adults. Prepared for: Wellesley Centers for Women; Hall, G., Banks, A., Hardisty, J.; and de Silva-deAlwis, R. *Research & Action Report*. Spring/Summer 2010.
- Foster, R. J. (1978). *Celebration of discipline: The path to spiritual growth*. New York, NY: Harper & Row.
- Foster, R. J. (1981). *Freedom of simplicity*. New York, NY: Harper & Row.
- Foster, R. J. (1998). *Streams of living water: Celebrating the great traditions of Christian faith*. New York, NY: HarperCollins.
- Frankfurt, H. G. (1971). Freedom of the will and the concept of a person. *The Journal of Philosophy*, 68, 5-20.
- Freed, J. (n.d.). *Relapse prevention program*. Whiting, NJ: America's Keswick.
- Friedman, S. (2007). Sanctuary for the addicted church in recovery. *Christian Century*, 11, 26-29.
- Friends in Recovery (1994). *The twelve steps for Christians*. Centralia, WA: RPI.
- Galanter, M. (2008). The concept of spirituality in relation to addiction recovery and general psychiatry. *Recent Developments in Alcohol*, 18, 125-140.
- Gall, T. L., Charbonneau, C., Clarke, N. H., Grant, K., Joseph, A., & Shouldice, L. (2005). Understanding the nature and role of spirituality in relation to coping and health: A conceptual framework. *Canadian Psychology*, 46(2), 88-104.
- Garrouette, E. M., Goldberg, J., Beals, J., Herrell, R., & Manson, S. M. (2003). Spirituality and attempted suicide among American Indians. *Social Science & Medicine*, 56(7), 1571-1579.
- Geppert, C., Bogenschutz, M. P., & Miller, W. R. (2007). Development of a bibliography on religion, spirituality and addictions. *Drug and Alcohol Review*, 26, 389-395.
- Gibb, B. J. (2007). *The rough guide to the brain*. New York, NY: Penguin Books.
- Gibrant, T., Harris, R. W., Horton, S. M. & Seaver, G. G. (Eds.). (1986). *The Complete Biblical Library*. (Vol. 8, 9, 14). Chicago, IL: R.R. Donnelley and Sons.

- Goncya, E. A., & van Dulmena, M. H. (2010). Fathers do make a difference: Parental involvement and adolescent alcohol use. *Fathering*, 8, 93-108.
- Goodwin, D. W. & Warnock, J. K. (1991). Alcoholism: A family disease. In R. J. Frances & S. I. Miller (Eds.), *Clinical textbook of addictive disorders*. New York, NY: Guilford Press.
- Gorsuch, R. L. (1995). Religious aspects of substance abuse and recovery. *Journal of Social Issues*. 51(2), 65-83.
- Graham, B. (1988). *The Holy Spirit*. Dallas, TX: Word.
- Graham, K. M. (2006). Evaluating addictions treatment in light of scripture. *Journal of Christian Nursing: Men's Issues in Health and Nursing*. 23(20), 18-24.
- Guess, K. (2008). *Nursing review and resource manual: Psychiatric-mental health nurse practitioner*. Silver Springs, MD: American Nurses Credentialing Center.
- Guyette, F. (2003). Families, pastoral counseling, and scripture: Searching for the connections. *Journal of Pastoral Counseling*. 38, 5-32.
- Hackney, C. H. (2010). Sanctification as a source of theological guidance in the construction of a Christian positive psychology. *Journal of psychology and Christianity*. 29(3), 195-207.
- Hardman, K. (1980). *Ingredients of the Christian faith*. Wheaton, IL: Tyndale House.
- Harmer, K. (2012). Parents (mistakenly) believe letting children drink alcohol early discourages later use, study says. Retrieved September 29, 2012 from: <http://www.deseretnews.com/article/765605882/Parents-mistakenly-believe-letting-children>
- Harrison, E. F. (Ed.). (1979). *Baker's dictionary of theology*. Grand Rapids, MI: Baker Book House.
- Hartwell, K.J., Tolliver, B. K., & Brady, K. T. (2010). Biological commonalities between mental illness and addiction. *Primary Psychiatry*, 17(4)-[Supplement 5], 68-73.
- Harwood, H., Fountain, D., & Livermore, G. (1998). *The economic costs of alcohol and drug abuse in the United States 1992*. Washington, DC: National Institute on Drug Abuse and National Institute on Alcohol Abuse and Alcoholism.
- Hatchett, B. F., Solomon, R. V., Miller, J. B., & Holmes, K. Y. (2007). The clergy: A valuable resource for church members with alcohol problems. *The Journal of Pastoral Care & Counseling*, 61, 39-46.

- Hawkins, R. S., Tan, S. Y., & Turk, A. A. (1999). Secular verses Christian inpatient cognitive-behavioral therapy programs: Impact on depression and spiritual well-being. *Journal of psychology and theology*, 27, 309-331.
- Hayes, L., Smart, D., Toumbourou, J., & Sanson, A. (2004). Integrative synthesis of parenting influences. *Australian Institute of Family Studies Research Report*. ISBN 062 39514. 1447-1469.
- Hayes, S., Wilson, K. G., & Gifford, E. V. (2004). A preliminary trial of twelve-step facilitation and acceptance and commitment therapy with polysubstance abusing methadone-maintained opiate addicts. *Behavioral Therapy*, 35, 667-688.
- Heatherington, T. F. & Weinberger, J. L. (1994). *Can personality change?* Washington, DC: American Psychological Association.
- Heinz, A., Epstein, D. H., & Preston, K. L. (2007). Spiritual/religious experiences and in-treatment outcome in an inner-city program for heroin and cocaine dependence. *Journal of Psychoactive Drugs*, 39(1), 41-49.
- Hester, R. K. & Miller, W. R. (Eds.). (2003). *Handbook of alcoholism treatment approaches* (3<sup>rd</sup> ed.). Boston, MA: Allyn and Bacon.
- Hill, S. Y. (1995). Vulnerability to alcoholism in women. *Recent Developments in Alcoholism*. 12, 9-28.
- Hodge, D. R. (2011). Alcohol treatment and cognitive-behavioral therapy: Enhancing effectiveness by incorporating spirituality and religion. *Social Work* 56(1), 21-31.
- Hodge, D. R., Andereck, K., & Montoya, H. (2007). The protective influence of spiritual-religious lifestyle profiles on tobacco use, alcohol use, and gambling. *Social Work Research*, 31(4), 211-219.
- Holifield, E. B. (1983). *A history of pastoral care in America: From salvation to self-realization*. Nashville, TN: Abingdon Press.
- Holmes, L. (2003). Father's alcohol abuse affects young children. Retrieved September 30, 2011 from: <http://mentalhealthe.about.com/cs/familyresources/a/dadsetoh.htm>, 1
- Hook, J. P. & Hook, J. N. (2010). A Christian model for group therapy. *Journal of psychology and Christianity*, 29(4), 308-316.
- Hoover, W. L. (1995). *Psychology of mind control*. Orlando, FL: Harcourt Brace & Company.

- Houskamp, B. M., Fisher, L. A., & Stuber, M. L. (2004). Spirituality in children and adolescents: Research findings and implications for clinicians and researchers. *Child and Adolescent Psychiatric Clinics of North America*, 13 (1), 221-230.
- Hughes, S. (1981). *Helping people through their problems*. Minneapolis, MN: Bethany.
- Hurding, R. F. (1988). *The tree of healing*. Grand Rapids, MI: Zondervan.
- Hutchinson, D. Maloney, E., Vogl, L., & Mattick, R. (2008). Adolescent drinking: The influence of parental attitudes, modeling and alcohol supply. *The Australian Psychological Society*, 1-5.
- Isaac, S. & Michael, W. B. (1997). *Handbook in research and evaluation* (3<sup>rd</sup> ed.). San Diego, CA: Educational and Industrial Testing Services.
- Jackson, P. & Cook, C. C. H. (2005). Introduction of a spirituality group in a community service for people with drinking problems. *Journal of Substance Use*, 10(6), 375-383.
- James, R. K. & Gilliland, B. E. (2003). *Theories and strategies in counseling & psychotherapy* (5<sup>th</sup> ed). Boston, MA: Allyn and Bacon.
- Jessor, R., Costa, F. M., Krueger, P. M., & Turbin, M. S. (2006). A developmental study of heavy episodic drinking among college students: The role of psychosocial and behavioral protective and risk factors. *Journal of Studies on Alcohol*, 67, 86-94.
- Johnson, E. L., & Jones, S. L. (2000). *Psychology & Christianity*. Downers Grove, IL: InterVarsity Press.
- Johnston, R. K. (Ed.). (1985). *The use of the Bible in theology: Evangelical options*. Atlanta, GA: John Knox Press.
- Jones, E. S. (1988). *Abundant living*. Nashville, TN: Whitmore & Stone.
- Jones, S. L. (1994). A constructive relationship for religion with the science and profession of psychology: Perhaps the boldest model yet. *American Psychologist*, 49, 184-199.
- Jones, S. L. & Butman, R. E. (1991). *Modern psychotherapies: A comprehensive Christian appraisal*. Downers Grove, IL: Intervarsity.
- Josephson, A. M. & Dell, M. L. (2004). Religion and spirituality in child and adolescent psychiatry: A new frontier. *Child & Adolescent Psychiatric Clinics of North America*, 13(1), 1-15.

- Kahle, P. A. & Robbins, J. M. (2004). *The power of spirituality in therapy: Integrating religious and spiritual beliefs in mental health practice*. Binghamton, NY: The Haworth Pastoral Press.
- Kantrowitz, B., King, P., Rosenberg, D., Springen, K., Wingert, P., Namuth, T., & Gegax, T. T. (1994). In search of the sacred. *Newsweek*, [November 28], 52-62.
- Kehoe, N. (2007). Spirituality groups in serious mental illness. *Southern Medical Journal*, 100 (6), 647-648.
- Kelemen, G., Erdos, M. B., & Madacsy, J. (2007). Voices of sobriety: Exploring the process of recovery through patient testimonials. *Addiction Research and Theory*, 15(2), 127-140.
- Kellog, S. (1993). Identity and recovery. *Psychotherapy*, 30(2), 235-244.
- Kelly, J. (2004). Spirituality as a coping mechanism. *Dimensions of Critical Care Nursing*, 23(4), 162-168.
- Kenney, A. (1999). Teen Challenge's proven answer to the drug problem: A review of a study by Dr. Aaron T. Bicknese (1999). Dissertation: Northwestern University.
- Keys, V. A. (2011). Alcohol withdrawal during hospitalization: Early recognition and consistent intervention are critical. *American Journal of Nursing*, 111(1), 40-46.
- Kim, Y., Seidlitz, L., Ro, Y., Evinger, J. S., & Duberstein, P. R. (2004). Spirituality and affect: A function of changes in religious affiliation. *Personality & Individual Differences*, 37(4) 861-870.
- Knight, J., Sherritt, L., Harris, S. K., Holder, D., Kulig, J., Shrier, L., & Gambrielli, J. (2007). Alcohol use and religiousness/spirituality among adolescents. *Southern Medical Journal*, 100(4), 349-355.
- Koenig, H. G., George, L. K., & Titus, P. (2004). Religion, spirituality and health in medically ill hospitalized older patients. *Journal of the American Geriatrics Society*, 52(4), 554-562.
- Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). *Handbook of religion and health*. New York, NY: Oxford University Press.
- Kogan, S. M., Lou, Z., Murray, V. M., & Brody, G. H. (2005). Risk and protective factors for substance use among African American high school dropouts. *Psychology of Addictive Behaviors*, 19, 382-391.

- Kraybill, D. B., Nolt, S. M., & Weaver-Zercher, D. L. (2010). *The Amish way: Patient faith in a perilous world*. San Francisco, CA: John Wiley & Sons.
- Krentzman, A. R. (2008). *Spirituality, religiosity, and alcoholism treatment outcomes: A comparison between black and white participants*. Doctoral Dissertation: Case Western Reserve University.
- Kuczewski, M. G. (2007). Talking about spirituality in the clinical setting: Can being professional require being personal? *The American Journal of Bioethics*, 7(7), 4-11.
- Kurtz, E. (1999). *The collected Ernie Kurtz*. Wheeling, WV: The Bishop of Books.
- Kurtz, E. & Ketcham, K. (1992). *The spirituality of imperfection*. New York, NY: Bantam Books.
- Lam, P. B. (2004). The relationship among spirituality, coping strategies, and life satisfaction in Vietnamese refugees in the United States. *Dissertation Abstracts International: Section B: The Sciences & Engineering*, 64(9-B), 3622.
- LaPiere, R. T. (2010). Attitudes vs actions. *International Journal of Epidemiology*, 39(1), 7-11. Retrieved April 16, 2010 from: <http://ije.oxfordjournals.org>
- Larson, D. B. & Larson, S. B. (2003). Spirituality's potential relevance to physical and emotional health: A brief review of quantitative research. *Journal of Psychology and Theology*, 31, 37-51.
- Laubmeier, K. K., Zakowski, S. G., & Bair, J. P. (2004). The role of spirituality in the psychological adjustment to cancer: A test of transactional model of stress and coping. *International Journal of Behavioral Medicine*, 11(1), 48-55).
- Laymon, C. M. (Ed.). (1971). *The interpreters one-volume commentary on the Bible*. Nashville, TN: Abingdon Press.
- Leach, M. M. (2009). Start to finish approach to including spirituality in therapy [American Psychological Association 2009 Convention Presentation].
- Leffel, J. (2000). *An introduction to alcoholism*. Retrieved September 30, 2012 from: <http://www.xenos.org.ministries/crossroads/OnlineJournal/issue4/alcohol.htm>
- Lemanski, M. (2001). *A history of addiction & recovery in the United States*. Tucson, AZ: Sharp Press.
- Lender, M. E., Martin, J. K., & Kirby, J. (1982). *Drinking in America: A history*. New York, NY: Free Press.

- Levin, J. S. (1994). Religion and health: Is there an association, is it valid, and is it causal? *Social Science and Medicine*, 38, 1475-1482.
- Levine, H. G. (1978). The discovery of addiction: changing conceptions of habitual drunkenness in America. *Journal of Studies on Alcohol*, 29, 143-174.
- Little, S. (2009). *The relationship of spirituality to the alcoholism recovery process*. (Masters thesis). Sewanee: The University of the South; Sewanee: School of Theology Theses. URI: <http://hdl.handle.net/100909794>
- MacNutt, F. (1977). *Healing*. Notre Dame, IN: Ave Marie Press.
- Magura, S. (2007). The relationship between substance user treatment and 12-step fellowships: Current knowledge and research questions. *Substance Use & Misuse*, 42, 343-360.
- Mandara, J. & Murray, C. B. (2006). Father's absence and African American adolescent drug use. *Journal of Divorce & Remarriage*, 46, 1-12.
- Maples, M. R. (2004). Mental health and spirituality in later life. *Activities, Adaptation & Aging*, 28(3), 75-76.
- Marie, V. (2007). Spirituality: Its starring role in recovery from addiction. *Spirituality and Health International*, 8, 148-156.
- Martin, G. (1990). *When good things become addictions: Gaining freedom from our compulsions*. Wheaton, IL: Victor Books.
- Mathews, P. S. (2002). Treatment of alcoholism: The American experience: 1850-2000. Doctoral Dissertation: Florida State University College of Arts and Sciences.
- Mason, S. J., Deane, F. P., Kelly, P. J., & Crowe, T. P. (2009). Do spirituality and religiosity help in management of cravings in substance abuse treatment? *Substance Use & Misuse*, 44(13), 1926-1940.
- Maxwell, J. C., Rutowski, B. A., & Rawson, R. A. (2007). *Substance abuse epidemiology in the United States: A review of the indicator type*. New York, NY: Taylor & Francis.
- May, G. G. (1988). *Addiction and grace*. New York, NY: Harper Collins.
- McClintock, J. & Strong, J. (1981). *Cyclopedia of biblical, theological, and ecclesiastical literature*. Grand Rapids, MI: Baker Book House.

- McCoy, L. K., Hermos, J. A., Bokhour, B. G., & Frayne, S. M. (2004). Conceptual basis of Christian, faith-based substance abuse rehabilitation programs: Qualitative analysis of staff interviews. *Substance Abuse, 25*(3), 1-11.
- McGee, R. S. (1998). *The search for significance*. Nashville, TN: Word.
- McGovern T. F. & McMahon, T. (2006). Spirituality and religiousness and alcohol/other drug problems: Conceptual framework. *Alcoholism Treatment Quarterly* (The Haworth Press, Inc.). *24*(1/2), 7-19.
- McMinn, M. R. (1996). *Psychology, theology, and spirituality in Christian counseling*. Wheaton, IL: Tyndale House.
- McMinn, M. & Campbell, C. (2007). *Integrative psychotherapy: Toward a comprehensive Christian approach*. Downers Grove, IL: Intervarsity Press.
- Meyer, R. E. (1996). The disease called addiction: Emerging evidence is a two hundred year old debate. *Lancet, 347*, 162-166.
- Miles, M. B. & Huberman, A. M. (1994). *Qualitative data analysis: A sourcebook of new methods* (2<sup>nd</sup> ed.). Newbury Park, CA: Sage.
- Miller, L. (2006). Health and medical care of children and adolescents. *Southern Medical Journal, 99*(10), 1164-1165.
- Miller, W. R. (1998). Researching the spiritual dimensions of alcohol and other drug problems. *Addiction, 93*(7), 979-990.
- Miller, W. R. (2000). *Integrating spirituality into treatment*. Washington, DC: American Psychological Association.
- Miller, W.R. (2003) *Spirituality, treatment, and recovery*. New York, NY: Springer.
- Miller, W. R. & Bogenschutz, M. P. (2007). Spirituality and addiction. *Southern Medical Journal, 100* (4), 433-36.
- Miller, W. R. & C'de Baca, J. (2001). *Quantum changes*. New York, NY: Guilford.
- Miller, W.R. & Rollnick, S. (2002). *Motivational interviewing* (2<sup>nd</sup> ed.). New York, NY: Guildford.
- Moffit, L. C. (1997). *Religiosity: A propensity of the human phenotype*. Commack, NY: Nova Science.



- Molina, L. D. (2008). Envisioning new possibilities: Requests for pastoral counseling by persons enrolled in a SAMHSA addiction recovery program. *Cambridge College Graduate Program in Health Care Management*, 70-73.
- Moos, R. H., Finney, J. W., & Cronkite, R. C. (1990). *Alcoholism treatment: Context, process, and outcome*. New York, NY: Oxford University Press.
- Morgan, O. J. (1999). Addiction and spirituality in context. In O. J. Morgan and M. Jordan (Eds.), *Addiction and spirituality: A multidisciplinary approach* (pp. 3-30). St. Louis, MO: Chalice.
- Morris, G. J. & McAdie, T. (2009). Are personality, well-being and death anxiety related to religious affiliation? *Mental Health, Religion & Culture*, 12(2), 115-120.
- Moustakes, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Myers, D. G. (2000). *The American paradox: Spiritual hunger in the age of plenty*. New Haven, CT: Yale University Press.
- Narramore, S., B. (2002). *No condemnation: Rethinking guilt motivation in counseling, preaching, & parenting*. Eugene, OR: Wipf and Stock.
- National institute on alcohol abuse and alcoholism. (2005). *The national institutes of health: A resource guide (April)* Retrieved March 31, 2011 from [www.niaaa.nih.gov](http://www.niaaa.nih.gov).
- National Survey on Drug Use and Health (2009). *Alcohol treatment: Need, utilization, and barriers. The NSDUH Report April 9, 2009*. Retrieved July 30, 2009 from <http://www.oas.samhsa.gov>.
- National Survey on Drug Use and Health (2010). *Substance use treatment need among uninsured workers. The NSDUH Report February 4, 2010*. Retrieved April 17, 2010 from <http://www.oas.samhsa.gov>
- National Youth Violence Prevention (2005). *Teen suicide. Teens and Alcohol , Resource Center, National Youth Violence Prevention*. Retrieved November 17, 2012 from: <http://www.teensuicide.us/articles8html>
- Neff, J. (2008). A new multidimensional measure of spirituality-religiosity for use in diverse substance abuse treatment populations. *Journal for the scientific study of religion*, 47(3), 393-409.
- Neff, S. (2006). Recapturing the essence of spirituality: A letter to the guest editor. *Issues in Mental Health Nursing*, 27: 117-123.

- Nelson, J. B. (2004). *Thirst for God and the alcoholic experience*. Louisville, KY: Westminster John Knox Press.
- Neuman, W. L. (1991). *Social research methods: Qualitative and quantitative approaches*. Boston, MA: Allyn & Bacon.
- Nouwen, H. J. M. (1999). *The only necessary thing: Living a prayerful life*. New York, NY: The Crossroads.
- Office of Juvenile Justice and Delinquency Prevention. (2012). Family influence on reducing underage drinking. 1-5. Retrieved November 17, 2012 from: <http://www.slideserve.com/latham/family-influence-on-reducing-underage-drinking>
- Office of National Drug Control Policy. (1999). *A comprehensive approach: Preventing drug abuse*. 1-6.
- Orlinsky, D. E. & Howard, K. I. (1986). Process and outcome in psychotherapy. In S. L. Garfield & A.E. Bergin (Eds.). *Handbook of psychotherapy and behavior change* (3<sup>rd</sup> ed.). 311-381. New York, NY: Wiley.
- Pargament, K. I. (2002). Is religion nothing but...? Explaining religion versus explaining religion away. *Psychological Inquiry*, 13, 239-244.
- Parsec, M. (2007). A Biblical perspective of addiction and recovery. *Stepping Stones Recovery*. retrieved August 26, 2008 from <http://searchwarp.com/swa226012.htm>
- Passages Malibu (n.d.). Comprehensive holistic alcohol rehabilitation. Retrieved August 25, 2008 from: <http://www.passagesmalibu.com/alcohol-rehabilitationhtml?cpao=111 &cpc=3&cpag>
- Patock-Peckham, J. A. & Morgan-Lopez, A. A. (2007). College drinking behaviors: Mediation links between parenting styles, parental bonds, depression, and alcohol problems. *Psychology of Addictive Behaviors*, 21, 297-306.
- Patrick, S. K. (2004). Children and spirituality: Exploring the relationships among spiritual well-being, religious participation, competence and behavior in 11 and 12 year olds. *Dissertation Abstracts International: Section B: The Sciences & Engineering*, 64(11-B), 5818.
- Paxson, R. (1928). *Life on the highest plane*. (Vol. 1). Chicago, IL: Moody Press.
- Peele, S. (1989). *Diseasing of America*. Lexington, MA: DC Heath.

- Pew Forum on Religion & Public Life, (2010). Statistics on religion in America report. Retrieved March 2, 2010 from: <http://religions.pewforum.org/reports>
- Pfeiffer, C. F. & Harrison, E. F. (Eds.). (1987). *The Wycliffe Bible commentary*. Chicago, IL: Moody Press.
- Piantanida, M & Garman, N. B. (1999). *The qualitative dissertation*. Thousand Oaks, CA: Corwin Press.
- Piderman, K. M., Schneekloth, T. D., Pankratz, V. S., Maloney, S. D., & Altchuler, S. I. (2007). Spirituality in alcoholics during treatment. *The American Journal on Addictions, 16*, 232-237.
- Piedmont, R. L. (1999). Does spirituality represent the sixth factor of personality? Spiritual (transcendence and the five-factor model. *Journal of Personality, 67*(6) 985-1013.
- Piedmont, R. L. (2001). Spiritual transcendence and the scientific study of spirituality. *Journal of Rehabilitation, 67*(1), 4-14.
- Piko, B. F. & Fitzpatrick, K. M. (2004). Substance use, religiosity, and other protective factors among Hungarian adolescents. *Addictive Behaviors, 2*, 1095-1107.
- Pilegge, J. & Holtz, R. (1997). The effects of Social identity on the Self-set goals and task performance of high and low self-esteem individuals. *Organizational Behavior and Human Decision Processes, 70*(1), 17-26. Reprinted by permission by Porter, L., W., Bigley, G. A. & Steers, R. M. (2003). *Motivation and work behavior* (7<sup>th</sup> ed.). New York, NY: McGraw Hill.
- Playfair, W. L., & Bryson, G. (1991). *The useful lie*. Wheaton, IL: Crossway Books.
- Pickett, D., Wilson, C. T., & Smith, E. D. (Eds.). (1917). *The cyclopedia of temperance, prohibition and public morals*. New York, NY: The Methodist Book Concern.
- Poage, E. D., Ketzenberger, K. E., & Olson, J. (2004). Spirituality, contentment, and stress in recovering alcoholics. *Addictive Behaviors, 29*(9), 1857-1862.
- Porter, L., W., Bigley, G. A. & Steers, R. M. (2003). *Motivation and work behavior*. (7<sup>th</sup> ed.). New York, NY: McGraw Hill.
- Pranckun, P. J. (1981). *Your inner healing through Christ*. Lancaster, PA: Dr. Peter J. Pranckun.

- Pringle, J. L., Emptage, N. P., & Barbetti, V. (2007). The role of spirituality in alcohol treatment retention and outcomes among African American patients. *Alcoholism Treatment Quarterly*, 25(3), 67-86.
- Raws, W. A. (n.d.) What's the difference: The message of the victorious Christian life. *America's Keswick Addiction Recovery Center-since 1897; Christian Conference & Retreat Center-since 1924*.
- Ray, O. (1978). *Drugs, society, and human behavior* (2<sup>nd</sup> ed.). Saint Louis, MO: The C. V. Mosby Company.
- Ray, O. & Ksir, C., (2004). *Drugs, society and human behavior* (10<sup>th</sup> ed.). New York, NY: McGraw-Hill.
- Refuge Ranch (2007). The Program. Retrieved on August 26, 2008 from <http://www.the-refugeranch.org/program.htm>
- Reinert, D. F. (2005). Spirituality, self-representations, and attachment to parents: A longitudinal study of Roman Catholic seminarians. *Counseling & Values*, 49(3), 226-238.
- Richard, A. J., Bell, D. C., & Carlson, B. B. A.(2000) Individual religiosity, moral community, and drug user treatment. *Journal for the Scientific Study of Religion* 39(2), 240-246.
- Richards, P. S. & Bergin, A. E. (Eds.). (2005). *A handbook of psychotherapy and religious diversity*. Washington, DC: American Psychological Association.
- Ritt-Olson, A., Milam, J., Unger, J. B., Trinidad, D., Teran, L., Dent, C. W., & Sussman, S. (2004). The protective influence of spirituality and "health-as-a-value" against monthly substance use among adolescents varying in risk. *Journal of Adolescent Health*, 34,192-199.
- Robertson, J. C. (1992). *Help yourself: A revolutionary alternative recovery program*. Nashville, TN.: Oliver Nelson Books.
- Robinson, E. R., Cranford, J. A., Webb, J. R., & Brower, K. J. (2007). Six-month changes in spirituality, religiousness, and heavy drinking in a treatment-seeking sample. *Addiction Research Center*, University of Michigan, 4250 Plymouth Road, Ann Arbor, Michigan 48109-5740.
- Rolheiser, R. (1999). *The holy longing: The search for Christian spirituality*. New York, NY: Doubleday.

- Rosenberg, J. & Wilcox, W. B. (2006). The importance of fathers in the healthy development of children. Retrieved September 30, 2012 from: <http://www.childwelfare.gov/pubs/usermanuals/fatherhood/chaptertwo.cfm> 1-4.
- Ruden, R. A. & Byalick, M. (1997). *The craving brain*. New York, NY: HarperCollins.
- Rudestam, K. E. & Newton, R. R. (2001). *Surviving your dissertation* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.
- Rush, B. (1943). An inquiry into the effects of spirituous liquors on the human body and the mind. *Quarterly Journal of Studies on Alcohol*, 4, 321-341.
- Sachs, K. S. (2009). A psychological analysis of the 12 steps of alcoholics anonymous. *Alcoholism Treatment Quarterly*, 27(2), 199-212.
- Sadock, B. J. & Sadock, V. A. (2003). *Kaplan & Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry* (9<sup>th</sup> ed.). Philadelphia, PA.: Lippincott, Williams & Wilkins.
- Salsman, J. M., Brown, T. L., Brechting, E. H., & Carlson, C. R. (2005). The link between religion and spirituality and psychological adjustment: The mediating role of optimism and social support. *Personality & Social Psychology Bulletin*, 31(1), 522-535.
- Salvation Army (n.d.). Addiction recovery. Retrieved August 30, 2008 from [http://www.usc.salvationarmy.org.usc/www\\_usc.nsf/vs-text-dynamic-arrays/80256D0300...](http://www.usc.salvationarmy.org.usc/www_usc.nsf/vs-text-dynamic-arrays/80256D0300...)
- SAMHSA Health Information Network (2010). 26 Substance Abuse. Retrieved April 17, 2010 from: <http://ncadi.samsa.gov/govpubs/hp201026Substance.aspx>
- Sanchez, Z. M. & Nappo, S. A. (2008). Religious intervention and recovery from drug addiction. *Revista de Saude Publica*, 42(2), 1-10.
- Sanders, R. K. (1997). *Christian counseling ethics: A handbook for therapists, pastors & counselors*. Downers Grove, IL: InterVarsity Press.
- Saunders, S. M. & Lucas, V. (2007). Measuring the discrepancy between current and ideal spiritual and religious functioning in problem drinkers. *Psychology of Addictive Behaviors*, 21(3). 404-408.
- Schieman, S. (2010). Socioeconomic status and beliefs about God's influence in everyday life. Retrieved April 19, 2010 from: <http://socrel.oxfordjournals.org/cgi/content/full/71/1/25?//maxtoshow=&hits=10&RESULT...>

- Seybold, K. S. (2007). Physiological mechanisms involved in religiosity/spirituality and health. *Journal of Behavioral Medicine*, 30, 303-309.
- Shadoan, J. M. (2006). *Learning contemplative focused prayer: A manual for clinical practice.*, Lynchburg, VA: Self published workbook. CFP Manual, P.O Box 3072 24503
- Shelby, J. (2001). *A good-faith first step to recovery: Rabbi's center helps those battling alcohol and drugs.* Daily News (New York). May 24, 2001. Retrieved August 26, 2008 from <http://www.lexisnexis.com.ezproxy.liberty.edu:2048/us/Inacademic/delivery/PrintDoc>. Do?f...
- Sherman, J. & Fisher, J. M. (2002). Spirituality and addiction recovery for rehabilitation and counseling. *Journal of Applied Rehabilitation Counseling*, 33(4), 27-30.
- Shields, H. & Bredfeldt, G. (2001). *Caring for souls: Counseling under the authority of Scripture.* Chicago, IL: Moody Press.
- Shine, J. (1996). Religious revival on campus. *USA Weekend*, (February 9-11), pp. 8, 9.
- Siebert, C. (1996). Are we more than ever at the mercy of our genes? *Minneapolis Star-Tribune*, XIV(286), A13.
- Silkworth, W. (1976). *Alcoholics Anonymous: The story of how many thousands of men and women have recovered from alcoholism* (3<sup>rd</sup> ed). New York, NY: Alcoholics Anonymous World Services.
- Simpson, A. B. (2009). *Christ in the Bible commentary, book four.* Camp Hill, PA: Wing Spread.
- Skog, O. J. & Duckert, F. (1993). The development of alcoholics' and heavy drinkers' consumption: A longitudinal study. *Journal of Studies on Alcohol*, 54, 178-188.
- Smeaton, G. (1958). *The doctrine of the Holy Spirit.* London, England: The Banner of Truth Trust.
- Smith, A., R. (2009). Nursing and spirituality: What happened to religion? *Journal of Christian Nursing*. 26(4), 216-222.
- Stake, R. E. (1995). *The art of case study research.* Thousand Oaks, CA: Sage.
- Stanley, C. (1998). *Sharing the gift of encouragement.* Nashville, TN: Thomas Nelson.

- States, J. A. (2001). Self-efficacy and spirituality in the recovery process from alcohol dependence: A paradox (Doctoral Dissertation, The West Virginia University, 2001). *Liberty University Dissertations*.
- Sterling, R. C., Weinstein, S., Losardo, D., Raively, K., Hill, P., Petrone, A., & Gottheil, E. (2007). A retrospective case control study of alcohol relapse and spiritual growth. *The American Journal of Addictions, 16*, 56-61.
- Stewart, J. S. (1963). *A man in Christ-The vital elements of St. Paul's religion*. New York, NY: Harper & Row.
- Straub, J. & Sibcy, G. (2008). Innovations in cognitive-relational practice. *Christian Counseling Today, 16* (3), 52-55.
- Strug, D. L., Priyandarsini, S. & Hyman, M. M. (1986). *Alcohol interventions*. New York, NY: The Haworth Press.
- Strump, E. (2001). Augustine on free will, in Strump, E., Kretzmann, N. (Eds.), *The Cambridge Companion to Augustine*. Cambridge, England: Cambridge University Press, 124-147.
- Substance Abuse Planning Report (2010). Drug and alcoholism council of Johnson County, February 2010. Retrieved April 17, 2010 from [www.uscjoc.org](http://www.uscjoc.org)
- Sutton, G. W., McLeland, K. C., Weeks, K. L., Cogswell, P. E., & Miphouvieng, R. N. (2007). Does gender matter? Relationship of gender, spousal support, spirituality, and dispositional forgiveness to pastoral restoration. *Pastoral Psychology, 55*, 645-663.
- Sweeten, G., Ping, D., & Clippard, A. (1993). *Listening for heaven's sake*. Cincinnati, OH: Teleios.
- Sweetser, W. (1828). *A dissertation on intemperance, to which was awarded the premium offered by the Massachusetts Medical Society*. Boston, MA: Hillard Gray.
- Swenson, G. (2003). *Practicing psychology...from a Christian perspective*. Retrieved January 24, 2006 from [http://www.gregswensonphd.com/Christian\\_perspective.htm](http://www.gregswensonphd.com/Christian_perspective.htm)
- Tan, S. Y. (1996). Religion in clinical practice: Implicit and explicit integration. In E. P. Shafranske (Ed.), *Religion and the Clinical Practice of Psychology* (pp. 365-387). Washington, DC: American Psychological Association.
- Tan, S. Y. (2007). Disciplines in clinical practice. *Journal of psychology and Christianity, 26*(4), 328-335.

- Tanyi, R. A. (2002). Towards clarification of the meaning of spirituality. *Journal of Advanced Nursing*, 39(5), 500-509.
- Taylor, E. (1994). Desperately seeking spirituality. *Psychology Today*, [November-December], 54-68.
- Taylor, E. (2003). Prayer's clinical issues and implications. *Holistic Nursing Practice*, 17(4), 179-188.
- Teen Challenge (2007). About Us. Retrieved August 30, 2008 from: <http://teenchallengeusa.com/about.php>
- Teen Drug Use (n.d.). The health effects of teen alcohol use. Retrieved October 1, 2012 from: <http://www.teendrugabuse.us/teensandalcohol.html>, 1-3.
- Theis, S. L., Biordi, D. I., Coeling, H., Nalepka, & Miller, B. (2003). Spirituality in care giving and care receiving. *Holistic Nurse Practitioner*, 17(1), 48-55.
- Theissen, G. (1987). *Psychological Aspects of Pauline Theology*. Edinburgh, Scotland: T. and T. Clark.
- The Life Recovery Bible (1988). *The New Living Translation*. (1996). Wheaton, Ill: Tyndale House.
- The Partnership for a Drug-Free America (2010). Alcohol. Retrieved April 16, 2010 from: [http://www.drugfree.org/Portal/drug guide/Alcohol](http://www.drugfree.org/Portal/drug%20guide/Alcohol).
- The Society for the preservation of the book of common prayer. (n.d.). *Mandate*, 13-14. Retrieved from *Meditating and Contemplating* (n.d.). Philadelphia, PA: The Prayer Book Society.
- Thoresen, C. E. & Eagleston, J. R. (1985). Counseling for health. *The Counseling Psychologist*, 13, 15-87.
- Thoresen, C. E. & Harris, A. H. S. (2002). Spirituality and health: What's the evidence and what's needed? *The Society of Behavioral Medicine*, 24(1), 3-13.
- Thoresen, C. E., Hoffman, & Goldberg, J. (1998). Coronary heart disease: A psychosocial perspective. In s. Roth-Roemer, S. Kurpius Robinson, & C. Carmin (Eds.), *The emerging role of counseling psychology in health care* (pp. 94-36). New York, NY: Norton.
- Tiebout, H. M. (1943). Therapeutic mechanisms of Alcoholics Anonymous. Read at the ninety-ninth annual meeting of The American Psychiatric Association in Detroit, MI. (May 10-13, 1943).



- Tiebout, H. M. (1944). Therapeutic mechanisms of Alcoholics Anonymous. *American Journal of Psychiatry*, 100, 468-473.
- Timmons, S. M. (2011). What is a Christian faith-based recovery program? *Journal of Christian Nursing*, 28 (3), 158-161.
- Tkach, J. (2000). What is an evangelical? Retrieved May 18, 2009 from: <http://www.wcg.org/lit/church/evangelic.htm>
- Tonigan, J. (2007). Spirituality and alcoholics anonymous. *Southern Medical Journal*, 100(4), 437-440.
- Tonigan, J. S., Miller, W. R., & Schermer, C. (2002). Atheists, agnostics, Alcoholics Anonymous. *Journal of Studies on Alcohol*, 63, 534-541.
- Tournier, P. (1958). *Guilt and grace*. San Francisco, CA: Harper & Row.
- Tracy, S. W. (2005). *Alcoholism in America: From reconstruction to prohibition*. Baltimore, MD: The Johns Hopkins University.
- Tracy, W. D. (2002). Spiritual direction in the Wesleyan-holiness movement. *Journal of Psychology and Theology*, 30(4), 323-335.
- Trumbull, C. (2007). *Victory in Christ*. Fort Washington, PA: CLC.
- Uhl, G. (1992). National institute on drug abuse (p. 4C). In Harold E. Doweiko (1999). *Concepts of chemical dependency*. Pacific Grove, CA: Brooks/Cole.
- Unger, M. F. (1980). *Unger's Bible dictionary*. Chicago, IL: Moody Press.
- United Church of God (2012). Lesson: Understanding and overcoming substance abuse. Retrieved on September 30, 2012 from: <http://www.freebiblestudyguides.org/bible-answers/understanding-overcoming-substance...>
- U.S. Census Bureau, Children's Living Arrangements and Characteristics (2011), *The father factor*. Washington D.C: Table C8, 1-12.
- Vaillant, G. E. (1983). *The natural history of alcoholism*. Cambridge, MA: Harvard University.
- Vaillant, G. E. (1990). We should retain the disease concept of alcoholism. *Harvard Medical School Mental Health Letter*, 9(6), 4-6.
- Vaillant, G. E. (2005). Alcoholics anonymous: Cult or cure? *Australian & New Zealand Journal of Psychiatry*, 39(6), 431-436.

- VanVonderen, J. (2004). *Good news for the chemically dependent and those who love them*. Minneapolis, MN: Bethany House.
- Walach, H. & Reich, K. H. (2005). Reconnecting science and spirituality: Toward overcoming a taboo. *Zygon*, 40(2), 423-441.
- Wallace, J. M., Brown, T. N., Bachman, J. G., & Laveist, T. A. (2003). The influence of race and religion on abstinence from alcohol, cigarettes and marijuana among adolescents. *Journal of Studies on Alcohol*, 64, 843-848.
- Weaver, A. J., Pargament, K. I., Flannelly, K. J., & Oppenheimer, J. E. (2006). Trends in scientific study of religion, spirituality, and health: 1965-2000. *Journal of Religion and Health*, 45(2), 208-214.
- Webster, N., (1981). *Webster's new collegiate dictionary*. Springfield, MA: G. & C. Merriam.
- Webster, N., (1983). *Webster's new universal unabridged dictionary* (2<sup>nd</sup> ed.). New York, NY: Dorset & Baber.
- Welch, E. T. (1998). *Blame it on the brain? Distinguishing chemical imbalances, brain disorders, and disobedience*. Phillipsburg, NJ: P & R.
- Welch, E. T. (2001). *Addictions: A banquet in the grave*. Phillipsburg, NJ: P & R.
- White, W. L. (1998). *Slaying the dragon: The history of addiction treatment and recovery in America*. Bloomington, IL: Chestnut Health Systems/Lighthouse Institute.
- White, W. L. (2000). Addiction as a disease: Birth of a concept. *Counselor*, 1(1), 46-73.
- White, W. L. & Whitters, D. (2005). Faith-based recovery: Its historical roots. *Counselor, The Magazine for Addiction Professionals*, 6 (5), 58-62.
- Wikipedia (2012). Suicide. Retrieved January 10, 2013 from: <http://en.wikipedia.org/wiki/Suicide>
- Wikipedia (2010). Teen challenge. Retrieved December 30, 2010 from: [http://en.wikipedia.org/wiki/Teen\\_Challenge](http://en.wikipedia.org/wiki/Teen_Challenge)
- Wikipedia, (2009). *Judeo-Christian*. Retrieved February 12, 2009 from: <http://en.wikipedia.org/wiki/Judeo-Christian>.

- Wilcox, H. C. (2004). Epidemiological evidence on the link between drug use and suicidal behaviors among adolescents. *The Canadian Child and Adolescent Psychiatry Review*, 13 (2), 27-30.
- Wink, P. & Dillon, M. (2003). Religiousness, spirituality, and psychosocial functioning in late adulthood: Findings from a longitudinal study. *Psychology & Aging*, 18(1), 191-211.
- Winzelberg, A. & Humphreys, K. (1999). Should patients' religiosity influence the clinicians' referral to 12-step self-help groups? *Journal of Consulting Clinical Psychology*, 67, 790- 794.
- Wong-mcdonald, A. (2000). Surrender to God: An additional coping style? *Journal of Psychology & Theology*, 28(2), 149-162.
- Worthington, E. L., Hook, J. N., Davis, D. E. & Ripley, J. S. (n.d.). Empirically supported Christian treatments for counseling. *Christian Counseling for Today*, 16(3), 35, 36.
- Wulff, D. M. (1991). *Psychology of religion: Classic and contemporary views*. New York, NY: Wiley.
- Zemore, S. E. (2007). Helping as healing among recovering alcoholics. *Southern Medical Journal*, 100(4), 447-450.

## APPENDIX A

### Consent Form

#### Research Study

You are invited to be in a research study relating to the possible beneficial relationship between America's Keswick *Christian spirituality* in treatment and its' graduates' ability to overcome alcohol dependence. You were selected because you are a graduate who has faithfully completed the four month residential program in the Colony of Mercy, the eight month Church Covenant, and are an active member of a Christian Church.

This study is being conducted by: Michael Byrne, a Ph.D. Candidate at Liberty University under Dr. John Thomas: Chairperson.

#### Background Information

There are three purposes for this study. The first purpose of this study is to identify the elements of the phenomenon of *Christian spirituality* found at America's Keswick, which are taught to its residents at the Colony of Mercy. The second purpose of this study is to discover if these aspects of the phenomenon of *Christian spirituality* are helpful to graduates in overcoming alcohol dependence and maintain a alcohol free life style. The third purpose of this study is to discover any elements of the phenomenon of *Christian spirituality* presently used by graduates, which are not presently included in the current treatment plan. A fourth purpose of this study is to provide valid research related to the phenomenon of *Christian spirituality* in treatment of alcohol dependence.

#### Procedures

If you agree to participate in this study I would be delighted. Please carefully read and follow these instructions; thank you in advance! After reading this form please sign and return it to: Facility Administrator, Supervisor of Addiction Recovery Ministries America's Keswick, 601 Route 530, Whiting, NJ 08759; (phone-(732)-1187 ext.47).

#### A Consent Form

This form briefly describes the study, along with any benefits and any risks to the participants. Any participants who feel a need to receive counseling in relationship to their participation in this study will be accommodated by the facility administrator. They will be put in contact with the counseling staff at the Colony of Mercy to set up appointments as needed. Each signed consent form will be kept in personal files established and accessible only to facility administrator.

#### Recorded Interview

The facility administrator will arrange an interview schedule between the researcher and the willing participants who have returned their signed consent forms. The researcher will record the sessions (with a separately marked CD or tape for each participant). The researcher will also take notes during the interview.

#### A Written Transcript of Personal Interview

After the interviews are completed the researcher will provide the facility administrator with a written transcript which will be sent to each participant. The researcher will provide the facility administrator with stamped prepaid envelopes addressed to her for each participant.

#### Participant's Approval or Editing of Transcript from their Personal Interview

Upon receipt of the transcript; each participants is free to: (A) approve the written transcript as is; (B) add any information that they feel is significant, which they may not have thought of during the interview; (C) choose to delete any information provided during the interview for any reason. The interviewer will use only material approved by the participant.

The participant will take responsibility to return all corrected transcripts to the facility administrator within four weeks of receipt. The facility administrator will send all returned transcripts to the researcher within two weeks. The researcher will use the corrected transcripts to analyze the interviews.

The researcher will provide the facility administrator with a copy of the corrected transcripts. The facility administrator will file the transcripts with the consent forms.

#### Freedom of the Researcher to Complete Research in the Event of Unreturned Transcripts by the Participants

If the transcripts are not returned to the facility administrator within four weeks of the receipt; then the researcher will utilize the original interview transcript. The researcher will assume that the participants generally approve the original transcript. The researcher will assume that the original transcript is adequate to be analyzed.

#### Confidentiality Issues

All names of participants will be fictitious. References to demographic data will be generalized to insure that no personal identification of any participant is possible. Only the facility administrator will have access to the participant's full name and identification characteristics (i.e., address, phone, etc.). The researcher will have only the first name and information provided during the interview (and any added information supplied by the participant in the corrected transcript).

#### Risks and Benefits of Being in this Study

The risks of being in this study may include personal discomfort from mentally reviewing former behaviors while answering the personal questions. The research will eliminate any question that makes any participant the least bit uncomfortable. The facility administrator has made a provision for anyone feeling discomfort from the interview to receive counseling. The administrator will connect any participant with the counseling staff at the Colony of Mercy in order to set up an appointment for counseling; Phone-(732)-1187-extenstion 347; e-mail: [www.americaskeswick.org](http://www.americaskeswick.org)

## APPENDIX B

### General Information Format Interview Questions

The following open ended questions are intended to guide the interview process. They will provide direction for future assessment of these interviews. These questions are in concert with the General Information Format.

- (1) What life events led to your introduction to alcohol?
- (2) How did your relationship with alcohol progress over time?
- (3) What were the effects of your increased use of alcohol?
- (4) Did you attempt to stop or reduce drinking? If so, what did you do? Was it effective?
- (5) Did you seek formal treatment before entering America's Keswick? Was it effective?
- (6) What circumstances motivated you to enter treatment at America's Keswick?
- (7) What elements of *Christian spirituality* did you experience (if any) during treatment at America's Keswick?
- (8) Did you experience any changes in thought, attitude, or behavior during treatment?
- (9) What elements of treatment (if any) do you associate with these changes?
- (10) What elements of treatment did you find helpful (if any) during challenging times or times of discouragement?
- (11) What individual and group elements of *Christian spirituality* adopted during treatment (if any) are you presently using in order to maintain an alcohol free life-style?
- (12) Do you have any additional information that you feel may be important relating to your ability to maintain an alcohol free life-style?

## APPENDIX C

### Philosophical Assumptions of Modernistic Science and Psychology and the Theistic

#### Religious Traditions (Richards & Bergin, 1997, pp. 30, 31)

| Modernistic Science and Psychology   | Theistic Religious Traditions   |
|--|---|
| Naturalism and atheism: There is no Supreme Being or transcendent spiritual influences   | Theism: There is a Supreme Being and transcendent spiritual influences.   |
| Determinism: Human behavior is completely caused by forces outside of human control.   | Free will: Human beings have agency and the capacity to choose and regulate their behavior, although biological and environmental influences may set some limits.   |
| Universalism: Natural laws, including laws of human behavior, are context free; they apply across time, space and persons. A phenomenon is not real if it is not generalizable and repeatable.                           | Contextually: Although there are natural laws that may be context free, there may also be some that are context bound (i.e., they apply in some contexts, but not in others). There are real phenomena that are contextual, invisible, and private. They are not empirically observable, generalizable, or repeatable (e.g., transcendent spiritual experiences). |
| Reductionism and atomism: All of human behavior can be reduced or divided into smaller parts or units.   | Holism: Humans are more than the sum of their parts. They cannot be adequately understood by reducing or dividing them into smaller units.  |
| Materialism and mechanism: Human beings are like machines composed of material or biological parts working together.   | Transcendent spirit and soul: Humans are composed of a spirit or soul and physical body; they cannot be reduced simply to physiology or biology.  |
| Ethical relativism: There are no universal or absolute moral or ethical principles. Values are culture bound. What is right and good varies across social and individual situations.                                     | Universal absolutes: There are universal moral and ethical principles that regulate healthy psychological and spiritual development. Some values are more healthy and moral than others.  |
| Ethical hedonism: Human beings always seek rewards (pleasure) and avoid punishments (pain). This is the basic valuing process built into human behavior.   | Altruism: Human beings often forego their own rewards (pleasure) for the welfare of others. Responsibility, self-sacrifice, suffering, love, and altruistic service are valued above personal gratification   |
| Classical realism and positivism: The universe is real and can be accurately perceived and understood by human beings. Science provides the only valid knowledge. Scientific theories can be proved true on the basis of | Theistic realism: God is the ultimate creative and controlling force in the universe and the ultimate reality. God and the universe can only be partially and imperfectly understood by human beings. Scientific methods can approximate some aspects of reality but must be transcended by   |

|   |   |
|---|---|
| empirical evidence.   | spiritual ways of knowing in many realms.   |
| Empiricism: Sensory experience provides human beings with the only reliable source of knowledge. Nothing is true or real except that which is observable through sensory experience or measuring instruments. | Epistemological pluralism: Human beings can learn truth in a variety of ways including authority, reason, sensory experience, and intuition and inspiration. Inspiration from God is a valid source of knowledge and truth. |

| Spiritual Direction (SD)  | Traditional Psychotherapy (TP)  |
|---|---|
| <i>Presenting Problem-</i><br>a sense of sin, alienation, guilt, shame, anomie, purposelessness   | <i>Presenting Problem-</i><br>anxiety, fear, aimlessness, alienation, depression, anti-social behavior, addiction   |
| <i>Goals-</i><br>Transformation by grace of God in Christ, wholeness, holiness, Christlikeness  | <i>Goals</i><br>-integration, becoming fully human, self-acceptance, self-actualization   |
| <i>Procedures-</i><br>guidance toward confession, repentance, and encounter with the transforming moments of saving and sanctifying grace, guidance for the life-long transforming journey of spiritual formation   | <i>Procedures-</i><br>one-on-one counseling sessions exploring past and present problems, group therapy   |
| <i>Resources-</i><br>Personal Spiritual Disciplines: prayer, Bible study; Spiritual Disciplines of Community: worship, sacraments, face-to-face group fellowships, and service; inner resource of the Imago Dei, wisdom of the Spiritual guide, guidance of the Holy Spirit | <i>Resources-</i><br>Insights, experience, education, and skill of the counselor, inner resources of the human personality, insights from the counselee's past and present experiences<br><br>(Tracy, 2002 [gleaned from chart] p. 333) |



## Appendix D

### Dynamics for Change

Joshua stated that he adopted an aspect of the phenomenon of *Christian spirituality*-“Dynamics for Change,” which he associates with maintaining a lifestyle free from alcohol and drug dependence following treatment. He said that as a result of one’s divine-human relationship the “Dynamics for Change” are possible. Joshua said, “Man is faced with two choices in life. The first choice is to please ourselves with the thing that is in front of us; the second choice is to please Jesus. When you start pleasing Jesus and stop pleasing yourself things start to change.” Joshua said, “When you please yourself, you’re not doing what you’re created for and you’re in sin. So when you start pleasing Jesus, you stay right in the center of His will and He’s driving the bus of your life and He starts to bless you.”

Joshua stated that our society teaches us to put ourselves, our desires, and interests in the primary place of authority in our lives. He shared that the following diagram illustrates that we focus on our own interests in order to please ourselves. He mentioned that this decision is easy because we sacrifice nothing and follow our self-centered desires. Joshua commented that after we are in bondage to sin we find ourselves in addiction and asking Jesus, “What went wrong?” He noted the truth, “...the way of the transgressor is hard” (Proverbs 13:15b).

Joshua stated that people ask why pleasing themselves is a sin. He explained that we sin when we fail to do what God created us to do. He articulated that we were created to be in fellowship with God and to please Him. Joshua said that the way of decision to please God is very hard in the beginning because we have to give up our will.

Joshua stated that in time of temptation we should have faith in God and do the best we can, knowing that choosing God's way is the best way. If we are failing, we can choose to return and go God's way. Joshua stated that God desires for us to continue to grow closer to Him and He is aware that we often fail.

He explained that when we find ourselves desiring the sinful way to please ourselves; we can stop and choose the path that pleases God. He added that although initially, God's way is hard, each time we choose it; choosing God's way becomes easy. He said that we are in concert with God's grace when we choose God's path.

Joshua declared that before long our desires become transformed to desire God's will. He noted that our lives are better when we choose God's way; than when we chose to please ourselves and sin. He said this makes it beneficial to do things God's way.

Joshua concluded that our sinful way starts easy and ends hard; while God's way starts hard and ends easy. He proposed that our divine-human relationship motivates us to choose God's way. Joshua reflected that God enjoys blessing us when we walk in grace.

Joshua suggests that we ask God to show us His way and then choose to walk in it. He said that God will always confirm His truth and direction to us through Scripture (Matthew 6:33). Joshua stated that he seldom thinks of returning to his sinful life; but when the thought arises, he applies the "Dynamics for Change" and chooses to serve God.

**“Dynamics for Change” Illustration**

Grace Walk

(Adapted from Dr. Steven McVey)

Serve Self

(Proverbs 13:15b)

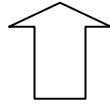
The Hard Way

Faith in Self

Sin of Addiction

**SELF**

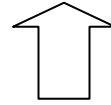
Hard Way



Easy Way

**GOD**

Easy Way



Hard Way

SERVE GOD

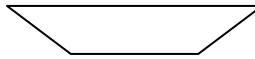
(Matthew 6:33)

The Easy Way

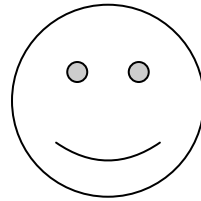
Faith in God

God’s Revelation

Point of Decision



Thoughts Start Here



## **Appendix E**

### **Rephael's "The Way of Life"**

Rephael shared this illustration, "The Way of Life Diagram" that the Holy Spirit taught him to help himself and counselees keep focused on Jesus as the Way, the Truth and the Life. The Christian is driving down the road of life, which has a line in the center of the lane. The line guides the Christian, keeping him in the center of the road of life, which focuses on the cross of Jesus Christ.

To the right and left of this (ONE WAY) lane are the emergency lanes set up by Satan to distract the Christian's attention. These emergency lanes are full of sinful idols set up to derail the Christian from single-hearted focus on Jesus Christ. These deceptions are composed of things (i.e., alcohol, drugs, sex, money, job, cars, big houses, etc.) that the world offers. "For the world offers only the lust for physical pleasures, lust for everything we see, and pride in our possessions. These things are not from the Father. They are from this evil world." (1 John 2:16 NLT).

These idols can derail the Christian in two ways. They distract the Christian by attracting attention to them, which removes his focus from the cross in the center lane, causing him to swerve dangerously. The other way a Christian gets derailed is by focusing on how he can avoid focusing on these things. This contemplation serves like the Law, which distracts the Christian from focusing on the cross in the center lane.

The cross represents Jesus' resurrection power, His presence and person. He is with us, guiding us along the center lane through the Holy Spirit's loving grace and abiding presence in us. Scripture provides the direction to us and is filled with His promises. This wonderful divine-human relationship has eternal as well as present

benefits. The eternal and present benefits far outweigh the temporary gratifications offered by Satan's deceptive, sinful idols.

Rephael explained how he applies his diagram. He said, "I have to keep my eyes on the cross and let Jesus push them off into my peripheral vision. They will be there. I know they are there...but I don't look at them too long..."

Rephael said, "...keep your eyes focused on the cross of Christ. He'll push this stuff...to the side if you're staring at Him, but if you stare at them you'll gravitate toward them and wonder, 'How did I get...off course?'" Rephael said, "...I go back to the Bible not to study, just to spend time with Jesus Christ. I read the Word and look for the person of Jesus Christ." Rephael said, "I look and see that He touched...He had compassion...He wept...and I find out who He is on the pages."

Rephael said, "Sometimes the enemy will throw those things (idols of deception) out of the emergency lane on to the main road, but I just keep focused on the cross."

Rephael said, "...There is no condemnation in Christ Jesus and I have to remember that He already knew that I was going to mess up. And I do mess up...There are days when I wish I was closer to God. It's those days I have to go back to that chart and focus.

Rephael's "Way of Life" illustration is on the following page (p. 349).

Rephael's "Way of Life" Illustration

