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### **Empowering the Church to Promote Hope and Healing to those Suffering from Addiction Emmanuel Baptist Fellowship in Lexington, South Carolina**

Donna Seay

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EMPOWERING THE CHURCH TO PROMOTE HOPE AND HEALING TO THOSE  
SUFFERING FROM ADDICTION  
EMMANUEL BAPTIST FELLOWSHIP IN LEXINGTON, SOUTH CAROLINA

A PROJECT  
SUBMITTED TO THE FACULTY  
OF THE M. CHRISTOPHER WHITE SCHOOL OF DIVINITY  
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BOILING SPRINGS, NORTH CAROLINA

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DOCTOR OF MINISTRY

BY  
DONNA SEAY

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EMPOWERING THE CHURCH TO PROMOTE HOPE AND HEALING TO THOSE

SUFFERING FROM ADDICTION

EMMANUEL BAPTIST FELLOWSHIP IN LEXINGTON, SOUTH CAROLINA

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## ABSTRACT

Addiction continues to be on the rise in the United States. “Empowering The Church To Promote Hope and Healing to Those Suffering From Addiction” was designed to educate, equip, and empower members of the church to journey with those who suffer from addiction. The four-week curriculum was based on the four functions of Pastoral Care which are healing, guiding, sustaining, and reconciliation. The project utilized a combination of quantitative and qualitative methods to analyze the results.



## CONTENTS

ACKNOWLEDGEMENTS.....	iv
ABSTRACT.....	vi
LIST OF TABLES.....	x
Chapter	
1. INTRODUCTION.....	1
Statement of Need	1
Project Setting	4
Ministry Question	5
Project Goal and Objectives	8
2. THE PROJECT DESCRIPTION.....	10
Project Description	10
Project Curriculum	11
Session Descriptions	12
Means of Evaluation	14
3. BIBLICAL AND THEOLOGICAL REFLECTION.....	15
Old Testament Foundation	18
Reconciliation of Jacob and Esau (Genesis 33)	18
Guiding the Israelites (Exodus 13:17-22)	21
Healing of Naaman (2 Kings 5)	21
God's Sustaining Power (Psalms 22)	22
Summary of Old Testament Foundation	24

New Testament Foundation	24
Jesus Guided by Example (Luke 5)	24
Healing: Luke	25
Reconciliation-The Prodigal (Luke 15)	27
God sustains Paul (Corinthians 12)	28
Summary of New Testament Foundation	30
Summary of Biblical and Theological Foundation	30
4. CRITICAL EVALUATION.....	41
Demographics	41
Four Seminar Survey Instruments	44
Pre- and Post-Survey Instruments	56
5. CONCLUSIONS.....	72
Conclusions	72
Strengths and Weaknesses	73
Future Opportunities	77
Appendix:	
A. CONSENT FORM.....	78
B. PRE-POST SURVEY INSTRUMENT.....	79
C. SESSIONS 1-4 SURVEY.....	82
D. SESSION 1-4 SURVEY RESULTS.....	84
E. SESSION 1-4 TOTAL MEAN RESULTS.....	90
F. SESSION 1-4 WRITTEN RESPONSES/QUESTIONS.....	91
G. FOCUS/CONTROL GROUP PRE/POST MEAN RESULTS....	98

SOURCES CONSULTED.....	117
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## LIST OF TABLES

TABLE ONE. PROJECT CURRICULUM.....	12
TABLE TWO. DEMOGRAPHICS-FOCUS GROUP.....	42
TABLE THREE. DEMOGRAPHICS-CONTROL GROUP.....	44
TABLE FOUR. SESSION 1: HEALING SURVEY RESULTS.....	48
TABLE FIVE. SESSION 2: GUIDING SURVEY RESULTS.....	51
TABLE SIX. SESSION 3: SUSTAINING SURVEY RESULTS.....	55
TABLE SEVEN. SESSION 4: RECONCILIATION.....	55

## CHAPTER ONE

### INTRODUCTION

#### STATEMENT OF NEED

Drug and alcohol addiction continues to be on the rise throughout the United States, affecting millions of people each year. Often when someone hears the word addict or alcoholic, a mental image comes to mind. Those suffering from addiction are not only those we imagine, for example, the homeless and destitute, but also the doctor, lawyer, nurse, soccer mom, teacher, minister, young, old, wealthy, poor, Caucasian, African American, Hispanic, Native American, and those sitting in our pews. Addiction has no boundaries it sees no race, economic status, profession, or age.

What is addiction?

The *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5), no longer uses the terms substance abuse and substance dependence, rather it refers to substance use disorders, which are defined as mild, moderate, or severe to indicate the level of severity, which is determined by the number of diagnostic criteria met by an individual. Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.

Excessive alcohol use can increase a person's risk of developing serious health problems in addition to those issues associated with intoxication behaviors and alcohol withdrawal symptoms. According to the Centers for Disease Control and Prevention (CDC), excessive alcohol use causes 88,000 deaths a year.

Data from the National Survey on Drug Use and Health (NSDUH) — 2014 show that in 2014, slightly more than half (52.7%) of Americans ages 12 and up reported being current drinkers of alcohol. Most people drink alcohol in

moderation. However, of those 176.6 million alcohol users, an estimated 17 million have an AUD.<sup>1</sup>

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However, of those 176.6 million alcohol users, an estimated 17 million have an AUD.<sup>2</sup>

According to an article written by Jayne O'Donnell in *USA Today Weekend*, drinking and alcohol use continues to be on the rise in the US, although the opioid crisis overshadows it. O'Donnell reports that according to The University of Washington Institute for Health Metrics and Evaluation there has been a 35% increase in deaths associated with alcohol from 2007-2017, with an 85% increase among women.<sup>3</sup>

How can the church be a place that promotes hope and healing to those suffering from addiction? Pastors and chaplains are not the only ones called to minister to those hurting and suffering. Ministry to those suffering from Substance Use Disorder (SUD) takes place outside the walls of the church or hospital. Members of the congregation can play a crucial role in healing and recovery of the addict by journeying with those suffering from addiction. Community, connection, and building relationships are vital to the recovery process. Developing relationships and sharing the love of God is not only what we are called to do as Christians; it is imperative in strengthening the body

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<sup>1</sup> Michelle Harrington, "Substance Use Disorders," Stages of Community Readiness | SAMHSA, September 30, 2014, accessed November 23, 2018, <https://www.samhsa.gov/disorders/substance-use>.

<sup>2</sup> Harrington, 1.

<sup>3</sup> Jayne O'Donnell, "Alcohol in America Drinking deaths on the rise-85% higher among women," *USA Today Weekend*, November 23-25, 2018, 1,4.

of Christ. “Transformation happens when we see our own crippling brokenness and need for God’s grace in the face and story of the addict in front of us. When addicts are not just the heroin pushers or prescription pill junkies ‘out there,’ but are in our pews and among us, we are in the right position to begin helping addicts into recovery.”<sup>4</sup>

Addiction affects not only the addict but also other lives as well; families are torn apart due to the cycle of addiction. Unfortunately, relapse is very common in those seeking recovery adding to the hurt, shame, guilt, and mistrust. Addiction, and I might add mental illness, is often the elephant in the room—or sanctuary. We know it is present, but often we are afraid to address it or talk openly about it. Until we begin to shed light on these issues, people will remain hidden in their pain and feelings of worthlessness and will be unable to see the restorative power that can be found through God.

Many of those suffering from addiction find themselves in spiritual distress. Often once involved in church, they have fallen away from the faith community and their relationship with God. Others are angry at God because they feel He *caused* their addiction. There are also those who claim to be atheist or agnostic. Through Alcoholics Anonymous and other 12-step recovery programs, individuals discover not only a belief in a "Higher Power," but a reliance on that Higher Power to maintain their recovery. Many of those without a previous relationship with God come to believe their Higher Power is in fact God. Others start to reestablish their broken relationship with God and healing and recovery begins to take place. The role of the church is critical in being the

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<sup>4</sup> Jonathan Benz., *The Recovery-minded Church: Loving and Ministering to People with Addiction*. (Downers Grove, IL; IVP Books, 2016), 23.

hands and feet of Jesus. By providing a non-judgmental and loving presence to those who suffer from addiction, meeting them right where they are mentally, physically, emotionally, and spiritually, those seeking hope can begin the process toward healing.

Alcohol Anonymous (AA), Narcotics Anonymous (NA), and other 12-step recovery programs are founded on Spiritual Principles. What does it mean to be spiritual or religious? Often when asked, many individuals will identify themselves as being spiritual but not religious. According to Merriam-Webster, “religious” is defined as: “relating to or manifesting faithful devotion to an acknowledged ultimate reality or deity: if, relating to or devoted to religious beliefs or observances: scrupulously and conscientiously faithful.”<sup>5</sup> Regardless of faith traditions, we all have certain things in common. These things include where we find meaning in life, what brings us joy, and where we find peace. According to Burkhardt and Nagai-Jacobson, “All people are spiritual and, by virtue of being human, all persons, at all ages, are bio-psycho-social-spiritual beings.”<sup>6</sup> Some studies have concluded that there is a strong connection between health, healing, and spirituality. In order to begin the healing process, all aspects of the person must be addressed in a holistic manner.

## PROJECT SETTING

The project was conducted at Emmanuel Baptist Fellowship (EBF) of Lexington, South Carolina. EBF was established in January 2004 as part of the South Carolina Cooperative Baptist Fellowship (CBF). The congregation and church

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<sup>5</sup> “Religious,” Merriam-Webster, accessed March 10, 2019, [https://www.merriam-webster.com/dictionary/religious?utm\\_campaign=sd&utm\\_medium=serp&utm\\_source=jsonld](https://www.merriam-webster.com/dictionary/religious?utm_campaign=sd&utm_medium=serp&utm_source=jsonld).

<sup>6</sup> Margaret A. Burkhardt and Mary Gail Nagai-Jacobson, *Holistic Nursing-A Handbook for Practice* (Sudbury Jones and Bartlett Publishers, 2005), 138.



location have had several “homes” since being established and is now located at 117 Park Road in Lexington. EBF is dually aligned with CBF and The Alliance of Baptists. The congregation meets on Sunday mornings at 9:30 for Sunday School and worship at 10:30. Wednesday evenings they have a fellowship meal followed by teaching and/or worship. The church is very social justice-minded and does a great deal to support, promote, and meet the needs of the vulnerable and underserved population of the community.

Lexington, South Carolina is located about fifteen miles from the South Carolina State Capital of Columbia and is the county seat for Lexington County. The 2015 census states a population of 281,833. The Lexington County School District and Lexington County Government are the largest employers in the county.<sup>7</sup> Many who live in Lexington travel to Columbia to work.

Lexington County is the home of Lake Murry Dam, which is a hub for water activities such as sailing, boating, and fishing. Several parks are also located in the county, which adds to the outdoor activities.

### MINISTRY QUESTION

The question is, how will the church respond when, not if, the congregation encounters someone suffering from addiction and those seeking recovery or are in recovery? How can the church journey with these individuals to promote hope and healing, extend grace, and develop relationships that can build the body of Christ? Is

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<sup>7</sup> National Association of Counties, “How Much Do You Know about Your County?” County Explorer, accessed March 10, 2019, <https://explorer.naco.org/>.

the church really a place of healing and hope for those suffering from addiction? Unfortunately, it is often a place that increases the already enormous amount of guilt and shame experienced by the addict. Understanding addiction as a disease, the process, the neurobiology of addiction, and myths associated with addiction/recovery will hopefully increase the empathy and understanding of addiction, which in turn will promote hope and healing to those affected by this disease.

Churches can play an essential role in providing support to those suffering from addiction, although many ministers and lay-people struggle with knowing how to help those with addictions. Jonathan Benz writes, “Congregations may host Alcohol Anonymous (AA) and other twelve-step recovery groups in their basements, but beyond that, far too many ministers and lay-people are ill-equipped to know what to do if the same addicts in those basement meetings show up in church on Sunday morning or join in on a Sunday school class, asking for help in the recovery process. Similarly, seminaries provide limited training, if any, in addiction counseling and recovery. Yet many people struggling with addiction are looking to the church for answers.”<sup>8</sup> As previously stated, those dealing with SUD find themselves in spiritual distress as a result of their addiction. They are seeking to fill the void they have attempted to fill with drugs or alcohol.

In his book, *The Return of the Prodigal Son*, author Henri Nouwen writes:

“Addiction” might be the best word to explain the lostness that so deeply permeates society. Our addictions make us cling to what the world proclaims as the keys to self-fulfillments: accumulation of wealth and power; attainment of status and admiration; lavish consumption of food and drink, and sexual gratification without distinguishing between lust and love. These addictions

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<sup>8</sup> Benz, 15.

create expectations that can't but fail to satisfy our deepest needs. As long as we live within the world's delusions, our addictions condemn us to futile quests in "the distant country," leaving us to face an endless series of disillusionments while our sense of self remains unfulfilled. In these days of increasing addictions, we have wandered far away from our Father's home. The addicted life can aptly be designated a life lived in "a distant country." It is from there that our cry for deliverance rises up.<sup>9</sup> Benz goes on to say, "If addiction is that distant country in which many addicts find themselves, then what might 'home' be? What if home were your church—or if the addicts showed up on Sunday morning thinking it was? Would you be ready to receive addicts in your pews? Are you equipped for the task of loving addicts into recovery and throughout that journey? Do you have the necessary tools to help your congregation become a prodigal community that, like the God it worships, will be extravagant in loving children God seeks to restore?"<sup>10</sup> Addiction and recovery have become a passion of mine. Working as a

chaplain, I often encountered those suffering from addiction. Many of those individuals were referred to as "frequent fliers," meaning they were often in and out of the hospital due to their addiction and associated medical issues. Although I had what I considered to be a good understanding of addiction, I would often find myself saying, "Why don't they just stop? They are killing themselves." It was not until I found myself in the midst of active addiction with alcohol that I understood more clearly that one could not "just stop." It is a mental, physical, and emotional obsession that takes hold and will not let go. This obsession feeds the addiction and affects the individual spiritually. As a chaplain/minister my guilt and shame were intensified due to my role. I suffered in silence and fear, afraid to share the truth of my addiction. It was not until I began to have recurring medical issues that I began to realize the need for help. I am one of the fortunate ones as I not only saw the need for help but was

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<sup>9</sup> Henri J.M. Nouwen, *The Return of the Prodigal Son: A Meditation on Fathers, Brothers, and Sons* (New York: Doubleday, 1992), 38-39.

<sup>10</sup> Benz, 12.

able to receive assistance through a twelve-week treatment program. Unfortunately, many of those suffering from addiction are unable to seek help or have a support system that will journey with them through the ups and downs of addiction and recovery. That is the point at which the church can promote the four functions of pastoral care. More people than we realize suffer from addiction. Addiction controls and affects their lives and the lives of their families and friends.

How can the church be a place of healing and hope? Is that not what we are called to do throughout scripture? Recognizing and talking openly about addiction and the increasing effects it has on society is the first step. Acknowledging and accepting there are addicts in our midst and those who are seeking a connection with others and God can foster an environment that can be a place of healing and hope. Benz says, “Recovery isn’t just about getting clean but about finding wholeness, restored relationships, and the joy of truly being alive.”<sup>11</sup>

### PROJECT GOALS AND OBJECTIVES

The ultimate goal of this project was to empower the church to be a place that can promote hope and healing to those suffering from addiction. An educational awareness program was developed to educate, empower, and equip those attending to gain knowledge, understanding, and the tools to minister to those with substance use disorder.

Through the project, participants explored the four functions of spiritual care described by Clebsch and Jackle, which are healing, sustaining, guiding, and

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<sup>11</sup> Benz, 13.

reconciling, and how they can be applied to those in our congregation who may be suffering from addiction. According to Clebsch and Jackle:

Healing aims to overcome some impairment by restoring the person to wholeness and leading him to advance beyond his previous condition. Guiding is seen as assisting perplexed persons to make confident choices between alternative courses of thought and action when such decisions are viewed as affecting the present and future state of the soul. Sustaining is helping a hurting person endure and to transcend a circumstance in which restoration to his former condition or recuperation from his malady is either impossible or so remote to seem improbable. Reconciliation seeks to re-establish broken relationships between man and fellow man and between man and God.<sup>12</sup>

Understanding the disease process of addiction and how it affects those who suffer from Substance Use Disorder is critical in promoting the four functions of pastoral care. This understanding can promote empathy, which will aid in the holistic care of those addicted and/or in recovery. Providing information on SUD will help equip lay-people and church staff as they provide care to those they encounter seeking help from their addiction.

Another goal of this project was to have open and honest conversations around the topic of substance use and how the church can be a place of hope and healing. All too often there is fear associated with those affected by addiction. As stated earlier this continues to be on the rise and I dare say there are those in our congregation who are affected by this disease. Having the tools and knowledge of additional resources can be one step in providing help to individuals and families affected by addiction.

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<sup>12</sup> William R. Clebsch and Charles R. Jackle, *Pastoral Care in Historical Perspective* (Englewood Cliffs, N.J.: Prentice-Hall, 1964), 79.

## CHAPTER TWO

### THE PROJECT DESCRIPTION

This project was designed to educate, equip, and empower individuals as they promote hope and healing to those who suffer from addiction. Why are some people affected by the disease while others are not? How can the church be a place of support? What are ways to support those suffering from addiction? The project was based on the four functions of Pastoral Care which are healing, guiding, sustaining, and reconciliation. Project participants attended four sixty-minute sessions on each Wednesday in February 2019. Each seminar consisted of introduction, education, opportunity for questions/answers, and post-session survey.

We are *all* called to minister to those who are hurting and in need. Often, members of the congregation can have the most significant impact on developing relationships which can promote these functions of pastoral care. Many churches now employ bi-vocational pastors, and much of the ministry is done by and through the congregation, as opposed to allowing the pastor to do it. Throughout this project, the term patient can be substituted for those suffering from addiction.

What is spiritual/pastoral care? Harold Koenig writes, “Spiritual care is an aspect of care for the whole person, which involves care of the physical, emotional/psychological, social, and spiritual dimensions of the person.”<sup>13</sup> Those suffering from SUD are affected in all areas—physically, mentally, emotionally, and spiritually. More and more research has been done on the importance of treating the whole person. James Greek also adds that “Spiritual care is not standing at the end of

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<sup>13</sup> Harold G. Koenig, *Spirituality in Patient Care* (Pennsylvania: Templeton Press, 2013), 74.

the bed with a Bible like a televangelist, attempting to influence the patient into making a decision. Spiritual care is coming close to the heart of patients, so we become aware of their burdens, both above and below the surface.”<sup>14</sup> In the midst of trauma, crisis, illness, and addiction, individuals often find themselves in the midst of spiritual distress. They are searching for answers, attempting to make meaning of the situation, and are looking for hope and healing. Questions arise around existentialism, mortality, why is this happening, and where is God in the midst of this situation? John Shea notes, “Sickness is a chaotic event on all levels, disturbing physical, psychological, social, and spiritual equilibrium. In many situations, the spiritual disturbance is an invitation to growth, a challenge to great spiritual realization.”<sup>15</sup> Through this project, we discussed the four functions of pastoral care and how these functions can create healing and wholeness to those affected by addiction and in recovery.

## PROJECT CURRICULUM

How can support be offered to those suffering from addiction and are seeking recovery? The four-week curriculum was designed to promote hope and healing for those suffering from addiction. Based on the four functions of pastoral care, sessions provided information and education around addiction, support, recovery, relapse, developing community, and the theological foundation for which the project was formed. Power points were developed and utilized in the delivery of information.

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<sup>14</sup> James Greek, *Spirituality, Health, and Wholeness* (New York: Haworth Press, 2004), 105.

<sup>15</sup> John Shea, *Spirituality & Health Care: Reaching Toward a Holistic Future* (Chicago: Park Ridge Center for the Study of Health, Faith, and Ethics, 2000), 39.

Participants had the opportunity to engage throughout each session as the presentation was designed to be interactive.

Table 1. Project Curriculum

**Week 1: Healing**

Project Pre-Survey  
Introduction of Project  
Addiction as a Disease  
Addiction is not a moral failure  
Biblical Examples of Healing  
Post-Session Survey

**Week 2: Guiding**

Myths of Addiction  
12 Step Programs  
Biblical Examples of Guiding  
Post-Session Survey

**Week 3: Sustaining**

Journeying with those suffering from addiction/Building Relationships  
The Importance of Community and Connection  
Biblical Examples of Sustaining  
Post-session survey

**Week 4: Reconciliation**

Restoring Relationships with God/Self/Others-Shame and Guilt  
Biblical Examples of Reconciliation  
Outside resources  
Conclusion  
Post session/project survey

## SESSION DESCRIPTIONS

### Session One: Healing

The first session consisted of an introduction of the project with the focus being on healing. Participants were provided information about the disease of



addiction followed by the biblical and theological foundation of healing used for this project.

- Pre-Project Survey
- Introduction of Project
- What is Addiction
- Addiction as a disease and not a moral failure
- Healing—Biblical/Theological Examples
- Post-Session Survey

### Session Two: Guiding

Session two participants were introduced to the twelve steps and twelve principles of Alcoholics Anonymous and how support can be provided to those suffering from addiction and seeking recovery. It is important to understand the spiritual nature of AA and how one can guide and journey with someone in recovery.

- Myths of Addiction/Recovery
- 12-Step Programs
- Biblical Example of Guiding
- Post-Session Survey

### Session Three: Sustaining

Building relationships are crucial for those in addiction/recovery. Community and a sense of belonging are essential factors for all of us but especially those struggling with addiction and recovery. Recovery seldom can be achieved on one's own. Many times, the church, which should be a place of hope and healing, has caused greater harm due to the shame and guilt already experienced to those hurting.

- Building Relationships—Journeying with those suffering from addiction
- The Importance of Community and Connection
- AA, Church, or both
- Biblical Examples of Sustaining

- Post-Session Survey

#### Session Four: Reconciliation

Reconciliation of relationships is often one of the most challenging aspects of the recovery process. There is a great sense of fear of rejection associated with this process and feeling connected to God, self, and others is a critical component of the recovery process.

- Restoring relationships with God, Self, and Others
- Shame, Fear, Guilt, and Vulnerability
- Biblical Examples of Reconciliation
- Outside Resources
- Conclusion
- Post-session and post-project survey

#### MEANS OF EVALUATION

This project was evaluated through both qualitative and quantitative methods. Data was compiled and analyzed using SPSS and the results can be found in Chapters 4 and the appendix.

## CHAPTER 3

### BIBLICAL AND THEOLOGICAL REFLECTION

#### INTRODUCTION

Throughout Scripture, we see examples of the four functions of pastoral care. Jesus is a primary example of providing care to those who need healing, whether it is physical, spiritual, relational, or emotional. These same principles can be applied today as ministers seek to bring about healing, guiding, sustaining, and reconciliation among patients, families, and staff.

The church has played an essential role in the development of health care. William Federer writes, “The Catholic Church is the oldest institution in the Western World and the originator of ‘hospitals.’ Just as the Syrian Church did in the East, the Catholic Church in the West pioneered putting into practice the words of Jesus: ‘I was sick, and you visited me’ and ‘Whatever you have done to the least of my brethren, you have done unto me.’”<sup>16</sup> We are called to care for the poor and vulnerable among us. Providing compassionate care and the ministry of presence can give a sense of comfort to those we are called to serve.

Through my research and reading, I am reminded of the critical aspects that spiritual care provides. “Ministryhealing” is a term Rice uses to convey the notion of healing and ministry together. He goes on to state, “‘Ministryhealing’ is more than health care as conventionally understood—the treatment of physical disorders. It is

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<sup>16</sup> William Federer, “This Day in History—The Role Of The Church In Health Care And Education,” *Western Journalism*, January 22, 2015, accessed November 30, 2016, <http://www.westernjournalism.com/day-history-role-church-health-care-education/>.

also more than ministry as conventionally understood—attending to the ‘spiritual’ or religious needs of people, apart from their physical and social needs.”<sup>17</sup> It is crucial that we treat the whole person, physically, mentally, and spiritually. Healing comes in a variety of forms and may not be seen through physical healing.

When spirituality is understood as including connections with oneself, with others, with nurture, and with God or a higher power, then spiritual suffering can be seen as resulting from the loss of such connections—betrayal by one’s body, loss of social roles, dependence on technology, and theological doubt or loss of faith. Healing, therefore, is the process of resolving such broken connections and recovering one’s wholeness. The focus of healing is the human experience of illness. Healing can occur in any dimensions: physical, emotional, social, or spiritual. Healing as the resolution of brokenness may or may not include curing disease.<sup>18</sup>

Providing holistic care for those dealing with life-altering events is essential. When individuals are faced with difficult situations concerning their health and mortality, they may face spiritual distress. Chaplains, ministers, and lay people can assist as individuals explore the meaning of these events and how their faith supports them as they provide meaning to the event they are experiencing.

Henri Nouwen’s *The Wounded Healer* reflects on how ministers/caregivers can utilize their own hurts/wounds as a source of healing for others.<sup>19</sup> We are *all* wounded. Admitting those wounds can help others

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<sup>17</sup> Richard Rice, *Spirituality, Health, and Wholeness* (New York: Haworth Press, 2004), 16.

<sup>18</sup> Gregory A. Plotnikoff, *Integrative Medicine, Second Edition* (Philadelphia: Saunders Elsevier, 2007), 1174.

<sup>19</sup> Henri Nouwen, *The Wounded Healer* (New York, Doubleday, 1972).

as they deal with their own wounds. As ministers and humans, we deal with the same struggles and trials as all of humanity. By understanding these wounds, we have the opportunity to connect with people on a more personal level, which can aid in healing.

Individuals want to have meaning and understanding of their situation or circumstance. When we face situations in life that seem hopeless, and that cannot be changed, we must change ourselves. We must seek meaning in our suffering and situation. Viktor Frankl explores this concept in his book, *A Man's Search for Meaning*. The *Dictionary of Pastoral Care and Counseling* is a wealth of information from a theological and historical perspective for specific terms and definitions.<sup>20</sup> It was beneficial in looking at specific terms surrounding wholeness, salvation, health, and healing. Salvation is more than being saved from hell. Salvation includes a personal relationship with Christ in the here and now, which creates wholeness. We are reconciled to God through the work of Jesus Christ. God's kingdom is now and in the future. Wholeness is part of that concept. We are body, mind, and spirit. Although at times we think of wholeness, health, and healing as being free from disease, often that is not the case. Being whole means finding peace with one's situation, which may or may not include physical healing. Healing occurs in a variety of ways and may not always be

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<sup>20</sup> Rodney, J. Hunter, *Dictionary of Pastoral Care and Counseling* (Nashville: Abingdon Press, 1990).

physical healing. True and complete healing takes place when we enter into the presence of God upon our death.

### OLD TESTAMENT FOUNDATION

The goal of this project was to empower the church to promote hope and healing for those suffering from addiction based on the biblical and theological principles of the four foundations of pastoral care, which are healing, guiding, sustaining, and reconciliation. In God's interaction with the Israelites, we see many examples of the movement of God working toward the provision of these four underlying themes of pastoral care that are supported throughout scripture, which is the foundation for this project. God guided and sustained the Israelites, provided healing for Naaman, brought about the reconciliation of relationships to God, self, and others as seen in Genesis and Psalms. Throughout scripture we see many examples of God at work in the healing, guiding, sustaining, and reconciliation of His people. These four functions are the basis on which pastoral care has been built and a guide for chaplains and caregivers as they provide care and minister to those they are called to serve.

Jacob and Esau (Gen. 33) are one example of reconciliation found in the Old Testament, although some question if full reconciliation between the brothers took place. Regardless of how deep or significant the struggle, we see hope in the fact that reconciliation is a possibility.<sup>21</sup> Reconciliation is often not easy as one must come to a place of forgiveness and acceptance. Not only did Jacob find reconciliation with

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<sup>21</sup> Fretheim, 1994.

Esau; he also found it with God. Brueggemann writes, “While the texts of Gen. 32-33 and II Cor. 5:16-21 are very different, there are parallels. In both, the beginning is in the reconciling work of God. In both, there follows the mandate to horizontal reconciliation.”<sup>22</sup> Can one have reconciliation with God and not have reconciliation with whom he/she is in conflict? Brueggemann relates to the words found in 1 John 4:12, 20-21 to this principle.

<sup>12</sup> No one has seen God at any time; if we love one another, God abides in us, and His love is perfected in us. . . . <sup>20</sup> If someone says, “I love God,” and hates his brother, he is a liar; for the one who does not love his brother whom he has seen, cannot love God whom he has not seen. <sup>21</sup> And this commandment we have from Him, that the one who loves God should love his brother also.

Brueggemann writes, “Love of God and love of brother belong together.”<sup>23</sup> If we genuinely have reconciliation and relationship with God, it seems impossible to have conflict with other people.

### Restoration and Wholeness

As we exist, however, our condition is one of alienation and corruption. We are alienated from God, from others, from our environment, and ultimately from ourselves. We bear the damaging effects of sin in every aspect of our existence—physically, spiritually, emotionally, and socially. Every essential element of our humanity survives, but none in its original condition. To fulfill our destiny, we need a solution to the wide-ranging problems that afflict us and lie beyond our capacity to solve. In a word, we need salvation. A Christian theology of healing, health, and wholeness thus regards the ultimate cause of illness as sin, the fundamental disorder that affects all of human existence, and views the attempt to overcome illness and restore

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<sup>22</sup> Walter Brueggemann, *Genesis*, Interpretation (Louisville, KY: John Knox Press, 1982), 273.

<sup>23</sup> Brueggemann, 273.

life to its fullness as one aspect of God's saving work in the world.<sup>24</sup>

Merriam-Webster defines restoration as “a bringing back to a former position or condition.”<sup>25</sup> Bakken writes, “Wholeness is never fully attained in this life, but is an ongoing process of transformation and growth.”<sup>26</sup> It is through our faith and the work of the Holy Spirit that allows for that transformation and growth.

In the OT, salvation and health were integrally relational; both were seen as blessings from God who opposes sin and evil, of which sickness and personality disorder are expressions.<sup>27</sup> Graham continues, “In recent times, healing and wholeness have become metaphors for religious views of salvation.”<sup>28</sup> As previously stated, healing comes in a variety of forms and may not be what we were expecting. Graham writes, “Holiness refers to a sense of personal unity and integration of one’s being in dynamic relationship to God, world, and community out of choice. It eventuated in the notion of a centered and covenanted life, set apart for a morally committed existence in the world. This existence is characterized by shalom, or bodily wholeness and being at peace with self, God, and neighbor.”<sup>29</sup> Micah 6:8 is a

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<sup>24</sup> Rice, 15-16.

<sup>25</sup> “Restoration,” Merriam-Webster, accessed March 10, 2019, <https://www.merriam-webster.com/dictionary/restoration>.

<sup>26</sup> Kenneth L. Bakken, “Journey To Wholeness,” *Sojourners*, August 23, 2013, accessed March 25, 2019, <https://sojo.net/magazine/october-1985/journey-wholeness>. 25.

<sup>27</sup> L.K. Graham, “Healing,” *Dictionary of Pastoral Care and Counseling* (Nashville: Abingdon Press 1990), 497.

<sup>28</sup> Graham, 497.

<sup>29</sup> Graham, 497.



beautiful example of how peace can be achieved and describes what is required: “He has told you, O man, what is good; And what does the Lord require of you but to do justice, to love kindness, and to walk humbly with your God?” To do justice, walk humbly, and to love kindness is an example of peace and wholeness that can be exemplified through our relationship with God, self, and neighbor.

In the Old Testament, we see examples of God guiding through Moses as he leads the Israelites, Noah to build the Ark, and Abram to leave his home country. In Exodus 13:17-22, God guided Moses and the people of Israel. Terence Fretheim notes, “God’s leading is not independent of human involvement. While God leads, Moses does too. Moses mediates divine guidance to the Israelite people.”<sup>30</sup> Chaplains facilitate opportunities for decisions for spiritual growth and renewal for those in our care. While we do not make decisions for them, we guide them in exploring what the important factors are for them in the decision-making process. The pastoral presence and the ministry of presence is one of the interventions used when working with patients, families, and staff. Through this passage, we are reminded of the presence and leading of God, both day and night. When those suffering know they are not alone in their journey, it is often a great comfort.

In Second Kings 5:1 one reads: “Now Naaman, captain of the army of the king of Aram, was a great man with his master, and highly respected because by him the LORD had given victory to Aram. The man was also a valiant warrior, but he was a

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<sup>30</sup> Terence E. Fretheim, *Exodus: A Bible Commentary for Teaching and Preaching* (Louisville, John Knox Press, 1991), 150.

leper.”<sup>31</sup> Here we see the story of Naaman, who sought healing from leprosy.

Naaman had great power in the military, although he could not completely live his life to the fullest because of his disease of leprosy. Walter Brueggemann states, “Leprosy is a scourge that is beyond control. It respects no rank or class.”<sup>32</sup> Naaman was used to being in control and having things under his control and now he finds himself helpless and hopeless. Naaman, like many of those suffering today, wanted immediate healing and did not want to comply with the recommendation of the physician/treatment facility or support system. People get angry and want to do it their own way and in their own time. Regarding 2 Kings 5:5b-7, Walter Brueggemann notes, “The pursuit of healing will carry the general into unfamiliar territory where he is out of his element and cannot control what happens.”<sup>33</sup> When it comes to illness, much of the outcome is out of our control. As with Elisha, physicians, psychologists, and twelve-step programs are used by God to bring about healing, which ultimately comes from God.

In the Psalms, we see that God sustains through difficult circumstances. In Psalm 22 we see lament, prayer, and praise. Here the Psalmist cries out to God with the familiar words of Jesus found in Matthew and Mark: “My God, My God, why have you forsaken me?” The Psalmist feels abandoned by a God who was once near. Peter Craigie states, “It is clear that the primary problem was not sickness or death; the

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<sup>31</sup> Scriptures are taken from the New American Standard Bible® (NASB).

<sup>32</sup> Walter Brueggemann, *1 & 2 Kings Smith & Helwys Bible Commentary*, (Macon: Smyth & Helwys, 2000), 332.

<sup>33</sup> Brueggemann, 332.

primary problem was the silence of God (v. 3) and the secondary problem was the terrible reaction of fellow human beings, who rather than offering comfort and consolation spurned the sick person as if an object less than human"<sup>34</sup> Those suffering from addiction often express feelings of being abandoned by God. They too cry out to God in despair and hopelessness. Not only do they feel abandoned by God, they often feel abandoned by their family and friends. Beth Tanner notes the structure of the Psalms "is disjointed and possibly reflecting the emotional turmoil that a faithful one undergoes as she tries to make sense of suffering and pain and even attacks from others with a belief in a powerful and loving God."<sup>35</sup>

Tanner continues, "One wonders why the one praying feels so ashamed and is mocked . . . . But the truth be told, one does not have to look far to understand. President Roosevelt hid his polio because he knew people would equate paralysis with weakness. AIDS patients suffer from terrible shame as they must face not only their disease but the questions of how they got it."<sup>36</sup> In healthcare chaplaincy it is common to experience patients who are struggling with guilt and shame associated with their illness, in particular, those with mental illness and addiction, which often go hand in hand. Often they find themselves isolated from family and friends, feeling hopeless, alone, and in despair.

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<sup>34</sup> Peter C. Craigie, *Psalms 1-50*, Word Biblical Commentary 19 (Waco: Word Books, 1983), 199.

<sup>35</sup> Nancy L. DeClaisse-Walford, Rolf A. Jacobson, and Beth LaNeel Tanner, *The Book of Psalms*, The New International Commentary on the Old Testament (Grand Rapids, MI: William B. Eerdmans Publishing Company, 2014), 227.

<sup>36</sup> Tanner, 234.

In v. 12 the psalmist prays for help. More than anything the worshiper wants to know and experience the intimate presence of God. Through the remainder of the Psalm, it becomes evident that the worshiper has the confidence that God has, in fact, heard the prayers for help and is present with him. On occasion, the chaplain employs the role of the physical representation of God through which the worshiper feels the intimate presence of God.

#### SUMMARY OF OLD TESTAMENT FOUNDATION

Throughout the Old Testament we see illustrations of the four functions of pastoral care. These illustrations are examples of the hope we have in a God who will sustain and guide His people in the midst of doubt, fear, illness, and conflict. God is ever present, even in the midst of His silence. The faithfulness of God is not dependent upon our response to situations we encounter but on the love he has for His children.

#### NEW TESTAMENT FOUNDATION

The movement of God through the church has played an essential role in the development of healthcare and the provision of the four functions of pastoral care that we see provided in and through the church.

Throughout Jesus' ministry, he guided by example. He ate with the sinners, loved the unlovable (Luke 5:27-32), and he touched the untouchable (Luke 5:13). As the body of Christ, we have the opportunity to provide care to a variety of people. Often the poor and vulnerable have no one to be their voice. Each person has a story. As caregivers, it is our responsibility to listen to their story. We may not be able to

change the situation or outcome, but we can be sojourners with them. Jesus showed compassion to all he encountered.

In Luke 8 we see the woman who had an issue with bleeding for twelve years. According to the law (Lev. 15:25-30), this woman was unclean, as was everything and everyone she touched. Joel Green writes, “The woman whom Luke introduces provided the Evangelist with yet another opportunity to define ‘the poor’ to whom the good news is brought (Luke 4:18-19; 7:22; 8:10). The simple fact she is a woman in Palestinian society already marks her as one of relatively low status. In addition to this, she was sick; her sickness, while apparently not physically debilitating, was socially devastating.”<sup>37</sup> Although she was not contagious, she was considered unclean and had lived in isolation during her time of illness.<sup>38</sup> While this woman was healed physically, the more important fact is that she was restored to her community, family, and relationships from which she had been separated.

Luke 8:26-39 is another example of how the four pillars of pastoral care are seen through scripture. According to scripture, this man was demon-possessed, had not worn clothes, and lived in the tombs for many years. When Jesus arrived, this man fell at Jesus' feet (v.28). Jesus heals the man from the demons, which caused negative fallout. The man who was healed requested to stay with Jesus, but Jesus tells him to return to his home and share what God had done. Craddock writes, “His brief but dramatic experience with Jesus was sufficient to be the content of a witness, and the

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<sup>37</sup> Joel B. Green, *The Gospel of Luke*, The New International Commentary of the New Testament (Grand Rapids: Wm. B. Eerdmans Publishing Co., 1997), 346.

<sup>38</sup> Green, 347.

behavior of the people of his area certainly reveals their need for such a witness.”<sup>39</sup>

In Luke 8:35 it is evident that healing took place through this man’s experience with Jesus. We may not witness healing as dramatic as this on a day-to-day basis, but we may. Although healing from addiction may not be as dramatic as this account, there is undoubtedly a spiritual need that needs to be met in order for recovery to take place. Those suffering from addiction need to rely on the strength and power of the God of their understanding for wholeness to be restored.

According to L. K. Graham, health in the OT was viewed as a blessing, whereas illness was seen as a punishment from God. “The Hebrews pictured the world as good. There was a unity of mind and body, created as good.”<sup>40</sup> Graham continues, “The NT regards healing as an indication of the presence of the Kingdom of God, in which restoration of bodily wholeness, emotional well-being, and mental functioning take place in the context of a spiritual advance.”<sup>41</sup> Healing comes in a variety of forms and does not necessarily mean the absence of disease or illness. Kenneth L. Bakken, in his article "Journey to Wholeness," states that “God brings us health in many forms, but until we are touched by the reality of the Spirit, we cannot be truly whole. Our spiritual life, then, becomes a key determining factor in our journey toward wholeness.” He goes on to say that “God is active in the creation and is present to us—for our healing and ultimate salvation. The word salvation, from the

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<sup>39</sup> Fred B. Craddock, *Luke*, Interpretation (Louisville: John Knox Press 1990), 118.

<sup>40</sup> Graham, 497.

<sup>41</sup> Graham, 498.

root salvus, means ‘healed.’ Thus, an abundant life of wholeness comes only in the mending, the healing, not just in a cure.”<sup>42</sup>

We can examine the story of the Prodigal and see restoration and reconciliation of relationships take place. All members of this family were affected by the prodigal’s decision to leave and then return home. Jonathan Benz writes, “Few things better encapsulate the parable of the prodigal son and the general condition of human lostness to which it speaks than the blight of addiction today.”<sup>43</sup>

According to Fred Craddock, the focus of Luke 15:11-32 is on the father: “not only did the father have two sons but loved two sons, went out to two sons, and was generous to two sons.”<sup>44</sup> The actions of the son brought shame upon the father. Regardless, the father wants reconciliation and restoration to take place. Green writes, “We discover that the father has recomputed what will be regarded as appropriate behavior, allowing himself to be shamed and even shaming himself for the sake of reconciliation with his son.”<sup>45</sup> That is the love and grace that God has for humanity.

The father was not the only one to experience shame. The prodigal had gone out on his own and failed. In v. 19 the son acknowledges his feelings of unworthiness and his desire to return to the father. Shame is the feeling one is bad while guilt is a sense that one has done something bad. The actions of the son had separated him from the father. Choices made by the son cause separation from the father. Often the

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<sup>42</sup> Bakken, 25.

<sup>43</sup> Benz, 11.

<sup>44</sup> Craddock, 188.

<sup>45</sup> Green, 858.

choices made by those suffering from addiction also lead to separation and brokenness in relationships with God, self, and others. Just as the father welcomed the son, God is also waiting to welcome the addict and wanting restoration in that relationship.

In John 8:1-11 we have the story of the women caught in adultery. Jesus asked her accusers, those without sin, to cast the first stone. Providing a non-judgmental presence and sharing our stories can develop a rapport and relationship with those suffering from addiction and hopefully lessen the shame they experience and promote hope and healing.

In the New Testament we see how Paul guided and mentored Timothy. Paul developed a relationship with Timothy and was committed to journeying with him. As Christians, we are called to do the same to those we encounter. Guided by Jesus, the disciples guide others and provide an example for us to follow. Relationships are critical for all of us. Humanity was designed for community and connection, especially connection and relationship with Jesus. It is through our relationships with God, self, and others that we find strength, hope, and peace to face the day-to-day challenges of life and develop coping skills for the journey.

Paul is also a great example of God's sustaining power as he struggled with his thorn in the flesh. In 2 Corinthians 12, we see that Paul prayed three times for God to intervene in his situation. It is unclear to what the "thorn in the flesh" refers. Some speculate it is a spiritual attack, while others believe it is about some type of physical condition. Regardless, Paul came to the point of living with his circumstance and felt God would continue to sustain him. According to Ralph Martin, the "answer to his



prayer came. It was not what he desired; rather it was what he needed."<sup>46</sup> Often when faced with illness or crisis individuals call out to God and the answer they want so desperately is not what takes place. Often, this leads to struggling with a variety of emotions, including anger, frustration, and more questions toward God. Although suffering and afflictions can produce strength, it can also lead to discouragement and bitterness.

Ernest Best notes, "The actual lesson Paul learned from God went much deeper. The Lord, that is, Jesus, said to him, 'My grace is sufficient for you, for my power is made perfect in weakness.' Paul is not to fear his own weakness, for weakness belongs to the human condition, even to the saved human condition, and when accepted permits God's grace to operate."<sup>47</sup> Those are often difficult words for those suffering from addiction or their family to comprehend or accept. Although a cure is the desired outcome, there is no cure for addiction—maintaining recovery becomes the goal. An individual's faith can provide him/her with the assurance that, regardless of the outcome, all will be well.

Paul Barnett writes, "This is a healing story without a healing. Paul declares that he boasts of his weakness, confident that this is the circumstance when Christ's power will rest upon him; when he is weak, then he is strong (vv.9-10)."<sup>48</sup> Paul was not healed from whatever his affliction was, although he knew Christ would sustain

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<sup>46</sup> Ralph P. Martin, *2 Corinthians*, Word Biblical Commentary 40, 2d ed. (Grand Rapids: Zondervan, 2014), 613.

<sup>47</sup> Ernest Best, *Second Corinthians*, Interpretation (Kentucky, John Knox Press, 1987), 120-21.

<sup>48</sup> Paul Barnett, *The Second Epistle to the Corinthians*, The New International Commentary on the New Testament (Grand Rapids: Wm. B. Eerdmans Publishing Co., 1997), 567.

him. Regardless of what we face, we can rest assured that God will continue to be present and sustain us in a way that only He can. Helping those facing illness and come to a place of peace and rest in this assurance is an important aspect in which we can aid as the body of Christ.

#### SUMMARY OF NEW TESTAMENT FOUNDATION

As in the Old Testament, the New Testament provides examples of the four functions of pastoral care, and how we can model those examples in providing care to those suffering from addiction. Jesus is our primary example of how to respond to those in need by providing a compassionate, non-judgmental presence to those society may shun. Paul also provides an example as he guides Timothy, as well as learning to deal with his own thorn in the flesh.

#### SUMMARY OF BIBLICAL AND THEOLOGICAL FOUNDATION

Healing is often thought of as physical healing. True healing comes through physical, spiritual, and emotional healing. Michael Guthrie, in his article “Pastoral Response to Moral Distress,” notes, “Fostering healing within a person’s soul is a key object for the chaplain’s pastoral care ministry.”<sup>49</sup> The ultimate healing we encounter is when we leave this earth and enter into the presence of God; only then are we completely healed. Walter Brueggemann writes, “Healing refers to restoration and rehabilitation of persons to their full power and vitality in the life of community. Sickness then does not refer primarily to a physical pain as much as it refers to the

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<sup>49</sup> Michael Guthrie, “A Health Care Chaplain’s Pastoral Response to Moral Distress,” *Journal of Health Care Chaplaincy* 20.1 (2014): 9, accessed November 16, 2016, <http://doi-org.ezproxy.gardner-webb.edu/10.1080/08854726.2014.867684>.

inability to be fully, honorably and seriously engaged in the community in all its decisions and celebrations.”<sup>50</sup>

Those suffering from addiction need spiritual, emotional, mental, and physical healing. At the beginning of the addiction cycle, one first begins to suffer spiritually. We are all spiritual beings—even those who confess no relationship with God or their "Higher Power." Most often she feels a separation from God, family, and significant relationships that have brought joy in the past. As the disease progresses, she suffers emotionally, mentally, and finally, the physical effects of the addiction take hold. Those in addiction have developed a physical dependence on the substance and must have the drug or drink in order to function "normally" without the withdrawal effects. As a person begins the recovery cycle, the healing takes place in the reverse order. Physical healing must come first. It is often important for those suffering from addiction to be admitted to a detox or medical setting in order to withdraw safely from the substance. Death can occur from withdrawing from particular substances, in particular alcohol. Once a safe withdrawal has occurred the individual will then begin to regain mental clarity and focus. Emotional and spiritual healing is often the far more difficult process. Relationships have been damaged and or destroyed. The addict may suffer from a sense of low self-worth, not feeling "good enough," and wonder how God can forgive him/her if s/he cannot forgive her/himself. A faith community can play a pivotal role at this point in the recovery. It should be a place of

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<sup>50</sup> Walter Brueggemann, *Living Toward A Vision* (Philadelphia: United Church Press, 1976), 182.

acceptance, love, and forgiveness, although unfortunately, it is often a place of more shame, guilt, and judgment.

To support physically, mentally, and spiritually is the role of the church, especially to those who suffer from addiction and/or mental illness; many of those suffering from addiction struggle from years of guilt and shame brought on by their addiction and choices they have made. Recovery is possible; although very seldom, if at all, it can be achieved alone. Here, faith communities and support groups such as AA and NA play a crucial role. Accountability is something we all need and can be found through our faith communities. If their faith, God, and spirituality do not sustain individuals, they often find themselves in a place of despair or spiritual distress. Addiction/relapse and recovery can bring about a cry for an intervention from God to rectify a situation. Those affected pray that God would intervene and answer their prayer according to their will and desire, not the will of God. Often the most difficult prayers we can pray are “your will God, and not our own.” We have to trust that through whatever we face God will be present and give the strength and courage to withstand what is before us. Often this is the case with illness and seeking to follow the will or plan of God in our life. Through Scripture, we see examples of God sustaining individuals through his power and grace, regardless of the circumstance.

Separation from or feeling abandoned by God is one of the major causes of spiritual distress. Individuals facing severe illness and possible death seek to make meaning of their situation in light of their faith and relationship with God. Either their

faith will draw them toward God, or they will become angry, frustrated, and turn from God before moving toward a place of peace with their circumstance.

Peter Craigie states,

There is no explicit prayer for healing or deliverance from death (though such may be implied); the prayer begins with the request for the removal of the divine distance. Feeling forsaken by God, the worshiper asks that God be no longer distant. While it is true that the sense of distance would disappear in an act of healing, there is something more immediate in this desire of this prayer; more than anything else, the worshiper requires to know once again the intimate presence of God. If such presence brought with it healing, so much the better, but even if it did not, sickness and death could be faced squarely in the presence of God, who would be the helper.<sup>51</sup>

An aspect of the role of spiritual care is to journey with those who are struggling with spiritual distress by providing spiritual and psychosocial support. Many of those suffering from addiction have experienced severed relationships with family, friends, coworkers, and God. The physical, mental, and emotional need for ones' drug of choice has been so strong the addict will do anything to get what his body needs—including lying, stealing, cheating, manipulating, and making promises that will only be broken. It is not that addicts want to hurt those they love; the voice of the addiction is so powerful; however, they will do anything they must to quiet the addiction. Bridges have been burned and trust broken. Most often those suffering from addiction are also spiritually empty. The shame and guilt of addiction have increased to their already sense of low self-esteem and self-worth.

Beginning the reconciliation process can often be difficult for those in recovery due to the fear associated with the possibility of rejection and judgment by those with whom they attempt to make amends. Not much can be done about the past, but one

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<sup>51</sup> Craigie.199.

can change the future through living amends. Living amends is living out the promises made through actions and not just words that have no meaning. The faith community can help in the reconciliation of relationships, in particular the relationship with God and self.

Often during illness, crisis, or imminent death, reconciliation is sought between family, friends, self, and with God. Conflict is an age-old problem. Terence Fretheim writes, “Conflicts at the interhuman level have an effect on the God-human relationship and vice versa.”<sup>52</sup> Examples of conflict and reconciliation are found throughout scripture and can provide instruction as individuals seek reconciliation. Reconciliation can come in three different opportunities—human to God, human to human, and human to self. We are instructed through Scripture to love God and love others.

Addiction is a disease and should be treated as such. Benz writes, “By defining addiction as a disease (as opposed to a personal sin or moral failing), I am not suggesting that addiction bears no relation to sin, insofar as sin according to a Christian worldview is fundamentally a universal human condition, one into which we all are born. On the contrary, addiction, like any other sickness, takes its place within a whole pantheon of ills that beset human beings as a result of the pervasive brokenness Christians call ‘sin.’”<sup>53</sup> Denis Meacham says, “A characteristic of the illness of addiction is what, despite the negative consequences of their drug-abusive

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<sup>52</sup> Fretheim, 570.

<sup>53</sup> Benz, 66.

behavior, these individuals are compelled to continue in this destructive pattern. No one has ever chosen to be a drug addict. No one wants to be a compulsive user of alcohol. Rather, chemically dependent people are stuck in a coping behavior that probably served them well at one time, briefly, and not they can't change without help."<sup>54</sup>

We know that death is part of life and something we will all face. However, when faced with our own mortality due to illness or accident caused by the result of addiction the possibility of death being near becomes a sobering fact. Achtemeier writes, "It is a normal reaction for the Christian to assume that, since God is in control, when sickness strikes, or tragedy befalls, it must reflect God's rejection of the person so afflicted."<sup>55</sup>

Addiction is a progressive disease. Although the addict may be in recovery, the condition remains alive and active. All it takes is one drink or drug and the cycle is on again. In AA this is described as an obsession of the mind and an allergy of the body, "We believe, and so suggested a few years ago, that the action of alcohol on these chronic alcoholics is a manifestation of an allergy; that the phenomenon of craving is limited to this class and never occurs in the average temperate drinker."<sup>56</sup> Healing for the addict takes place through the recovery process and involves more

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<sup>54</sup> Denis G. Meacham, *The Addiction Ministry Handbook: A Guide for Faith Communities* (Boston: Skinner House Books, 2004), 1.

<sup>55</sup> Paul J. Achtemeier, *Romans*, Interpretation (Atlanta: John Knox Press, 1985), 150.

<sup>56</sup> Alcoholics Anonymous Big Book (Charleston, SC: BN Publishing, 2008).

than just not using or taking a drink. Mental, physical, emotional, and spiritual healing takes place through utilizing a support system, working the twelve steps, having a sponsor, and relying on the strength of their “Higher Power”/God. The spiritual principals of the AA twelve-step program are about finding peace—peace with God, peace with ourselves, peace with others and maintaining peace.

Healing comes in a variety of forms, and although a cure from the disease of addiction is not available, I would say that those suffering from addiction can find healing. Looking at the four functions of pastoral care, I would say wholeness is seen through this process. Bakken writes, “Healing occurs in many ways and is always more than a physical cure.”<sup>57</sup> As chaplains, ministers, and lay people our role is to help individuals find healing, health, wholeness and come to a place of peace with self, God, and others.

No one likes to suffer, regardless of the reason or circumstance. If given the opportunity to avoid suffering, most would gladly prevent it if possible. Paul, in his writing to the Christians in Rome, seems to think there might be an opportunity to embrace suffering.<sup>58</sup> Achtemeier states, “That reason is that our future glory far outweighs any present suffering.”<sup>59</sup> He continues with the assurance of the redemption of creation by God, as creation itself will suffer due to the sin of Adam. What suffering Christians do undergo will not compare to that of future glory.<sup>60</sup>

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<sup>57</sup> Bakken, 24.

<sup>58</sup> Achtemeier, 141-42.

<sup>59</sup> Achtemeier, 141-42.

<sup>60</sup> Achtemeier, 141-42.



Regardless of our circumstance, we have hope. At times it may be difficult to see beyond our circumstance to the hope we find in Christ and through the Holy Spirit. Achtemier writes, "The hope we have is sure because we already have a foretaste of its fulfillment; the Holy Spirit (v.23). The reason the spirit is a foretaste of the consummation is simply the fact that the restoration means above all the restoration of complete communication between God and his creation, and it is the Spirit who is the power of that restored communication."<sup>61</sup>

Shame is often difficult for those suffering from addiction to overcome. Forgiveness of self and increasing one's feelings of self-worth are a constant battle faced by the addict. The church should be a place where this type of healing takes place, although unfortunately, it becomes a place where shame is intensified. We are all broken and are unwilling to share our brokenness with others. We show up on Sunday morning, put a smile on our face, and act as if we have it all together. When we are willing to be vulnerable and share our own stories of brokenness with others true healing of self and others can begin.

Addiction is a progressive disease. Those suffering from addiction can either die *from* this disease or *with* this disease. Like Paul, the affliction will remain with the addict and will be a continuing battle for the rest of their life. It is through the sustaining power of Christ that the addict can seek and maintain recovery.

A sense of community and belonging is important for all of us, especially those seeking recovery. We humans were designed to be in a relationship with God and

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<sup>61</sup> Achtemier, 143.

others. Isolation and broken relationships can be a trigger for relapse. Support is critical for those in recovery. We all need to belong and be part of something. Reconciling relationships is often a daunting and challenging task. Paul speaks of the importance of relationships and unity in the church. The church should play an essential role in the recovery and healing of those suffering from addiction. We are all designed for community and connection. Community and relationship are one of the most critical factors in the success of an addict seeking recovery. The support provided can lessen that sense of isolation and loneliness. Brené Brown states that loneliness can be deadlier than smoking a pack of cigarettes a day.<sup>62</sup> We are created to be in community, relationship, and fellowship one with another. Isolation is often one of the key causes of addiction and relapse.

Providing a non-judgmental, compassionate presence is fundamental to our core. Plotnikoff writes, “When patients believe that they will not be judged, that someone will listen and not try to fix, dismiss, or deny their concerns, they often freely share their most private concerns. The sense of being heard is itself frequently therapeutic.”<sup>63</sup> Sitting with and journeying with those suffering from addiction and allowing them to share their stories and struggles in a safe environment can promote a sense of belonging which will encourage a sense of hope and begin the healing process. Denis Meacham states, “The underlying objective of the ministry must be to transform the faith community into an open, accepting and healing environment, in

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<sup>62</sup> Brené Brown, *Braving the Wilderness: The Quest for True Belonging and the Courage to Stand Alone* (Farmington Hills, Michigan: Thorndike Press, 2018).

<sup>63</sup> Plotnikoff, 1173.

which the societal stigma attached to addiction has been removed. Such an environment is built on spiritual values and a belief in the innate worth and dignity of every human being.”<sup>64</sup>

Henri Nouwen wrote, “No minister can save anyone. He can only offer himself as a guide to fearful people. Yet, paradoxically, it is precisely in this guidance that the first signs of home become visible.”<sup>65</sup> Ministers and lay-people can guide those they are called to provide ministry to by modeling vulnerability and empathy.

It is through Christ that we are restored with God through his death and resurrection; we do have this hope, as we see in Romans 8:18-38. Not only do we have hope, but we have the assurance that through our suffering God will sustain us regardless of our difficulties and struggles. God made restoration complete through the death and resurrection of Jesus. Because of that restoration, we can move to a place toward wholeness. Restoration of humanity takes place through the work of Jesus. Graham writes, “Jesus provided an opportunity for human faith and divine power to coalesce in creating a new order. Restoration of bodily, emotional, and mental capacities was not the only concern of this new order, but restoration of these faculties was included in it.”<sup>66</sup>

We all will face tragedy, illness, and death. That comes with life. We do not have to like it, but we must remember that there is something far more significant than

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<sup>64</sup>Meacham, x.

<sup>65</sup> Nouwen, 93.

<sup>66</sup> Graham, 497.

life here on this earth. Our hope is not in ourselves, but is through the grace and knowledge that God will sustain us in the midst of our suffering. Martin writes, “Through it a person can be assured that no suffering (Romans 8:38-39) can overpower those who are in Christ.”<sup>67</sup> We have the knowledge and confidence that nothing can separate us from the love of God found through Christ. Today, we are guided by the Holy Spirit as Jesus in John 14:16-18 said we would not be alone.

Regardless of what has been done, God freely offers an opportunity and invitation for reconciliation. How often do we shame God through our words and actions? Usually, the more difficult aspect of reconciliation is that of reconciling and forgiving ourselves, as well as accepting that God does indeed love us. We also struggle with God's grace bestowed on others; as Craddock writes, “such is God's love, but we find it difficult not to be offended by God's grace toward another, especially if we have serious questions about that person's conduct and character.”<sup>68</sup> It is not up to humanity to determine how and to whom God extends His grace, although at times it is something we tend to forget. We are all created in the image of God (Gen. 1:27) and deserve to be treated with dignity and respect, regardless of race, religion, gender, sexual orientation, political affiliation, and social status.

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<sup>67</sup> Martin, 614.

<sup>68</sup> Craddock, 188.

## CHAPTER FOUR

### CRITICAL EVALUATION

“Empowering the Church to Promote Hope and Healing to Those Suffering from Addiction” was conducted on each Wednesday in February 2019. The project was presented at EBF and those who were unable to attend due to extenuating circumstances had the opportunity to participate by watching the sessions live via Zoom. Providing the opportunity for Zoom was not something I originally intended for the project; the need and opportunity for this platform arose, however, and implementations were made to accommodate such a need. In addition, sessions were also recorded via Zoom for participants who were unable to participate to watch at a later time. Link access to Zoom and the appropriate surveys were sent to members/attendees each Wednesday morning. Online surveys through Survey Monkey were anonymous.

Critical analysis of both qualitative and quantitative results of this project was considered and evaluated. Pre/Post-Focus Group and Control Group survey instruments only provided quantitative results while the individual session looked at both quantitative and qualitative results. Quantitative results were analyzed using SPSS.

### DEMOGRAPHICS

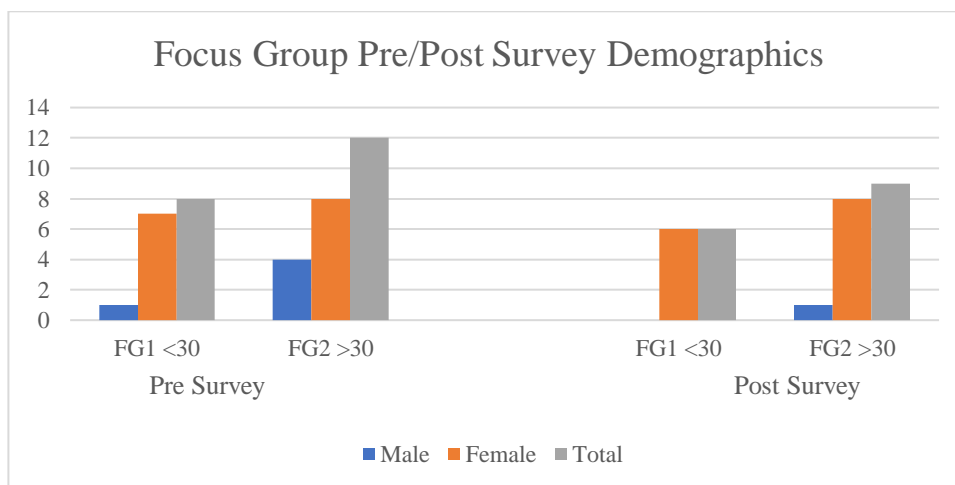
Participants for this research project were placed into two focus groups and a control group. The focus groups had twenty individuals who participated in the pre-

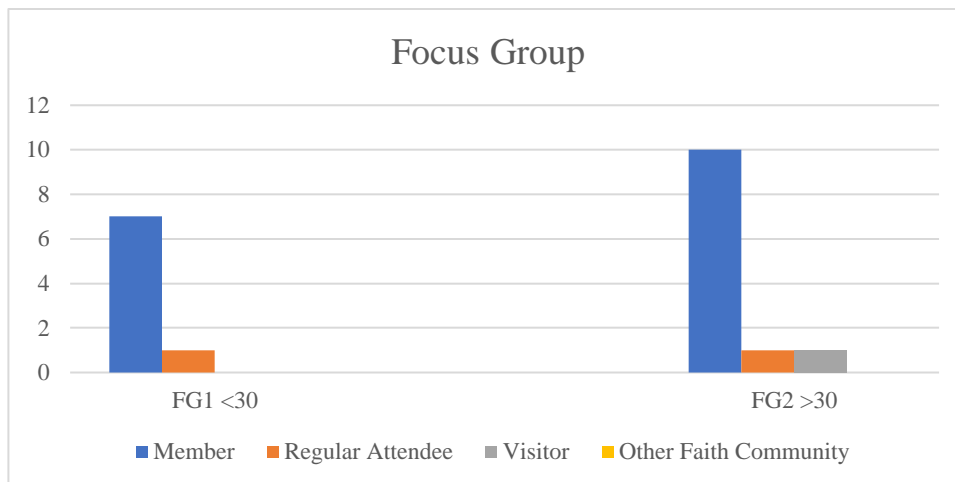
session survey. Seventeen participants (85%) identified as members of EBF; two (10%) stated they were regular attendees, and one person (5%) identified as a visitor.

The two focus groups were divided based on the age of the participants. Focus Group One (FG1) were participants age thirty and under (<30) and Focus Group Two (FG2) were participants over thirty (>30). FG1 had eight (40.0%) participants age 30 and younger and consisted of no men (0%) and eight (100 %) women. Seven participants (87.5%) in the FG1 group identified as members of EBF, while one person (12.5%) identified as a regular attendee/visitor.

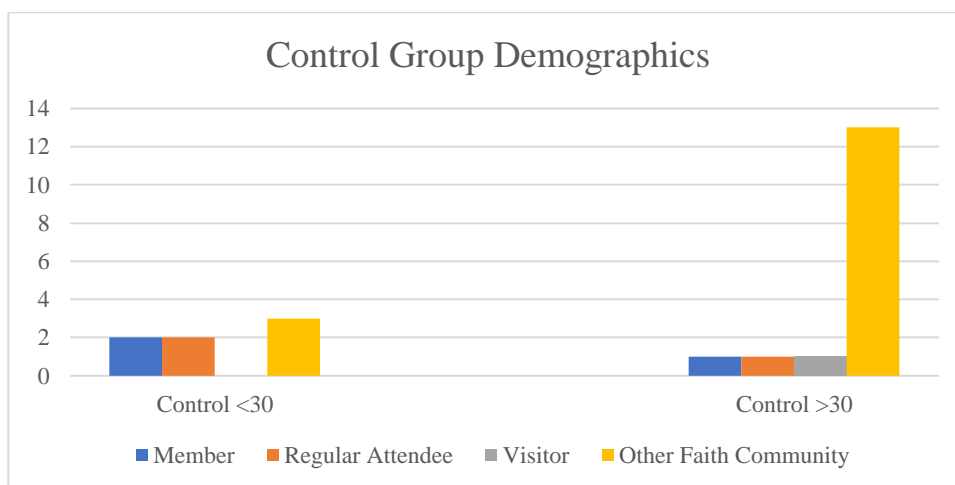
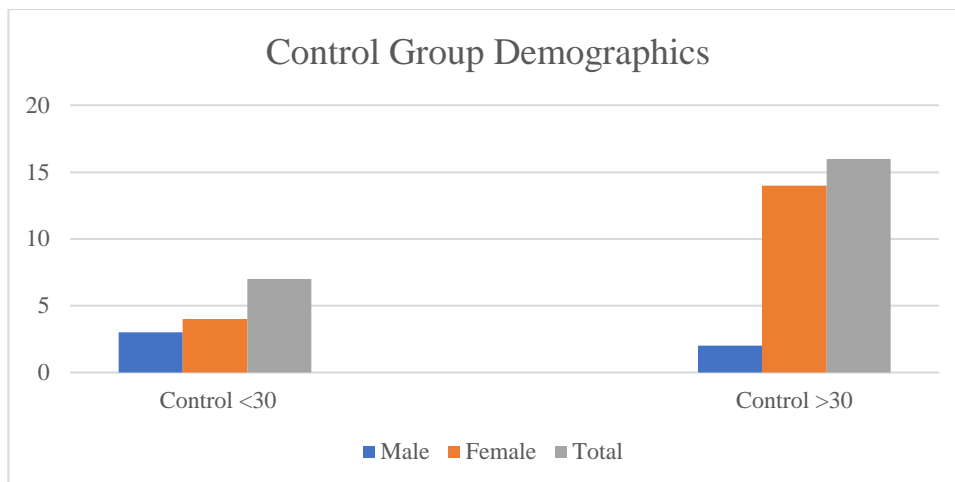
The second focus group (FG2) had twelve (60%) participants over thirty and consisted of four men (33.33%) and eight women (66.67%). Ten participants (83.33%) in the FG2 group identified as members of EBF while two (16.66%) identified as regular attendees/visitors. There was a total of twenty-seven individuals who participated in some part of the project. Twelve participants completed both the pre- and post-survey.

**Table 2. Project Demographics-Focus Group**





The control group survey was sent to thirty individuals. Initially, the control group was going to be members or regular attendees of EBF who were unable to attend the presentation. My curiosity to determine if there would be a difference in those attending other faith communities increased, however; therefore, I also sent the survey to a group of individuals who are part of other faith communities. Although this was not what I had planned initially, I found the results of the survey to be somewhat interesting, although not surprising. I will discuss these results in more depth below. Of the thirty individuals who received the survey twenty-three responded. Seven participants (30.43%) identified as below thirty years old while sixteen (69.57) identified as older than thirty. Sixteen people (69.57%) identified as attending another faith community, while three people (13.04%) identified as having a connection with EBF, either as a member or regular attendee. There was also one (4.35%) visitor included in the control group.

Table 3. Project Demographics-Control Group

#### FOUR SEMINAR SURVEY RESULTS

(Survey Instruments and Analysis in Appendix 4)

Following each specific session participants were provided with a post-session survey. The survey was designed with questions around a ten-point Likert Scale with 1 indicating Completely Disagree and 10 indicating Completely Agree. Evaluations for the four sessions were done with comparisons between the two focus groups. Also,



participants had the opportunity to record qualitative data with each survey.

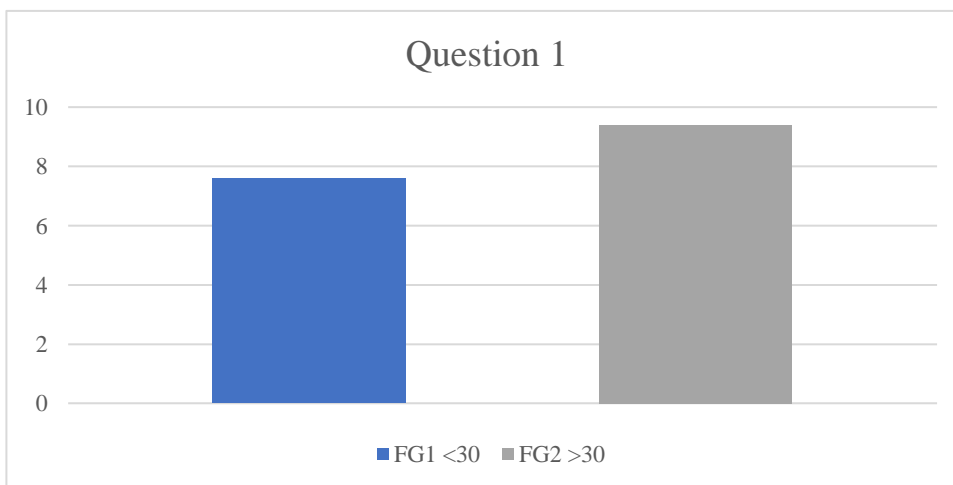
Discussion questions at the end of each session also added to the qualitative data.

### Session One: Healing

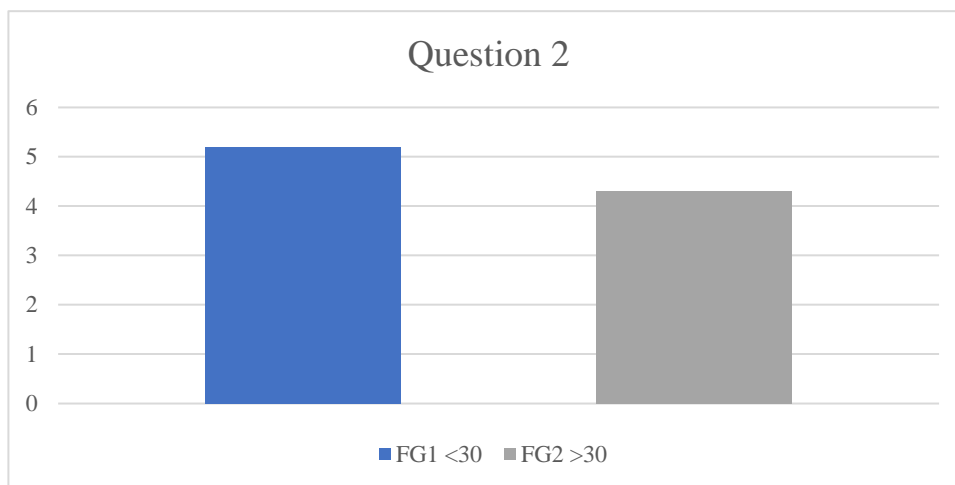
Session one had twenty individuals who participated, although only sixteen participants completed the post-session survey. Three participants (18.75%) were in FG1, and thirteen (81.25%) were in FG2. Three participants participated via Zoom for this session, and two of the three completed the surveys online.

Session one included project information as well as information about what addiction is, addiction as a disease and not a moral failure, and Biblical/Theological examples of healing. For all four sessions participants were grouped for analysis and evaluated/compared based on their age. One limitation of the project was the limited number of participants, especially under thirty years of age.

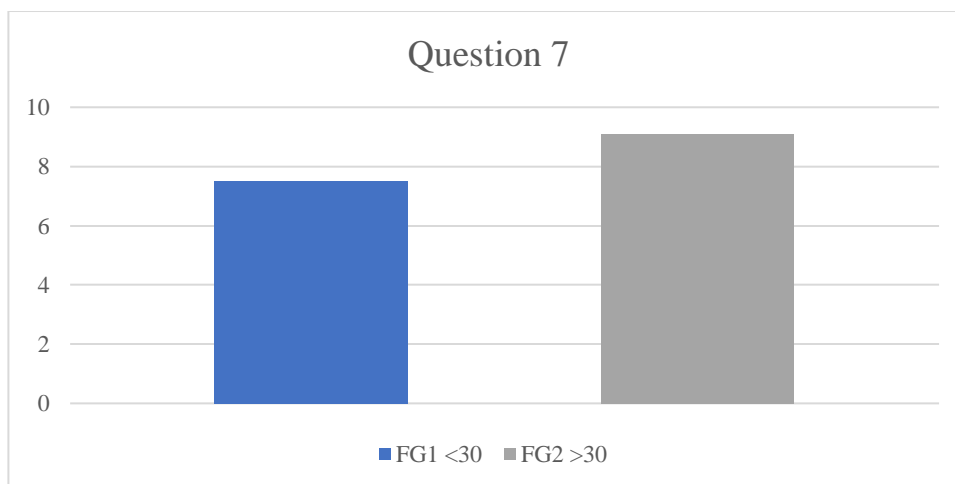
The mean results of the survey for session one between the FG2 and FG1 were close in seven of the eleven questions. In the other four questions (1, 2, 7, 11) the scores varied a bit more. Based on the results for question 1 the FG2 mean of 9.4 found the training content to be more relevant to them than the FG1 mean of 7.6.



Although the mean for both group scores were low for question 2 (The content of this training was new for me), the FG1 mean of 5.2 indicated a higher percentage thought that the content of the training was new to them than the FG2 mean of 4.5.

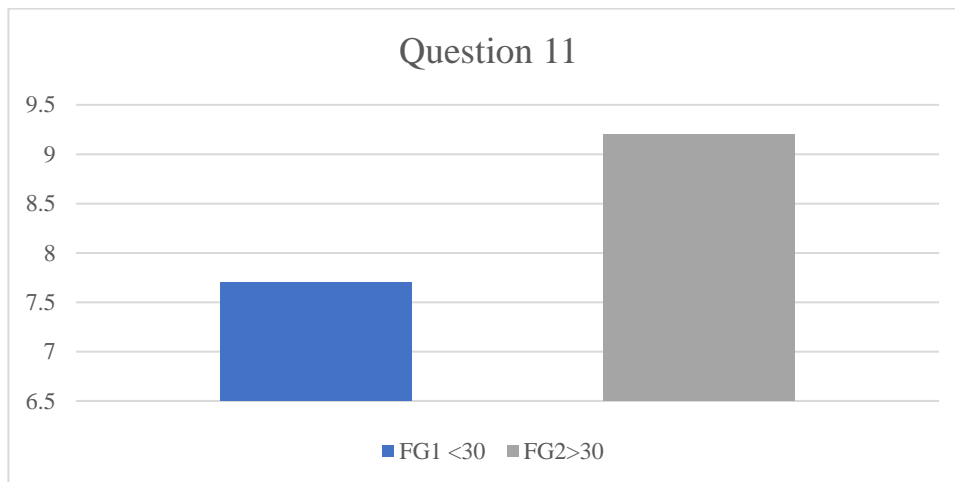


Question 7 (This training introduced me to basic concepts of addiction) also showed a slight difference in scores. Nine (69.23%) of the FG2 scored this question as 9 or 10, indicating they agreed that the training introduced them to basic concepts of addiction. The FG1 mean for this question was 7.5.



The final question to note is Question 11 (I have more understanding of addiction following this training). Scores for this question indicated the FG2 (mean of

9.2) had a greater increased understanding of addiction following the session than the FG1 (mean 7.7).



In addition to the Likert Scale, participants had the opportunity to answer several open-ended questions regarding the session as well as add any additional comments. I believe it is important to mention that not all learning can be or is measured through the evaluation methods, but takes place following the session or project. Participants will utilize the skills and information that they gained in the sessions and apply them to real- life situations. Although each participant was provided with information to promote hope and healing to those suffering from addiction, each person and the situations they encounter will be different and, therefore, learning continues to take place following the sessions. Following session one several individuals shared with me their own personal struggles with addiction or “another demon.” Hopefully, as a result of this project participants will feel more comfortable sharing their own personal struggles and as a faith community we can support one another.

Table 4. Session One Survey: Healing Quantitative Analysis

Survey Item	FG1 <30	FG2 >30	Total
	Mean	Mean	Mean
The training content was relevant to me.	7.6	9.3	8.5
The content of this training new for me.	5.2	4.5	5
Key points clearly communicated.	10	9.5	9.7
This training will improve my ability to support those suffering from addiction.	9	9.1	8.9
This experience increased your awareness of addiction.	7.7	8.2	8
This training met my expectations.	9.2	9.5	9.4
This training introduced me to basic concepts of addiction?	7.5	9.1	8.3
I am likely to use the information presented in this seminar to support those suffering from addiction.	8.6	9	8.8
The presenter had a good understanding of the topic presented.	10	9.9	9.9
This training should be repeated for other faith communities.	10	9.8	9.8
I have more understanding of addiction following this training.	7.7	9.2	8.5

Qualitative Analysis

Following each session, participants had three questions in which they could provide written responses and add additional comments. Question 1 (What new information did you learn in this presentation?) provided the following information. Although the quantitative data analysis (The content of this training was new for me) had a total mean of 5.0, there were thirteen of the sixteen participants who responded

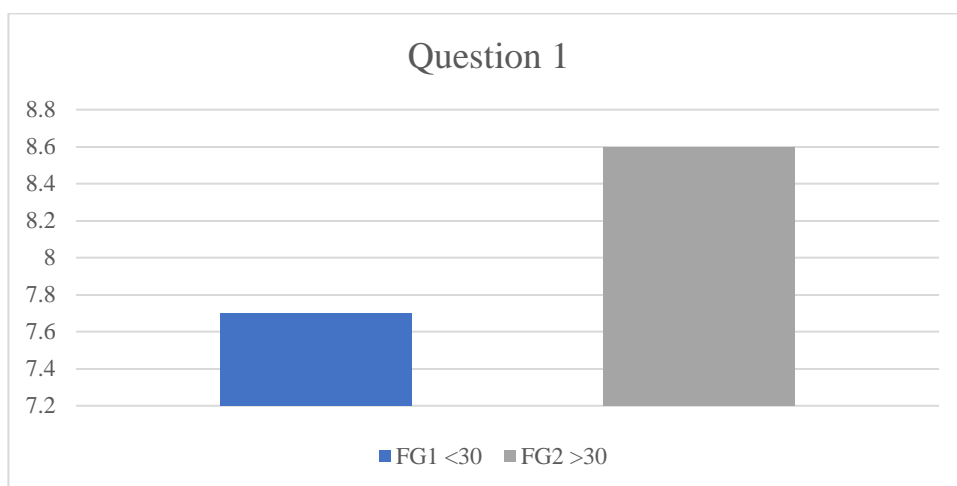
with something new they learned. The majority of responses were regarding the genetic component of addiction and the disease factor of addiction and how it affects the brain. Other responses indicated an understanding of the difficulty of relapse. Although there is not an addiction gene per se, there is a genetic component to addiction. Participants' responses indicate an understanding of the genetic and neurological aspects of those suffering from SUD.

When asked what stood out for them in this presentation, participants' responses noted the personal testimony and experience of the presenter and the difference in the disease/healing process. Participants also commented on the stigma and misconceptions of addiction as something that stood out.

#### Session Two: Guiding

Discussed in this session were some myths of addiction/recovery, information about 12-Step programs, and Biblical/Theological examples of guiding. Session two had three FG1 (16.67%) and fifteen FG2 (83.33%). As in session one, a good number of the scores were relatively close except for questions 1 and 2.

For question 1 (The training content was relevant to me) the FG1 mean was 7.6, while the FG2 mean was 8.6, indicating the FG1 did not find the training content of this session as relevant to them.



Question 2 (The content of this training was new to me) again indicated that both the FG1 and FG2 did not find the content of the training as new to them as I had hoped. The FG1 mean was 6.7 while the FG2 mean was 5.9. Again, one must consider the number of participants for session two and acknowledge this when considering the results, as there were only three FG1 present compared to fifteen FG2.

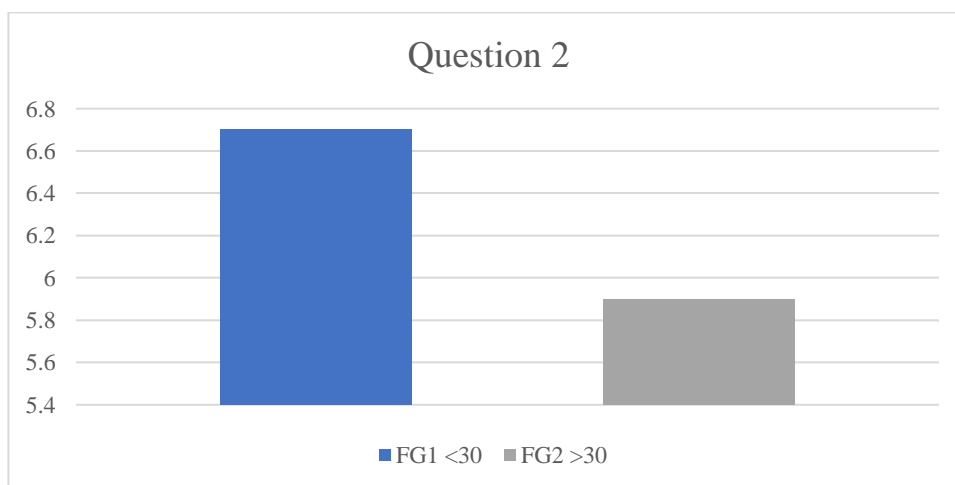


Table 5. Session Two Survey: Guiding Quantitative Analysis

Survey Item	FG1 <30	FG2 >30	Total
	Mean	Mean	Mean
The training content was relevant to me.	9.3	7.3	8.1
The content of this training new for me.	6.7	5.9	6.3
Key points clearly communicated.	10	9.1	9.5
This training will improve my ability to support those suffering from addiction.	9.3	8.3	8.8
This experience increased your awareness of addiction.	9.7	8.7	9.2
This training met my expectations.	9.7	9.5	9.6
This training introduced me to basic concepts of addiction?	9.3	8.4	8.8
I am likely to use the information presented in this seminar to support those suffering from addiction.	8.3	8.9	8.6
The presenter had a good understanding of the topic presented.	10	9.7	9.8
This training should be repeated for other faith communities.	10	9.6	9.8
I have more understanding of addiction following this training.	10	8.9	9.4

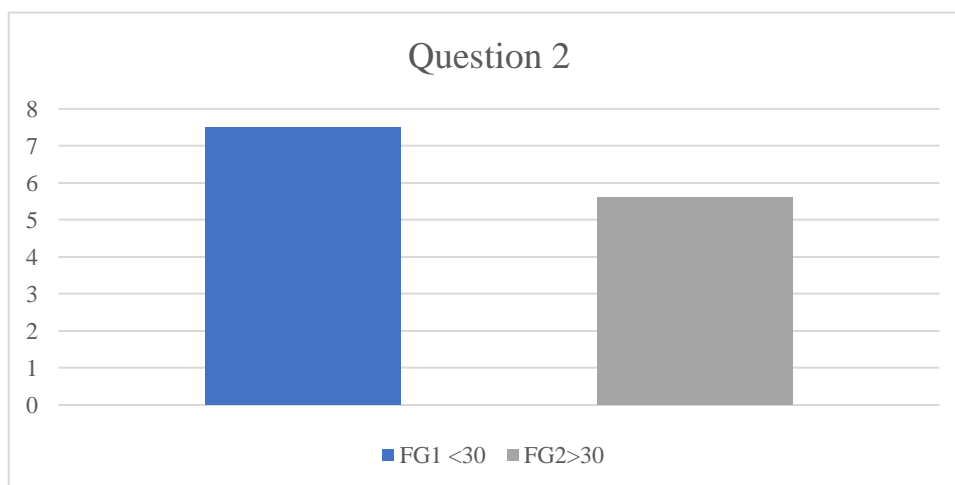
Qualitative Analysis

Session two on guiding presented information on the 12-Steps/Principles of AA and other 12-Step programs. Participants indicated an increased awareness and knowledge of this information in their written responses for question 1 (What new information did you learn during this presentation) and question 2 (What stood out for you in the presentation), with comments such as, “12-Steps and 12 principles and how they fit,” “12-Steps personal application,” and “largely spiritual journey in 12-Steps.”

Much of the content of this session was how the 12-Steps aide in the recovery process and the spiritual aspects of the 12-Step program. One participant commented that what surprised him/her the most was “how relevant this information would be to my current life circumstances,” while another commented, “God in the 12-steps” was what was most surprising.

### Session Three: Sustaining

Participants received information on the importance of building relationships, community, how AA and the church can both support those suffering from addiction, and biblical/theological examples of sustaining. Data mean results from this session were closer when comparing both groups. This session also had the least number of participants with thirteen being present. The FG1 had two participants (15.38%) while the FG2 had eleven participants (84.62%). Questions 2 and 7 had the lowest mean difference between the groups, although it was not a significant difference. The FG1 mean for question 2 (The content of this training was new for me) was 7.5 while the FG2 mean was 5.6, indicating the content of the training was not new for them.





Question 7 (This training introduced me to basic concepts of addiction) only had a slight difference in mean with FG1 having a mean of 8.5 while the FG2 had a mean of 7.8. There were no Zoom participants for this session.

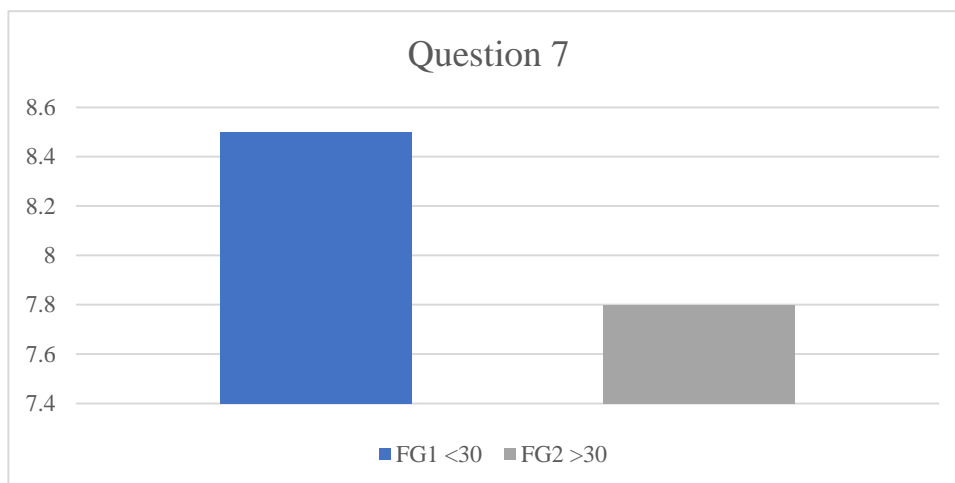


Table 6. Session Three Survey: Sustaining

Survey Item	FG1 <30	FG2 >30	Total
	Mean	Mean	Mean
The training content was relevant to me.	8.5	8.6	8.6
The content of this training new for me.	7.5	5.6	6.5
Key points clearly communicated.	9.5	9.4	9.4
This training will improve my ability to support those suffering from addiction.	10	9.5	9.7
This experience increased your awareness of addiction.	9.5	8.2	9
This training met my expectations.	10	9.5	9.7
This training introduced me to basic concepts of addiction?	8.5	7.8	8.1
I am likely to use the information presented in this seminar to support those suffering from addiction.	9.5	9.4	9.4
The presenter had a good understanding of the topic presented.	10	9.8	9.9

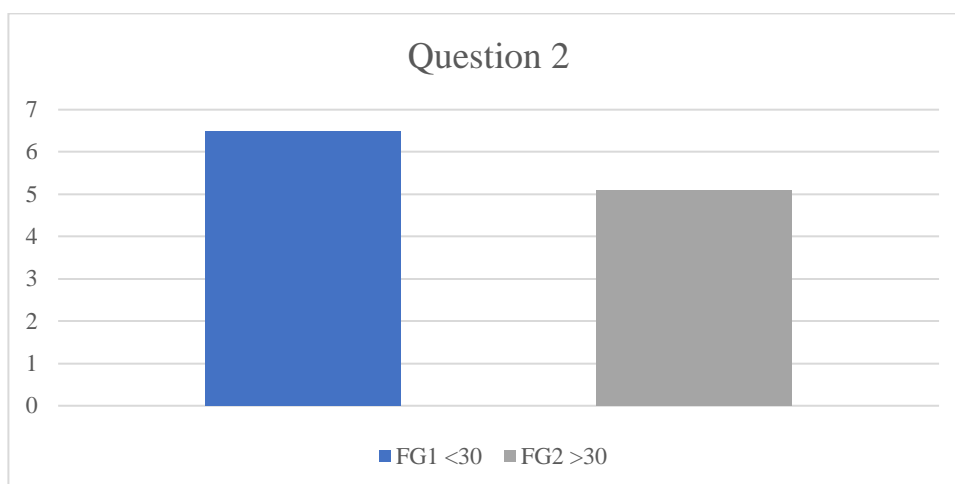
This training should be repeated for other faith communities.	10	9.8	9.9
I have more understanding of addiction following this training.	9.5	8.4	8.9

### Qualitative Analysis

Session three presented information on a study done on rats that confirmed the importance of community and connection. This, along with, “Don’t should on people” (simply means not to say you should do or not do something), were the two main themes in response to questions 1 and 2. Participants indicated an understanding of the importance for the need for community based on their responses. Participants’ comments were brief and included statements such as, “how connection impacts recovery” and “the opposite of addiction is connection.”

### Session Four: Reconciliation

There were fifteen total participants with six (40%) under thirty, while nine (60%) identified as over thirty. As with sessions 1-3, question 2 (The content of this training was new to me) had the lowest percentage, indicating the content of the training was not totally new nor did the training introduce participants to basic concepts of addiction. The FG1 mean for question 2 was 6.5 and the FG2 mean was 5.1. There were no Zoom participants for this session.



**Table 7. Session Four: Reconciliation**

Survey Item	FG1 <30	FG2 >30	Total
	Mean	Mean	Mean
The training content was relevant to me.	8.5	9.3	8.9
The content of this training was new for me.	6.5	5.1	5.8
Key points clearly communicated.	10	9.4	9.7
This training will improve my ability to support those suffering from addiction.	9.0	8.9	8.9
This experience increased your awareness of addiction.	8.7	8.1	8.4
This training met my expectations.	10	8.8	9.4
This training introduced me to basic concepts of addiction?	7.5	8.0	7.7
I am likely to use the information presented in this seminar to support those suffering from addiction.	8.7	8.9	8.8
The presenter had a good understanding of the topic presented.	10.0	9.8	9.9
This training should be repeated for other faith communities.	10.0	9.8	9.9
I have more understanding of addiction following this training.	9.0	9.1	9.1

### Qualitative Analysis

The main themes that emerged from the qualitative data from session four were shame/guilt, vulnerability, and transparency. The difference between shame and guilt were discussed in the presentation. Participants also learned how vulnerability could play a role in recovery and reconciliation. There were fewer comments in this session than in previous sessions. Participants did, however, comment on the main themes of the session, indicating an increased awareness of the information provided. Comments such as, “shame and guilt understanding” and “difference in shame, guilt, and reconciliation” were mentioned as something new participants learned.

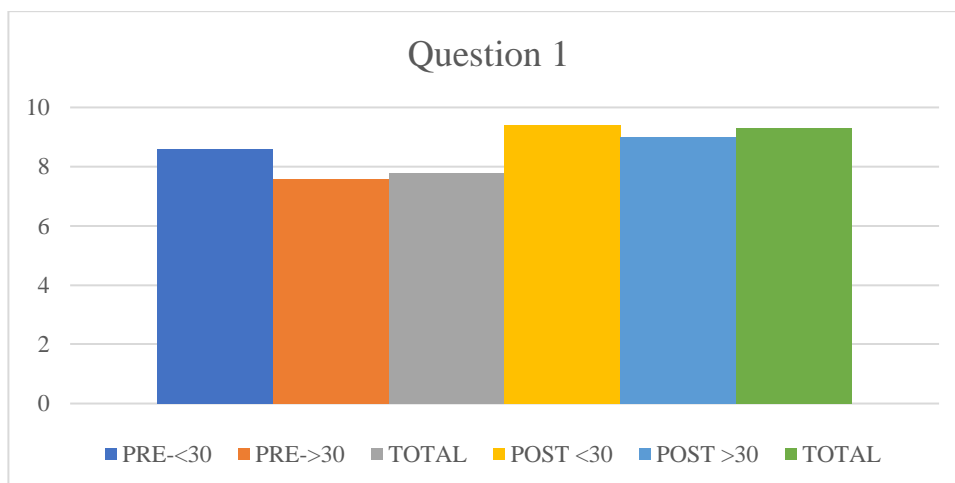
### PRE AND POST SEMINAR SURVEY RESULTS

(Survey Instruments and Analysis in Appendix Five)

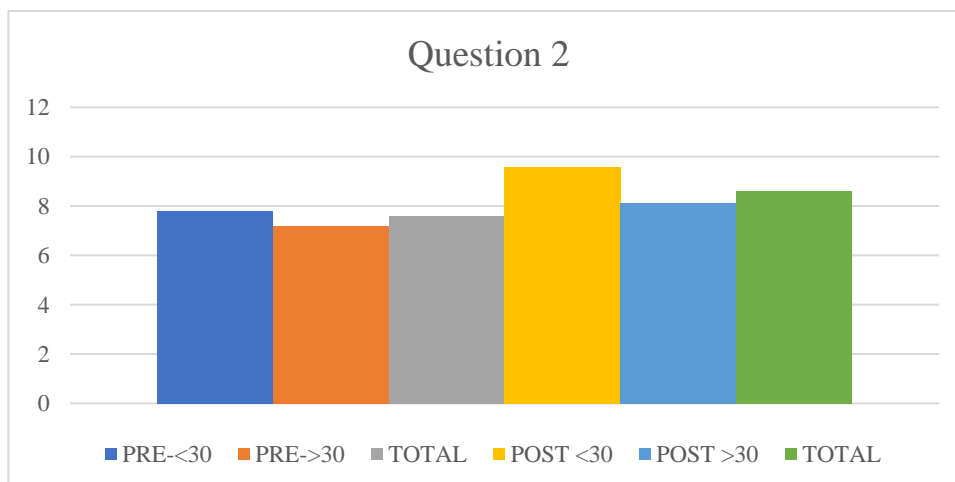
In looking at the results for the pre- and post-session surveys, I made several different comparisons in the results. First, I compared the scores of those who took both the pre- and post-survey. Second, I looked at all the scores of the pre- and post-surveys as there were some who only took one or the other. Third, I compared the scores of the control group. Lastly, I compared the scores of the control group that indicated they attended another faith community to those participants in the focus group who took both the pre- and post-survey.

In looking at the focus groups of those who took both surveys, the results were similar in many of the questions with the exception of the following. In questions 1 (I have a good knowledge and understanding of addiction) there was a significant increase in the total mean going from a pre-survey mean of 7.8 to a post-survey mean of 9.3. The FG1 mean went from 8.6 to 9.4 while the FG2 mean increased from 7.6 to

9.0. Although they stated in the pre-survey they had a good understanding of addiction the understanding and knowledge increased as a result of the information provided in the sessions.

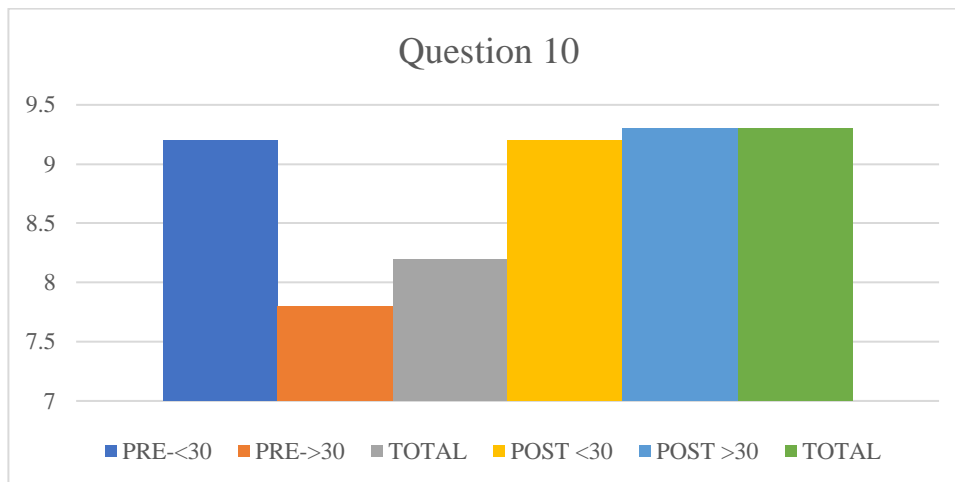


Question 2 (I think we do a good job of being a congregation where those suffering from addiction can feel like they belong) also indicated a significant change in scores. The FG1 pre-mean scores went from 7.8 to 9.6 while there was only a slight change in the FG2 score going from 7.2 to 8.1

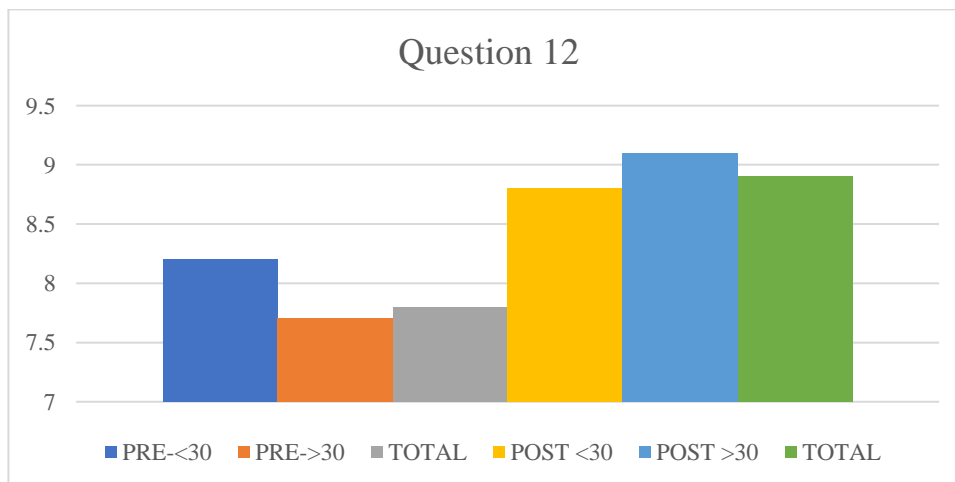


The result of question 10 (Individuals with substance abuse issues can live productive and satisfying lives) shows an increase of the FG2 score of 7.8 to 9.3,

while there was not a significant increase in the FG1 score. The total mean score increased from 8.2 to 9.3.

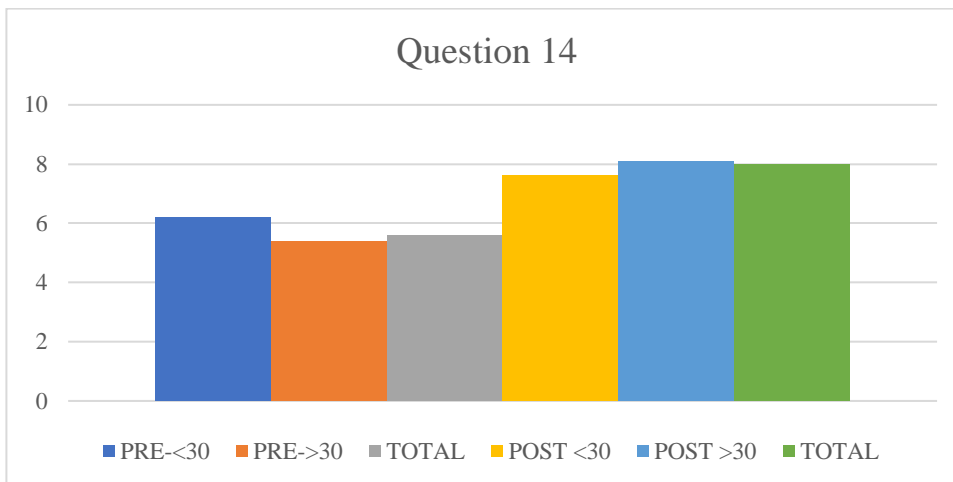


Question 12 (I feel empowered to help those suffering from addiction) showed a significant increase in the FG2 score, moving from 7.7 to 9.1. Again, there was only a slight increase in the FG1 score of 8.2 to 8.8, with the total mean going from 7.8 to 8.9.

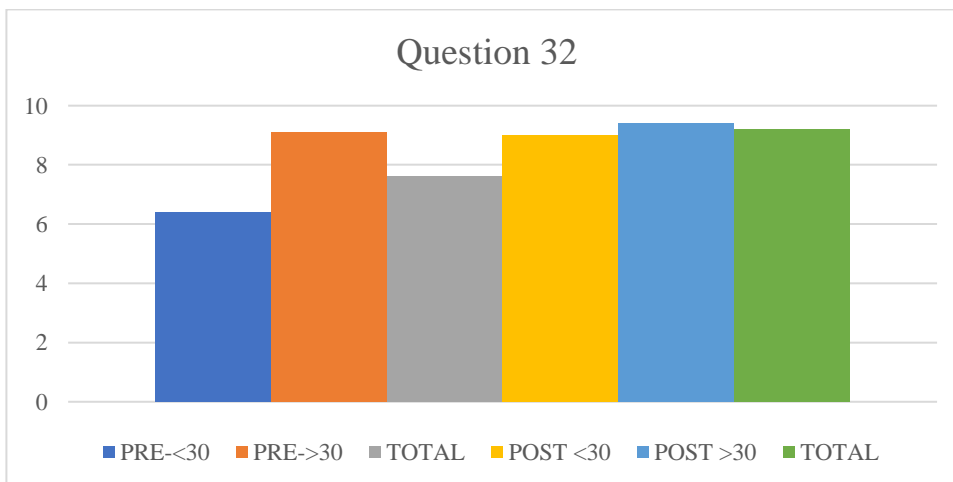


Perhaps the biggest change came in question 14 (I know how to help someone suffering from addiction). The FG1 showed an increase going from 6.2 to 7.6, while the FG2 went from 5.4 to 8.1, with a total mean increase going 5.6 to 8.0. This

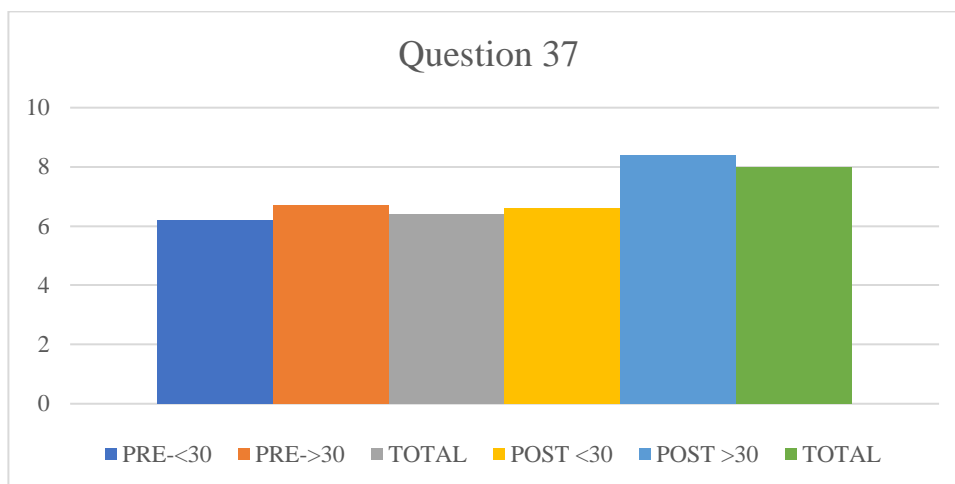
verifies the information provided the tools and knowledge to equip participants to support those suffering from addiction.



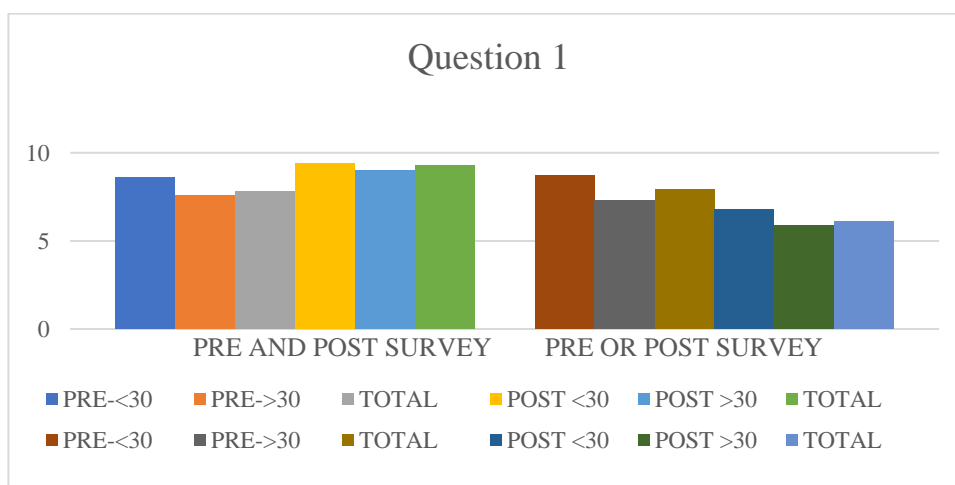
Question 32 (Twelve-step and other recovery programs can play an important role in the recovery process for those seeking help) indicated an increased understanding of this primarily in the FG1 group, with an increased mean going from 6.4 to 9.0 and a total mean increasing from 7.6 to 9.2.



Question 37 (Do you feel equipped to help someone suffering from addiction) showed a significant increase in the FG2 score going from 6.7 to 8.4, with a total mean increase of 6.2 to 8.0. The FG1 score indicated only a slight increase of 6.2 to 6.6.

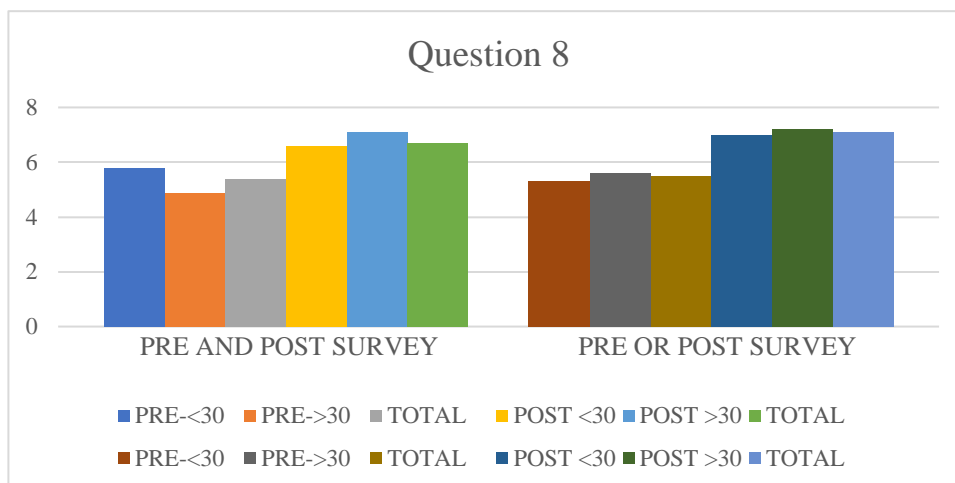


In the comparison of participants who took both surveys to those only taking the pre- or post-survey, there are several questions with significant difference that I will discuss. Question 1 (I have a good knowledge and understanding of addiction) had similar scores in the pre-survey in both groups. There was a significant increase of a pre-score total mean of 7.8 to a post-score mean of 9.3 of participants who took both surveys and a decrease in scores of 7.9 to 6.1 of those who took only one of the surveys, indicating those who participated in more of the sessions had a greater knowledge of addiction as a result of the training.

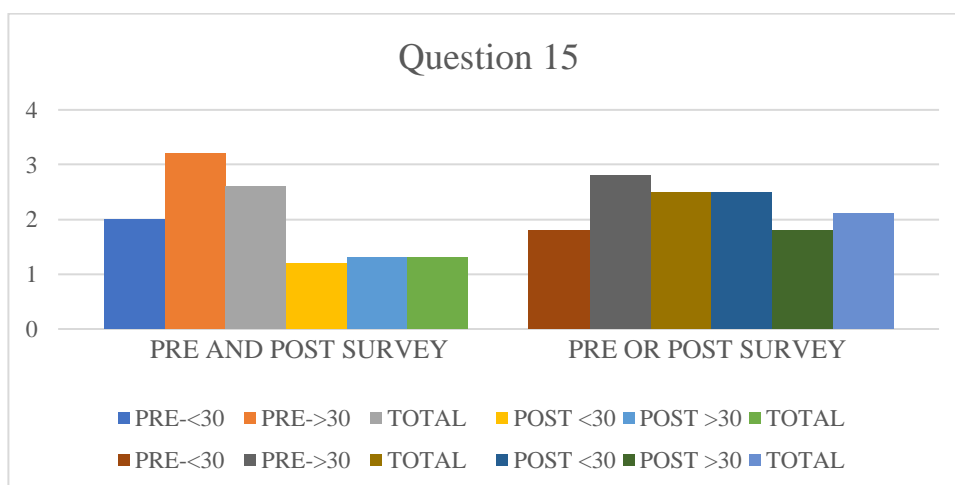




Question 8 (In our congregation addiction is discussed openly) showed an increase in mean of 5.4 to 6.7 of those completing both surveys while those completing only one had a higher increase from 5.5 to 7.1.

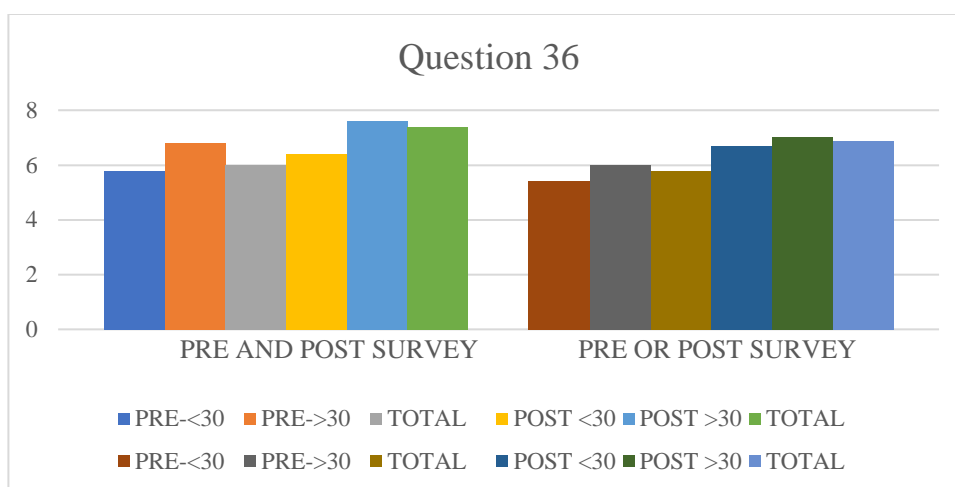


Question 15 (I believe that substance is a moral failure) showed a decrease in both groups, indicating they disagree that substance abuse is a moral failure. The focus group that took both surveys had a mean change of 2.6 in the pre-survey to 1.3 in the post-survey. The group that participated in one or the other survey had a slight change from pre-score of 2.5 to 2.1 in the post.

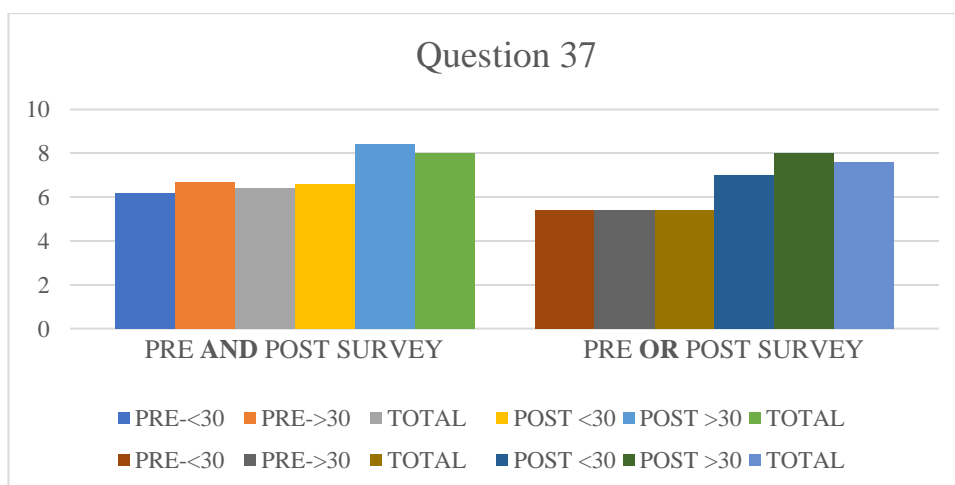


Scores for question 28 also indicated that participants in all groups agree that faith communities can be a place of hope and healing to those suffering from addiction.

Question 36 (Can you recognize the signs of someone suffering from addiction) had an increased score of 6.0 to 7.4 in those completing both surveys and increase from 5.8 to 6.9 in the other group.

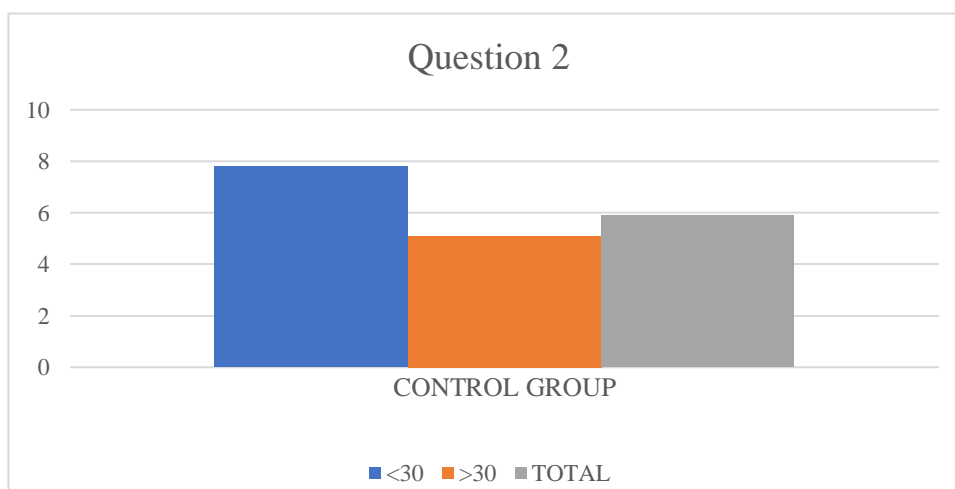


Question 37 (Do you feel equipped to help someone suffering from addiction) also showed a significant increase in all groups going from 6.2 to 8.0 (took both) and 5.4 to 7.6 to those only taking one survey.

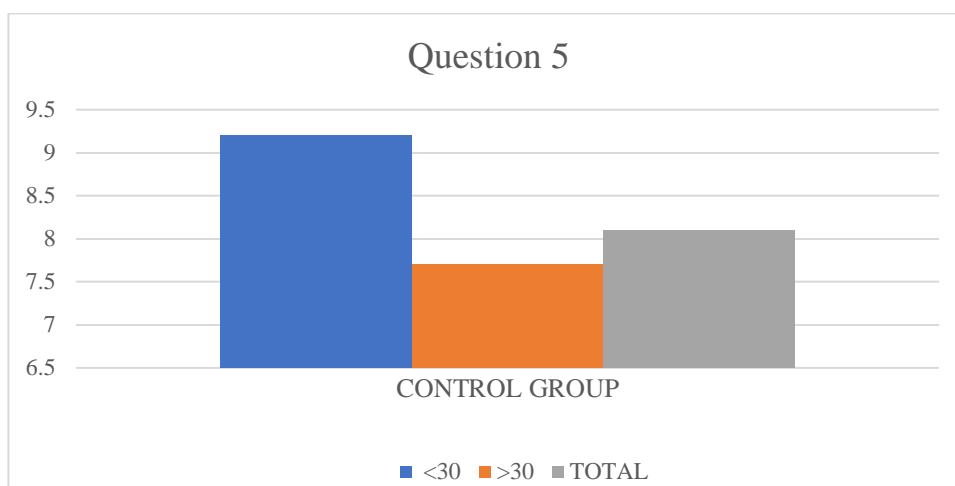


An overall comparison of the focus groups (FG1 and FG2) demonstrates that those participants who participated in all sessions and completed both the pre- and post-survey indicates more growth based on the scores. One difficulty in a true assessment was the somewhat sporadic attendance and the lower percentage of FG1 participating in the project. However, this percentage of participation reflects the current demographics of the congregation.

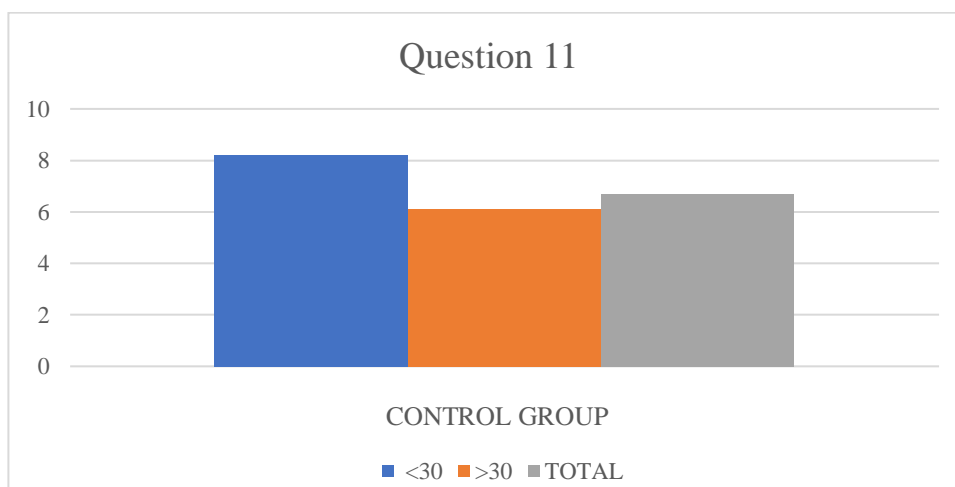
In looking at the control group, the scores between the <30 and >30 groups were very similar in most areas with the exception of the following questions. Complete scores can be found on page 92 of the appendix. For question 2 (I think we do a good job of being a congregation where those suffering from addiction feel like they belong), the <30 group had a mean of 7.8 while the >30 group mean was 5.1.



This same group (<30) felt that those in their congregation could be honest about the experiences with addiction (Question 5) with a mean of 9.2 while the >30 groups' mean of 7.7.

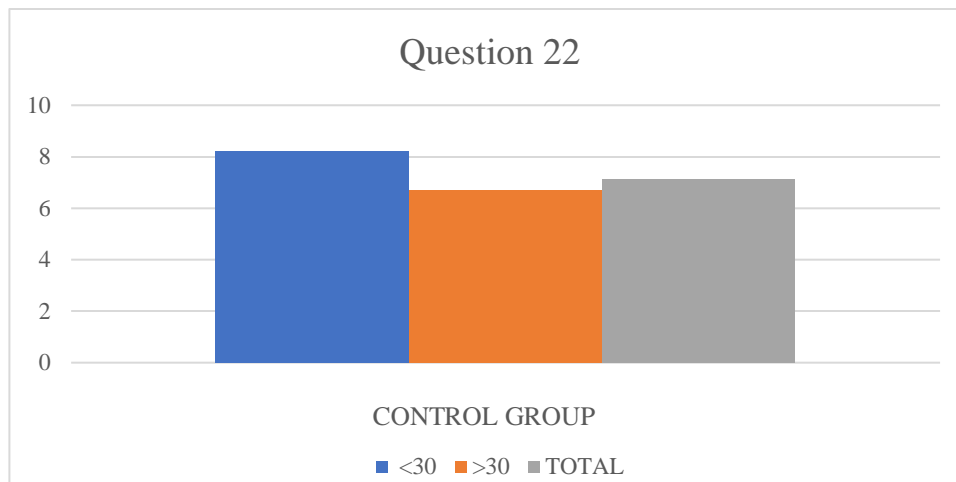


They also felt like they do a good job of providing a community where people struggling with addiction can belong (Question 11) with a mean of 8.2 and the >30 group mean was 6.1.

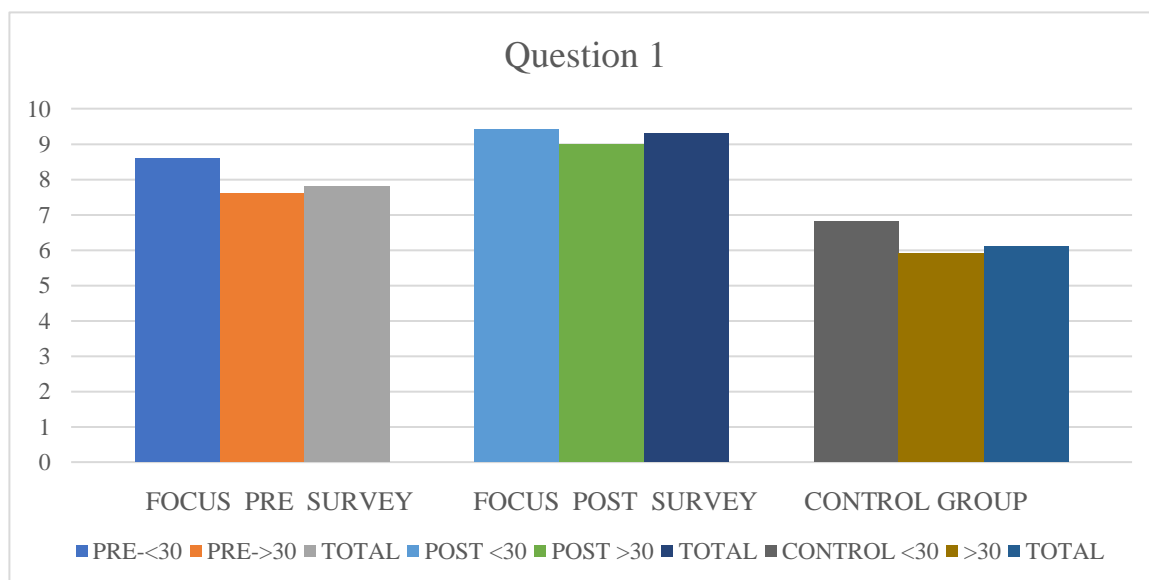


For question 22 (Substance use disorder is a physical disease and should be treated as such) the <30 group had a mean of 8.2 while the >30 group had a mean of 6.7, which indicates a significant difference. This may be an indication of the education of addiction as a disease that <30 participants may have received over the

>30 participants.



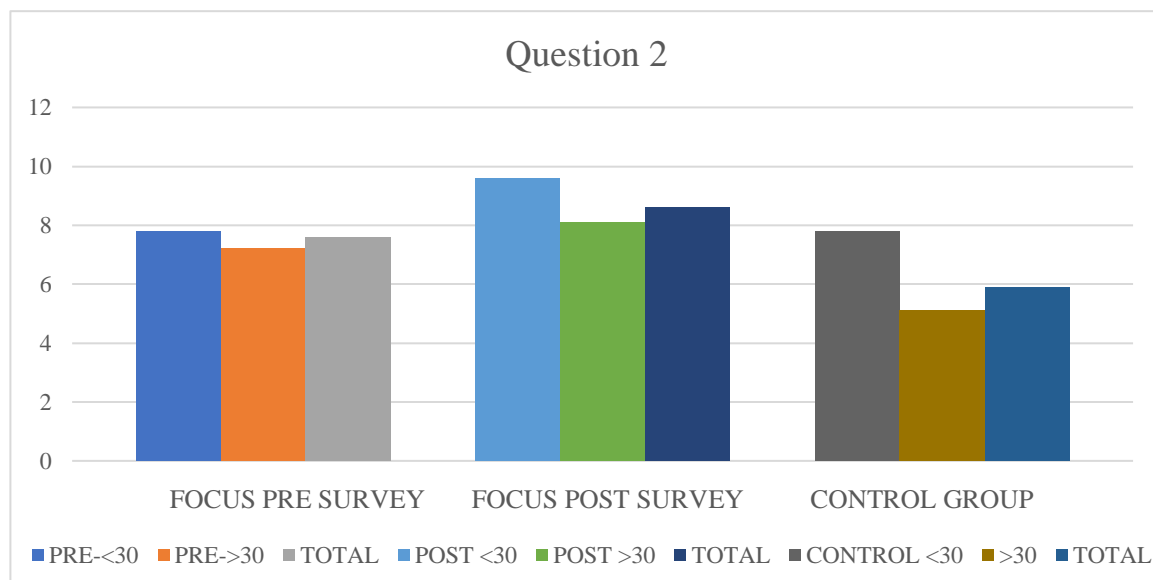
In comparing the results of the focus group post-survey to the control group I will focus on several questions with a significant difference in the results. Question 1 showed a significant difference in that the focus group had a mean total of 9.3 while the control group total mean was 6.1, indicating the focus group had a good knowledge and understanding of addiction particularly following the seminars.



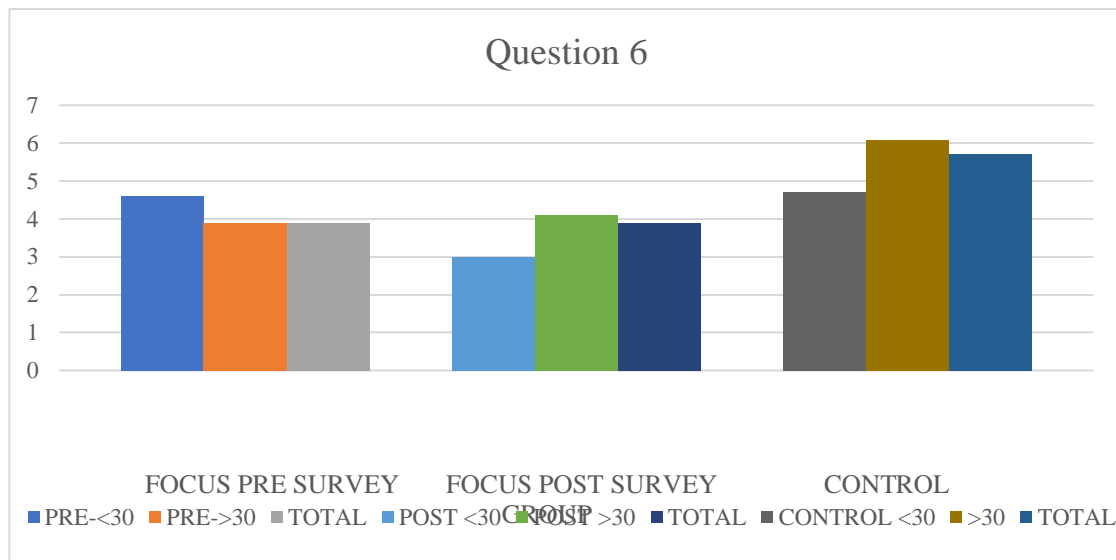
There was also a significant difference in question 2 (I think we do a good job of being a congregation where those suffering from addiction can feel like they

belong). The focus group had a mean total of 8.6 with the control group mean was 5.8.

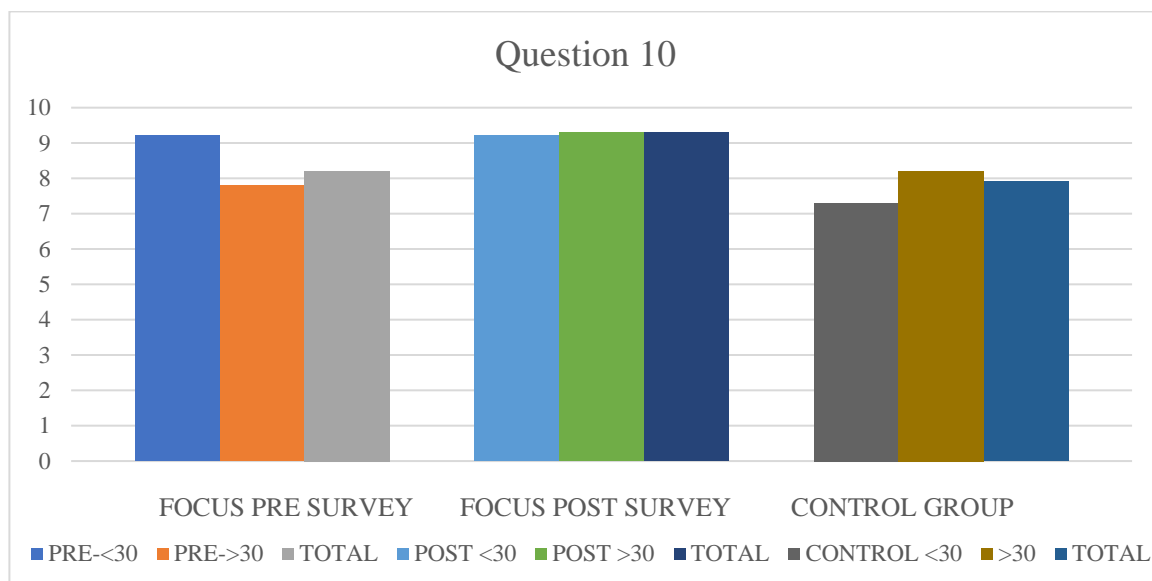
I believe that speaks of the understanding and inclusive nature of EBF and I am not surprised by this result.



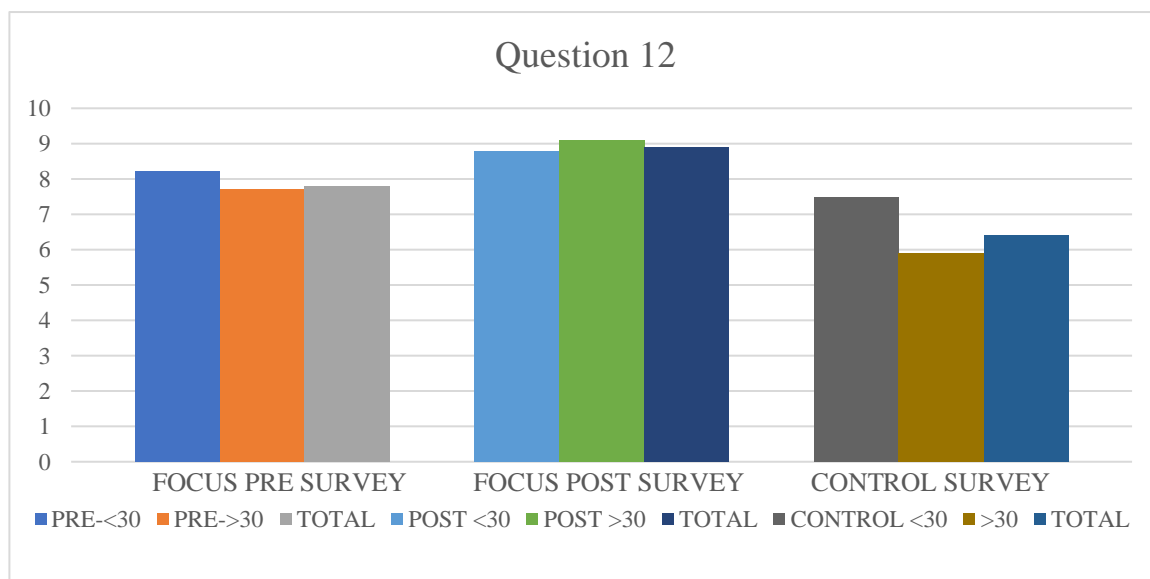
Question 6 (I believe those suffering from addiction can solve their addiction by fixing the spiritual things in their lives) also was significant in that the focus group mean was 3.0 with the control group was 5.7. As with any other disease, there is a wholistic nature that needs to be addressed in regard to the disease; spirituality is only one aspect.



Question 10 (Individuals with substance abuse issues can live productive and satisfying lives) had a mean difference of 9.3 for the focus group and 7.9 for the control group. There was a slight increase in the pre/post results for this question, indicating the information provided increased the understanding of those suffering from addiction and possibly broke some of the stereotypes we have regarding those with addiction issues.



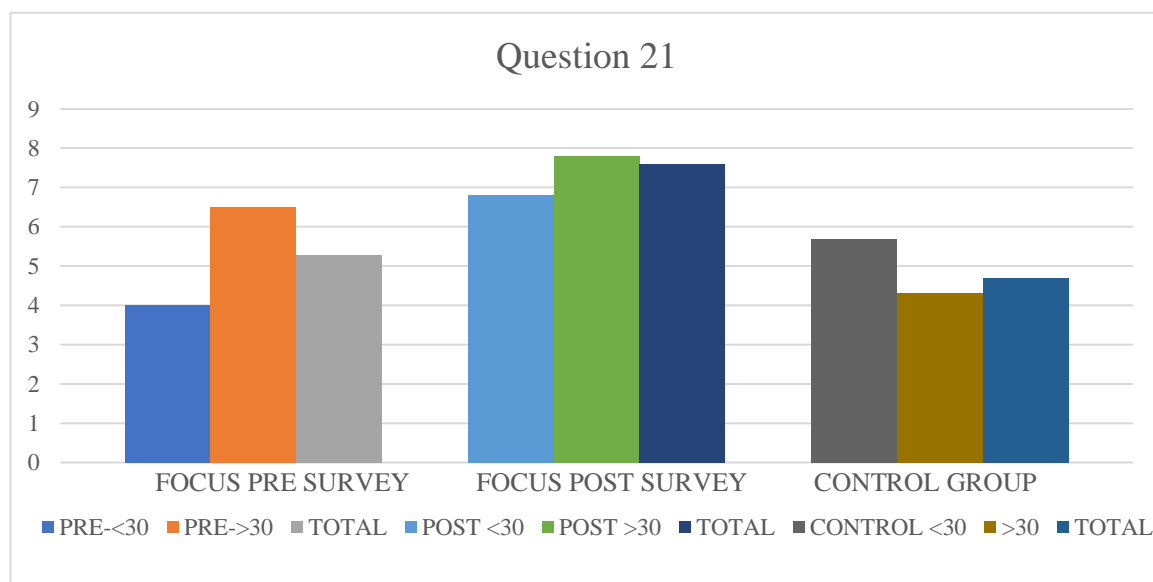
Those attending the sessions indicated they felt more empowered (question 12) with a mean of 8.9 compared to the control group with 6.4.



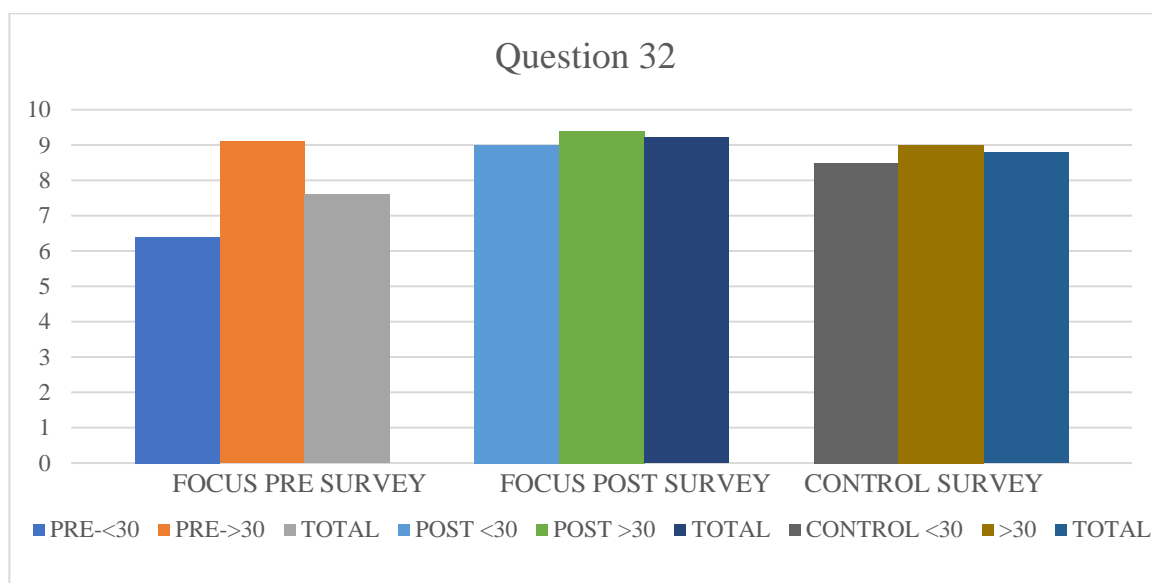
Question 21 (Our congregation has resources to meet the needs of people suffering from addiction) had a significant difference with the focus group mean of 7.6 and the control group mean of 4.7. I believe this is significant in that we are a small congregation with a small budget, which perhaps indicates the resources participants



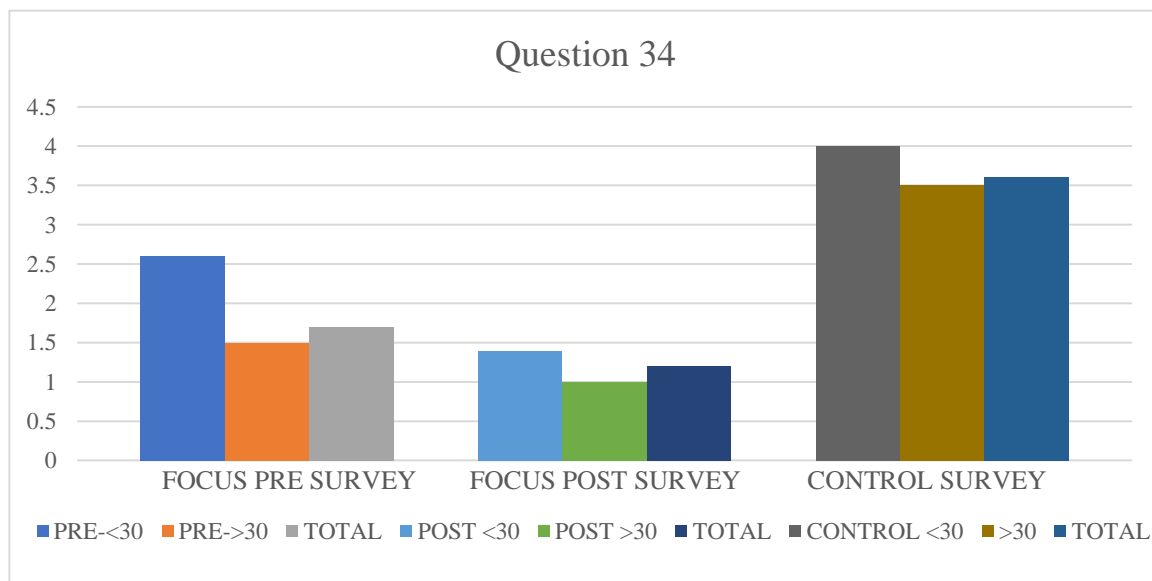
may be thinking about are our physical resources, such as members engaging in activities to assist those with addiction, as opposed to providing monetary resources. Also, many congregations do not educate their community on or provide specific resources for those suffering from addiction.



Although the post-survey scores were similar for question 32 (Twelve-step and other recovery programs can play an important role in the recovery process for those seeking recovery), there was a significant increase in the FG1 (<30) score with an increase from 6.4 to 9.0. Again, I believe the education of the sessions did what it was intended to do. My conclusion is that FG2 had previous knowledge of 12-Step programs prior to the session while the FG1 gained new knowledge, understanding, and awareness through the presentation.

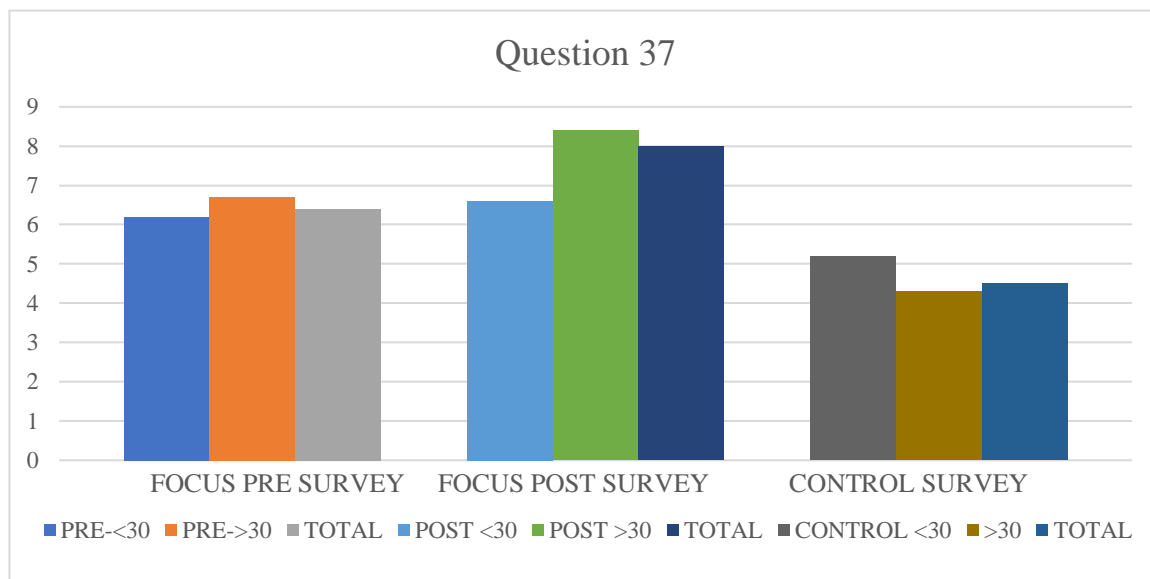


Concerning question 34 (Addiction is a sin) the focus group mean was 1.4 while the control group was 3.6. The mean of the focus group dropped from the pre-score of 1.7.



There was a significant difference in the final question (Do you feel equipped to help someone suffering from addiction?). The focus group had a total mean of 8.0 while the control group had a total mean of 4.5. That also indicates the training

educated and equipped individuals to have the tools and knowledge to help those suffering from addiction.



## CHAPTER FIVE

### CONCLUSION

#### CONCLUSIONS

Based on the survey results I believe that learning took place and those participating in the project were both empowered and equipped to support those suffering from addiction. I feel it was difficult to get an accurate analysis of the project due to the limited number of participants, especially from FG1, which were more inconsistent in their attendance. Having identified some differences in the data between the FG1 and FG2, I believe the training was effective for both groups and that both groups were equipped and empowered to help those suffering from addiction, which was confirmed in the data results. However, participants taking both the pre and post-surveys perhaps provided more accurate data analysis and an indication of the effectiveness of the project.

Twenty-seven people participated in some portion of the project. Seven participants participated in all four sessions, with twelve completing both the pre-and post-session survey. The scores for the sessions were very similar with the exception of those previously mentioned. Although scores were lower for question 2 (The content of this training was new for me), the scores indicated in all four sessions that participants have more understanding of addiction following the training with a total mean of 9. The highest mean scores were for questions 9 (The presenter had a good understanding of the topic presented) and 10 (This training should be repeated for other faith communities), both having a total mean of 9.9.

The written responses and discussion indicated that participants found the sessions both relative and important to them personally and as a faith community. Rich dialogue followed each session during the discussion question portion. This dialogue continued after the sessions, indicating the faith community was engaged in the presentation and information.

Although I am unsure of the accuracy of the data based on sporadic attendance and the limited number of participants, especially in the FG1 group, I feel the project was beneficial. Information around the growing addiction crisis and ways the congregation of EBF can be supportive were presented. Conversations around addiction and recovery have continued following the conclusion of the project. Those suffering from addiction are in our congregations. In allowing space and opportunity to share our struggles some of the power of addiction can be decreased and those suffering from this disease know they no longer have to suffer in silence and shame.

### STRENGTHS AND WEAKNESSES

One of the strengths of this project I believe is the transparency I presented throughout the project, which was confirmed through the written responses to three of the four-session surveys. Much discussion was about how to journey with someone who is suffering from addiction or is in recovery. As a church/faith community, I believe it is important to model this level of vulnerability in order to develop an atmosphere in which one can be truthful and know he/she is accepted. It is through those actions that a “Brave Space” is developed.

Having someone present the project with a personal struggle with addiction I feel was also a strength of the project and again was confirmed through written

responses and verbal communication with participants. Most participants are affected by addiction in some way, either themselves, a family member, or friend. Having a greater knowledge and understanding of addiction and how best to respond to those suffering from SUD was a goal of this project.

As identified as a strength of the program, the data reveals it was helpful to have someone in recovery as the facilitator. I was very transparent throughout the sessions as I utilized parts of my story to emphasize key points. Participants responded in the post-session surveys that this transparency and honesty stood out to them during the sessions. Comments such as: "the real-life stories and how the presenter could relate"; "personal nature of presenter's experience with addiction and its stigma"; "what stood out to me was how engaging Ms. Donna was and how she interacted with the audience"; "honesty of presenter"; and "vulnerability of presenter" indicated this transparency impacted them making the information presented "real" and not just a statistical and informational presentation. Participants had the opportunity to add additional comments which were very positive regarding the presentation and me as the facilitator. I did not anticipate the transparency and honesty I presented to be as impactful as it appeared to be. Sharing our brokenness and being vulnerable is key to our healing. It also helps those with whom we journey be more transparent. I attempted to model this throughout the presentations.

Another strength of this project was the faith community of EBF. EBF is a unique and welcoming community. Although not perfect, the community of EBF does a really good job of being church to the vulnerable and marginalized members of society and is very social justice minded. EBF partners with Leaphart Place to provide

support to individuals who have aged out of foster care. EBF is also a welcoming and affirming congregation to the LGBTQ community and participates in Pride events in the area.

Addiction is such a growing concern throughout our country and many of those suffering from addiction can be found in our pews. This project can be easily implemented into other faith communities and I would dare say is something that is more applicable than many may want to believe.

Areas of weakness include, but are not limited to, the number of participants in the project. This made it difficult to obtain a complete understanding of the true outcome of the project. However, I must say that although our congregation averages around twenty-five to thirty on Sunday morning, I was pleased with the number of participants. Also, there was some inconsistency in attendance due to illness and extra-curricular school activities. There was a total of five participants who attended all four sessions and twelve participants completed the pre- and post-surveys. I believe it is difficult to accurately assess the growth of a project with a limited number of participants.

Another weakness or limitation was the lack of interaction with those who participated via Zoom. They were able to view the presentation although were unable to participate/interact during the presentation. More preparation on my part should have been done to accommodate those participants better.

It was difficult to get an accurate analysis of the effectiveness of Zoom for several reasons. There were three participants in the first session, and two of the three completed the online survey following the session. There was not a significant

difference in comparing their mean scores to those who were present for the session. Two of those individuals were present at EBF for the remainder of the sessions. The third participant did not complete any of the surveys and only participated in sessions one and two via Zoom. There were no participants for sessions three and four.

In hindsight, there are several things I would do differently. First, I would provide child care for those in attendance who have small children. It was brought to my attention following the project that at least two more people, and possibly more, would have attended if childcare had been available. Second, I would reduce the number of questions on the pre- and post-project survey and would include an evaluation to test their knowledge of addiction and recovery. I believe this would assist in providing more information that was new to the participant. Third, I would make the presentations more interactive and engage more audience participation. Although I had encouraged participants to engage during the presentations, having specific times or activities for interaction among the participants would foster an environment more conducive for such engagement. Fourth, I would include a section on how to integrate what they have learned through practical application. Participants would have the opportunity to engage in role plays and scenarios to apply the skills they have learned. Included in this session would be suggestions of what to say and what not to say to those in relapse, active addiction, and recovery. This session would also include ideas and suggestions on how to set up ministry groups that could support those in recovery or suffering from addiction. Finally, future presentations will be offered in a one-day format. I believe this will promote a higher number of participants with more consistent participation for all four sessions of the project.



## FUTURE OPPORTUNITIES

One priority when designing this project was to develop a project that would be easily implemented in other venues, including other faith communities. The opportunity to present this project in other communities and areas is already being discussed. Regardless of the data analysis, I am pleased with the outcome of this project and future ministry opportunities that may arise due to the project. Addiction is a growing concern and will continue to be something that affects those in our congregation, family, and community. I received good feedback both in the surveys and written comments and also through verbal communication with participants. I look forward to seeing how this project may expand and grow to reach not only those suffering from addiction and those who are called to minister to them. Addiction is in our community, families, and our congregations. It is something that needs to be addressed and discussed. The stigma and stereotypes associated with those addicted need to be broken down as does the shame and guilt associated with this disease.

## APPENDIX A

## CONSENT FORM

## TITLE OF STUDY

Empowering The Church to Promote Hope and Healing to Those Suffering From Addiction

## PRIMARY RESEARCHER

Name – Donna Seay  
 Department – GWU School of Divinity  
 City: Boiling Springs State: NC  
 Phone – 828-736-678  
 Email – donna.seay@gmail.com

## PURPOSE OF STUDY

To educate and empower participants on addiction and how to support those suffering from addiction.

I volunteer to participate in a research project conducted by Donna Seay from Gardner-Webb School of Divinity.

1. My participation is voluntary, and I understand I will not be paid for my participation.
2. I understand I have the right to withdraw from participation at any point in the research.
3. The study will consist of four, sixty-minute session held on each of the Wednesday nights in February 2019.
4. I understand the researcher will not identify me by name in any reports and confidentiality as a participant in this study will remain secure.

## CONTACT INFORMATION

If you have questions at any time about this study, or you experience adverse effects as the result of participating in this study, you may contact the researcher whose contact information is provided on the first page. If you have questions regarding your rights as a research participant, or if problems arise which you do not feel you can discuss with the Primary Researcher directly by telephone at Donna Seay or at the following email address donna.seay@gmail.com.

## CONSENT

I have read, and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Researcher's Signature \_\_\_\_\_ Date \_\_\_\_\_

## APPENDIX B

## PRE/POST SURVEY INSTRUMENTS

**Evaluation Instruments**

## Pre/Post-Seminar Survey

Circle: Age: &lt; 20   21-30   31-40   41-50   51-60   61-70   &gt;70

Gender   M   F   Prefer Not to Say

Member of EBF \_\_\_\_\_ Regular Attender \_\_\_\_\_

Visitor \_\_\_\_\_

First Two Letters Mother's Maiden Name: \_\_\_\_\_

Month of your birth: \_\_\_\_\_

**Completely Disagree**  
**Agree****Neither Agree or Disagree****Completely****1      2      3      4      5      6      7      8      9      10**

1. I have a good knowledge and understanding of addiction.

1   2   3   4   5   6   7   8   9   10

2. I think we do a good job of being a congregation where those suffering from addiction can feel like they belong.

1   2   3   4   5   6   7   8   9   10

3. I feel we need to do a better job including those suffering from addiction in our congregation.

1   2   3   4   5   6   7   8   9   10

4. Those suffering from addiction can do important work in our congregation.

1   2   3   4   5   6   7   8   9   10

5. I believe those suffering from addiction can be honest about their experiences with our congregation.

1   2   3   4   5   6   7   8   9   10

6. I believe people suffering from addiction can solve their addictions by fixing the spiritual things in their lives.

1   2   3   4   5   6   7   8   9   10

7. I believe people in our congregation do not talk about addiction issues.

1   2   3   4   5   6   7   8   9   10

8. In our congregation addiction is discussed openly.

1   2   3   4   5   6   7   8   9   10

9. I believe people from with substance abuse issues in our congregation feel ashamed or less worthy than others.

1   2   3   4   5   6   7   8   9   10

10. Individuals with substance abuse issues can live productive and satisfying lives. 1 2 3 4 5 6 7 8 9 10
11. I think we do a good job of community where people struggling with addiction can belong. 1 2 3 4 5 6 7 8 9 10
12. I feel empowered to help those suffering from addiction. 1 2 3 4 5 6 7 8 9 10
13. I believe we need to do a better job including those suffering from addiction in our faith community. 1 2 3 4 5 6 7 8 9 10
14. I know how to help someone suffering from addiction. 1 2 3 4 5 6 7 8 9 10
15. I believe substance abuse issues is a moral failure. 1 2 3 4 5 6 7 8 9 10
16. I talk with people in my faith community about substance abuse issues. 1 2 3 4 5 6 7 8 9 10
17. I believe developing a sense of community is important in the recovery process of those suffering from addiction. 1 2 3 4 5 6 7 8 9 10
18. I believe members of our congregation support those seeking substance abuse treatment and care. 1 2 3 4 5 6 7 8 9 10
19. If those suffering from addiction would just pray and read their Bible more, they could stop their addiction/addictive behavior. 1 2 3 4 5 6 7 8 9 10
20. Those suffering from addiction experience a great deal of guilt, shame, and embarrassment. 1 2 3 4 5 6 7 8 9 10
21. Our congregation has resources to meet the needs of people suffering from addiction. 1 2 3 4 5 6 7 8 9 10
22. Substance use disorder is a physical disease and should be treated as such. 1 2 3 4 5 6 7 8 9 10
23. Recovery from substance abuse is a lifelong process. 1 2 3 4 5 6 7 8 9 10
24. Most suffering from addiction do not relapse once they are in recovery. 1 2 3 4 5 6 7 8 9 10
25. Faith communities can play an important role in the recovery process. 1 2 3 4 5 6 7 8 9 10
26. Christians drink less than non-Christians.

1 2 3 4 5 6 7 8 9 10

27. Addiction affects a person physically, mentally, emotionally and spiritually.

1 2 3 4 5 6 7 8 9 10

28. Faith communities are a place where healing and hope can be promoted to support those suffering from addiction and are seeking recovery.

1 2 3 4 5 6 7 8 9 10

29. I know someone who has been affected by addiction.

1 2 3 4 5 6 7 8 9 10

30. Addiction affects the entire family. 1 2 3 4 5 6 7 8 9 10

31. If those struggling with addiction just had stronger will-power, they could overcome addiction on their own. 1 2 3 4 5 6 7 8 9 10

32. Twelve-step and other recovery programs can play an important role in the recovery process for those seeking help. 1 2 3 4 5 6 7 8 9 10

33. Building relationships and providing non-judgmental support can be a crucial aspect for individuals and a faith community in helping those suffering from addiction. 1 2 3 4 5 6 7 8 9 10

34. Addiction is a sin. 1 2 3 4 5 6 7 8 9 10

35. Addiction is a growing concern in our community and needs to be addressed by faith communities. 1 2 3 4 5 6 7 8 9 10

36. Can you recognize the signs of someone suffering from addiction? 1 2 3 4 5 6 7 8 9 10

37. Do you feel equipped to help someone suffering from addiction? 1 2 3 4 5 6 7 8 9 10

## APPENDIX C

## SESSION 1-4 SURVEY

Session 1-4

1. Healing 2. Guiding 3. Sustaining 4. Reconciliation

Circle: Age: &lt; 20 21-30 31-40 41-50 51-60 61-70 &gt;70

Gender M F Prefer Not to Say

Member of EBF \_\_\_\_\_ Regular Attender \_\_\_\_\_

Visitor \_\_\_\_\_

First Two Letters Mother's Maiden Name: \_\_\_\_\_

Month of your birth: \_\_\_\_\_

Completely Disagree	Neither Agree or Disagree						Completely Agree		
1	2	3	4	5	6	7	8	9	10
1. The training content was relevant to me.									
1	2	3	4	5	6	7	8	9	10
2. The content of this training new for me.									
1	2	3	4	5	6	7	8	9	10
3. Key points clearly communicated.									
1	2	3	4	5	6	7	8	9	10
4. This training will improve my ability to support those suffering from addiction.									
1	2	3	4	5	6	7	8	9	10
5. This experience increased your awareness of addiction.									
1	2	3	4	5	6	7	8	9	10
6. This training met my expectations.									
1	2	3	4	5	6	7	8	9	10
7. This training introduced me to basic concepts of addiction?									
1	2	3	4	5	6	7	8	9	10
8. I am likely to use the information presented in this seminar to support those suffering from addiction.									
1	2	3	4	5	6	7	8	9	10
9. The presenter had a good understanding of the topic presented.									
1	2	3	4	5	6	7	8	9	10
10. This training should be repeated for other faith communities.									
1	2	3	4	5	6	7	8	9	10
11. I have more understanding of addiction following this training.									
1	2	3	4	5	6	7	8	9	10

What new information did you learn during this presentation?

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What stood out for you during this presentation?

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What surprised you the most about this presentation?

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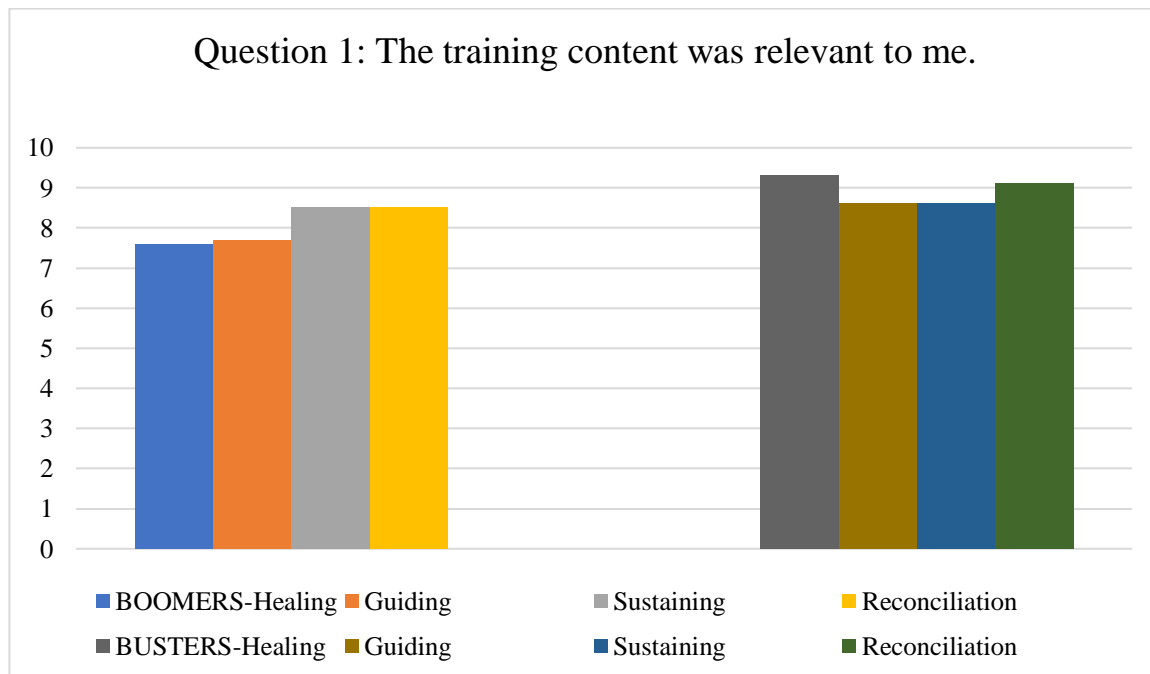
Additional Comments:

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## APPENDIX D

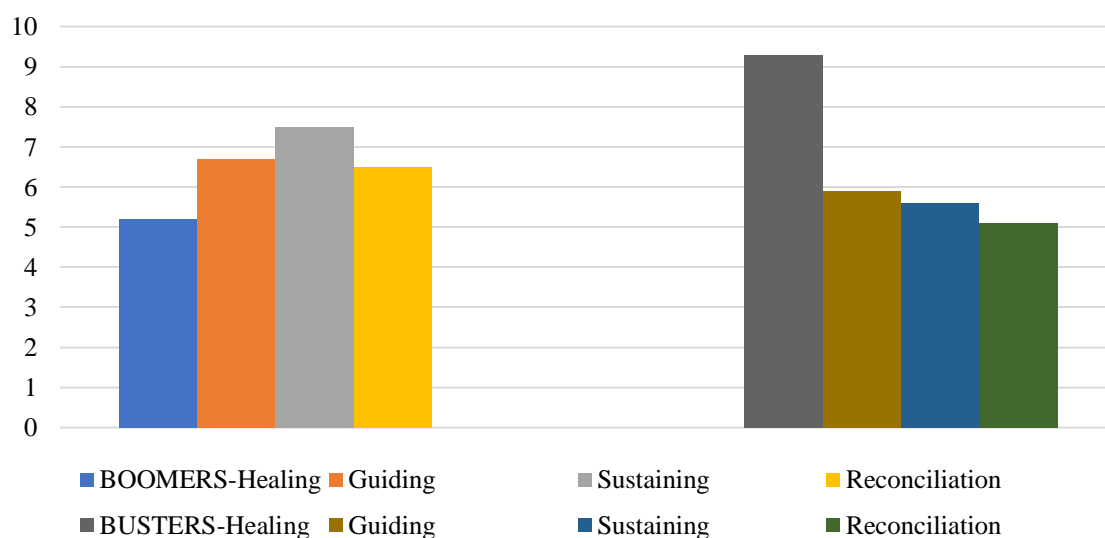
## SESSIONS 1-4 SURVEY RESULTS



< 30				>30			
Session 1	Session 2	Session 3	Session 4	Session 1	Session 2	Session 3	Session 4
7.6	7.7	8.5	8.5	9.3	8.6	8.6	9.3

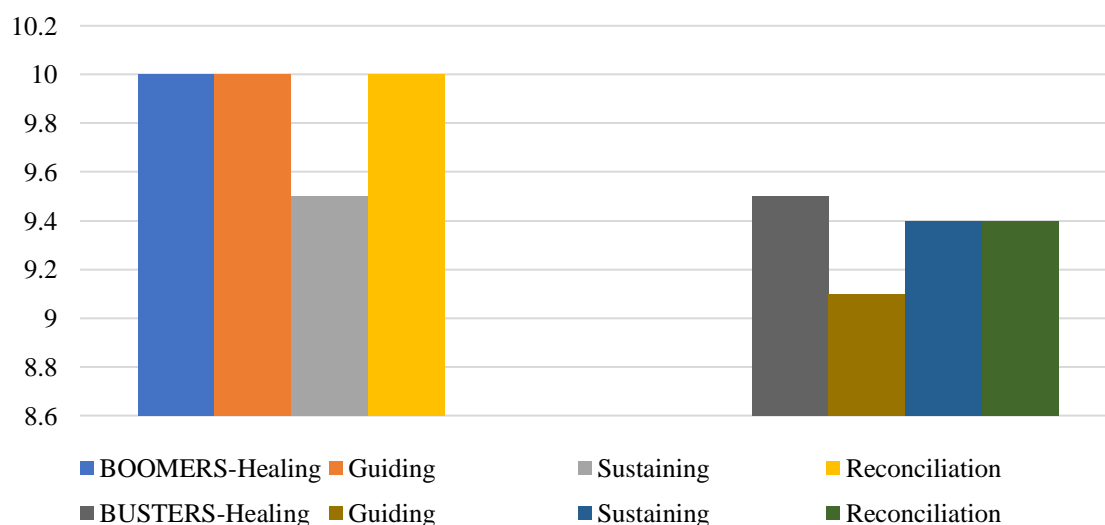


### Question 2: The content of this training new for me.



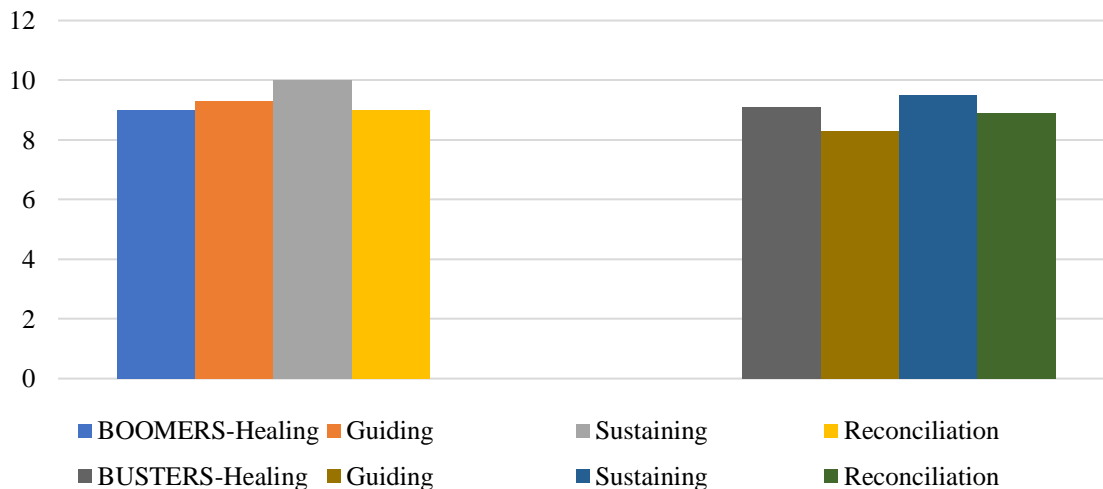
< 30				>30			
Session 1	Session 2	Session 3	Session 4	Session 1	Session 2	Session 3	Session 4
5.2	6.7	7.5	6.5	4.5	5.9	5.6	5.1

### Question 3: Key points clearly communicated.



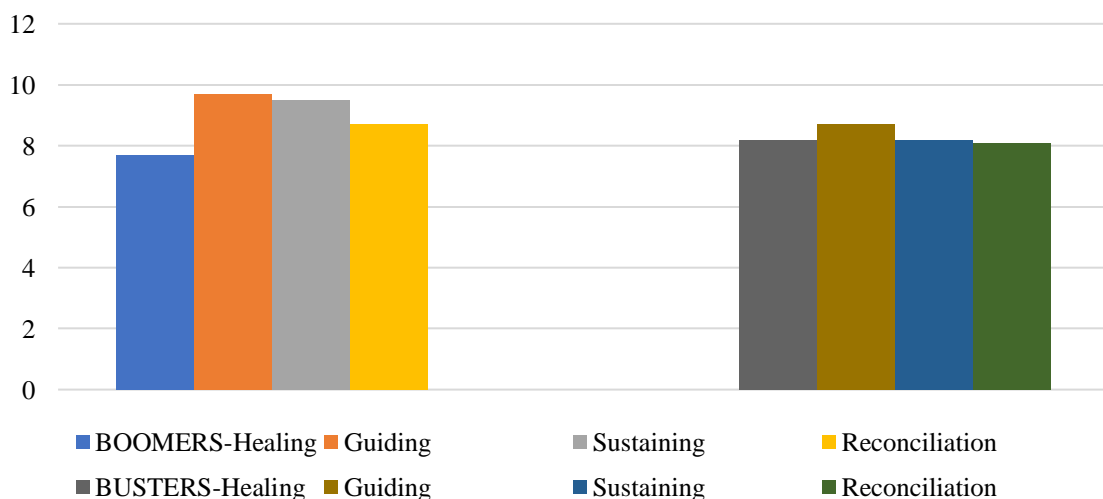
< 30				>30			
Session 1	Session 2	Session 3	Session 4	Session 1	Session 2	Session 3	Session 4
10	10	9.5	10	9.5	9.1	9.4	9.4

Question 4: This training will improve my ability to support those suffering from addiction.



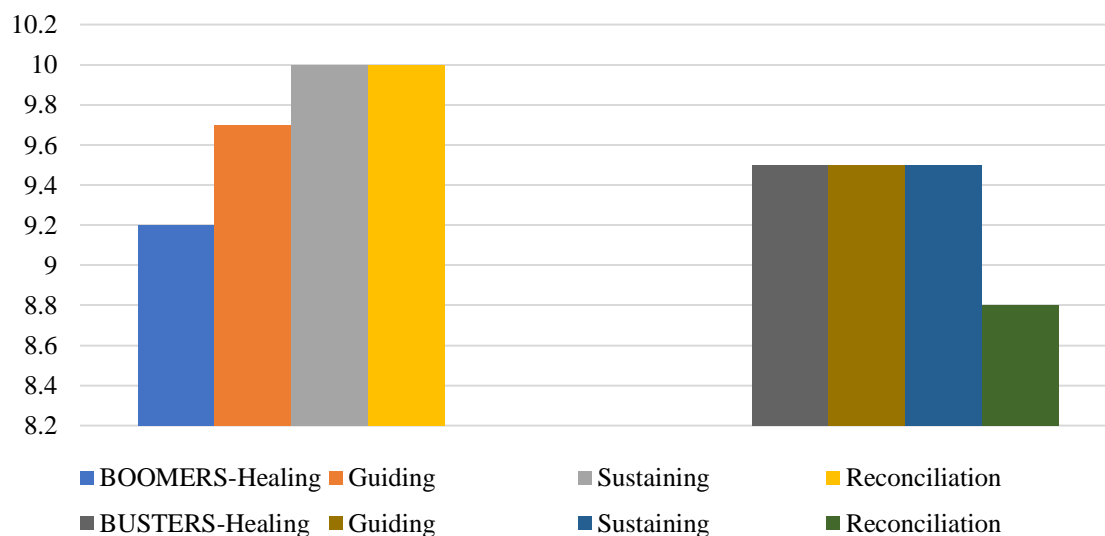
< 30				>30			
Session 1	Session 2	Session 3	Session 4	Session 1	Session 2	Session 3	Session 4
9.0	9.3	10	9.0	9.1	8.3	9.5	8.9

Question 5: This experience increased your awareness of addiction



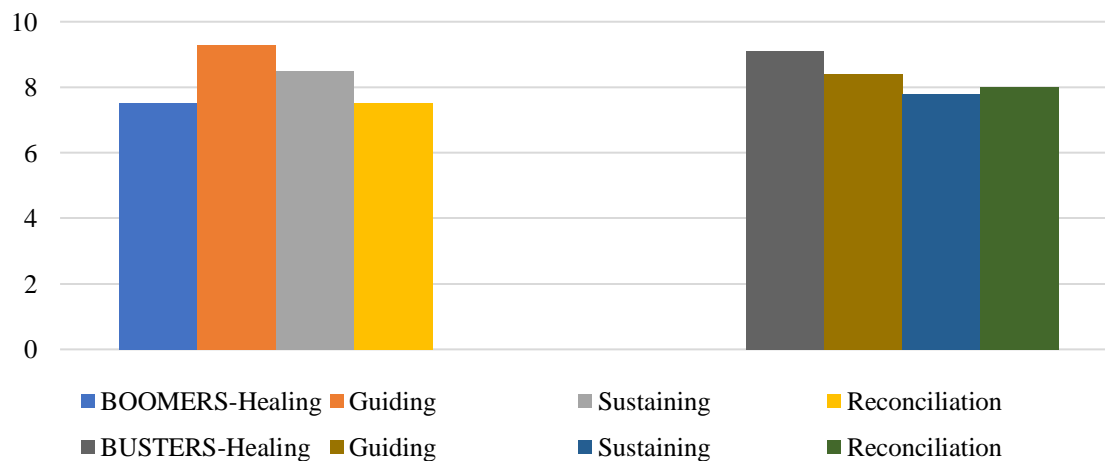
< 30				>30			
Session 1	Session 2	Session 3	Session 4	Session 1	Session 2	Session 3	Session 4
7.7	9.7	9.5	8.7	8.2	8.7	8.2	8.1

### Question 6: This training met my expectations.



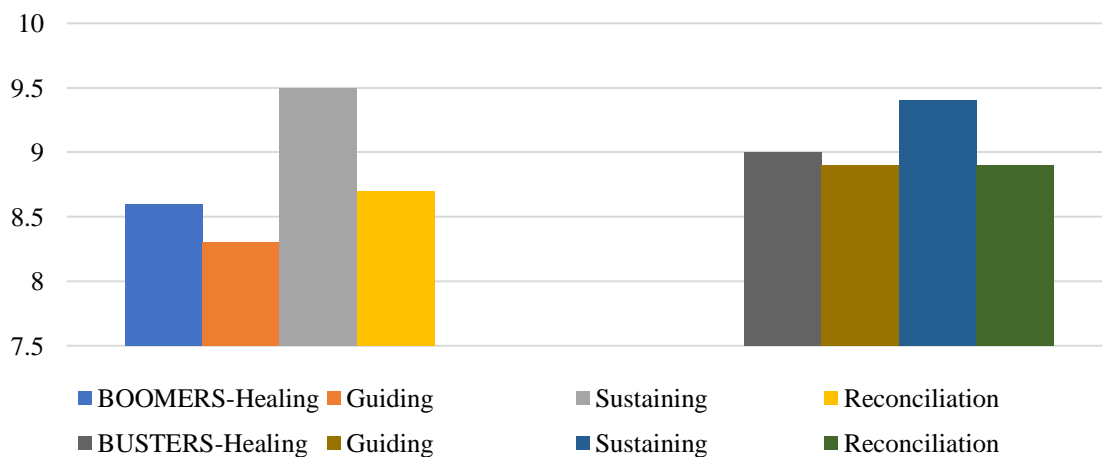
< 30				>30			
Session 1	Session 2	Session 3	Session 4	Session 1	Session 2	Session 3	Session 4
9.2	9.7	10	10	9.5	9.5	9.5	8.8

### Question 7: This training introduced me to basic concepts of addiction?



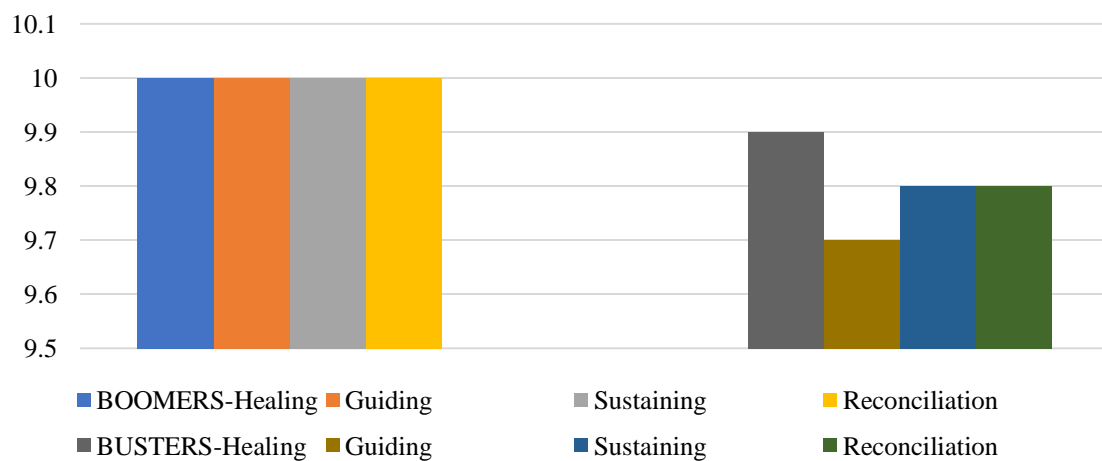
< 30				>30			
Session 1	Session 2	Session 3	Session 4	Session 1	Session 2	Session 3	Session 4
7.5	9.3	8.5	7.5	9.1	8.4	7.8	8.0

Question 8: I am likely to use the information presented in this seminar to support those suffering from addiction.



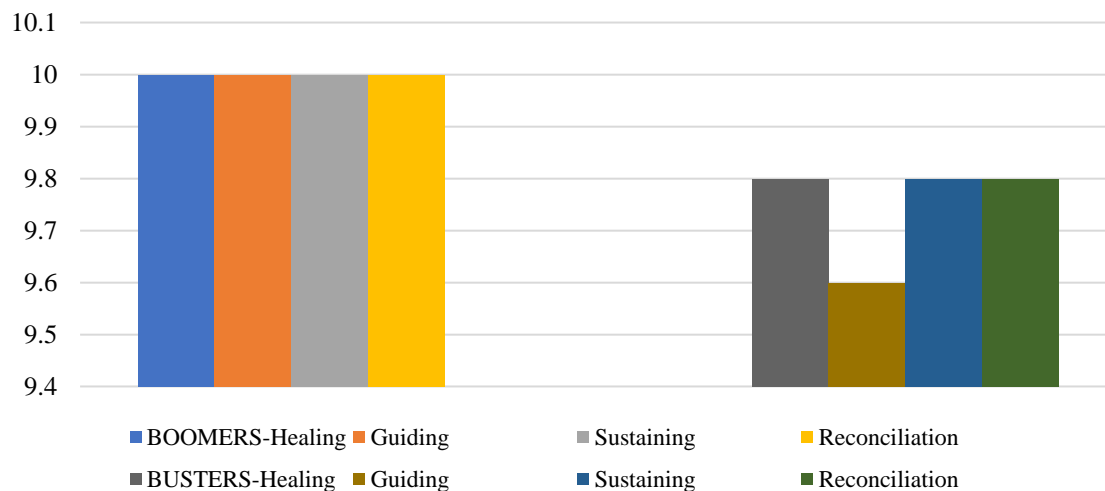
< 30				>30			
Session 1	Session 2	Session 3	Session 4	Session 1	Session 2	Session 3	Session 4
8.6	8.3	9.5	8.7	9.0	8.9	9.4	8.9

Question 9: The presenter had a good understanding of the topic.



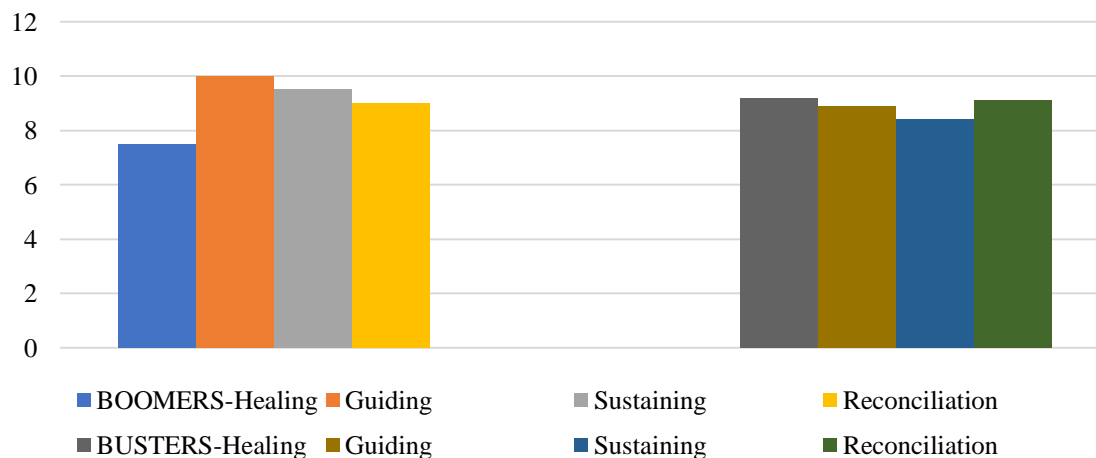
< 30				>30			
Session 1	Session 2	Session 3	Session 4	Session 1	Session 2	Session 3	Session 4
10	10	10	10	9.9	9.7	9.8	9.8

Question 10: This training should be repeated for other faith communities.



< 30				>30			
Session 1	Session 2	Session 3	Session 4	Session 1	Session 2	Session 3	Session 4
10	10	10	10	9.8	9.6	9.8	9.8

Question 11: I have more understanding of addiction following this training.



< 30				>30			
Session 1	Session 2	Session 3	Session 4	Session 1	Session 2	Session 3	Session 4
7.7	10	9.5	9.0	9.2	8.9	8.4	9.1

## APPENDIX E

## SESSION 1-4 TOTAL MEAN RESULTS

Survey Item	FG1	FG2	Mean
	Mean	Mean	Total
The training content was relevant to me.	8.1	8.9	8.5
The content of this training was new for me.	6.5	5.3	5.9
Key points clearly communicated.	9.9	9.3	9.6
This training will improve my ability to support those suffering from addiction.	9.3	8.9	9.1
This experience increased your awareness of addiction.	8.9	8.3	8.6
This training met my expectations.	9.7	9.7	9.7
This training introduced me to basic concepts of addiction?	8.2	8.3	8.25
I am likely to use the information presented in this seminar to support those suffering from addiction.	8.8	9.1	8.9
The presenter had a good understanding of the topic presented.	10	9.8	9.9
This training should be repeated for other faith communities.	10	9.8	9.9
I have more understanding of addiction following this training.	9.1	8.9	9

## APPENDIX F

## WRITTEN RESPONSES AND DISCUSSION QUESTION DATA

Session One: Healing Written Responses (FG1 <30 FG2 >30)What new information did you learn during this presentation?

- **I've been through addiction with myself and family members, so I know quite a bit.**
- **Addiction is in your genes.**
- **That a relapse is just as bad as the addiction itself.**
- **That genetic predisposition is 50-60% of the reason for addiction.**
- **The percentage of genetic disposition for the next generation.**
- **Information on how difficult relapsing will be.**
- **I learned that addiction isn't about the amount/frequency of substance use, but instead about brain chemistry and genetics.**
- Addiction is a brain disorder. It can't be cured. Addiction is not limited to alcohol and drugs. Your brain is affected for life with addiction.
- Physiological and genetic characteristics of addiction.
- I knew most of this info, but the new statistics were different. Also, shared personal info.
- Glad you are doing this.
- The neurological impacts of alcohol use for an alcoholic.
- That the disease progresses even if someone isn't using, and if someone relapses (even after a very long time), the person picks up where they left off.

What stood out for you during this presentation?

- **How easy it is to relapse.**
- **The real-life stories and how the presenter could relate.**
- **The process of addiction and healing are reversed.**
- **Personal nature of presenter's experience with addiction and its stigma.**
- **What stood out to me was how engaging Ms. Donna was and how she interacted with the audience.**
- The delivery was well done.
- The order of human aspects when healing takes place is the opposite of the order in which those same aspects are affected during the addiction process.
- Relapse starts before someone takes a drink/drug (i.e. triggers, etc.)
- How it is not what and who we think. Everyone has misconceptions.
- Personal testimony.
- How many fantastic comments our church had for the discussion questions.

What surprised you most about this presentation?

- **That you never get over addiction.**

- **Presenter's honesty.**
- **I was surprised at how in-depth the explanations and examples of addiction were. I learned a lot and I appreciate how the information is starting with basics. I was expecting more of a focus on the role(s) of the church and community, but I like how the scientific side was explained.**
- Nothing
- That even with as much research I have done on my own (related to my family's experience with addiction), there are still many things for me to learn. I am so appreciative to have the opportunity to learn more. Thanks!
- Not surprised but amazed at Donna's strength.

#### Additional Comments

- **Great presentation!**
- **It was very helpful to learn more about this and I'm glad it's getting more and more noticed.**
- Very well done! So proud of you!
- I've struggled with several different addictions myself and still do.

#### Session 1 Discussion Questions

1. What does it look like to belong to this community of faith?  
Genuine  
Accepting  
Lack of judgement  
Patient
2. What about our faith community would make those suffering from addiction feel comfortable here?  
Talk about addiction  
Break down stereotypes  
Ask questions  
Know boundaries-don't push them to engage if they are not ready.  
Find their strengths and focus on that.
3. What would make them feel less comfortable?  
Asking too many questions.  
Misunderstanding addiction.  
Make them feel they have to engage.  
Having the attitude that God will make it all better.  
Having them feel like they are token people.
4. How might we help those suffering from addiction feel like they belong to this community?  
Support them to be part of the community.  
Respond appropriately-not just pat answers.



Provide space for them to be who they are and where they are.

Session Two Written Responses (FG1 <30 FG2 >30)

What new information did you learn during this presentation?

- **Addiction is a disease.**
- **Addiction can shift from a specific addiction to another.**
- **The full understanding of the 12-Steps.**
- **12-Steps**
- **12-Steps**
- Deeper understanding, mutual honesty, awareness of need for personal inventory.
- Relapse is possible.
- 12-Steps personal application.
- Forgiveness is different from anger. (Stacy)
- 12-Steps and 12 principles and how they fit.
- Supporting those with addiction.
- 12 Steps.
- Better ways to support and walk with someone suffering from addiction.

What stood out for you during this presentation?

- **How many steps it takes to get on the road to recovery.**
- **How much thought, time, and effort that was put into the presentation.**
- **I love hearing your story, Donna!**
- **Discussion on inclusion.**
- Honesty of presenter.
- Being “religious” is not immunity from alcoholism.
- Personal examples.
- To ask, “How do I know if you are struggling?”
- How to understand what someone in recovery is going through on the journey.
- Largely spiritual journey in 12-Steps.
- The interest of the congregation in really wanting to know how to be aware and helpful to those in our community and social gatherings.
- The love and concern of the faith community.

What surprised you the most about this presentation?

- **Some people think they can do it on their own.**
- **How relevant this information would be to my current life circumstances.**
- Nothing -this church does the “work” beautifully.
- The presenter suffers from the disease.
- How damaging a group can be toward a person with addiction and not know it.
- Our discussion about potential alienation of someone coming into this congregation.

- God in the 12-Steps
- The interaction if started.

Additional Comments:

- **This was a great presentation. Thank you.**
- Great Job!
- Thank you for your transparency and presentation.
- The open discussion of those present certainly indicates the blessing to this community.
- Enormously important to have an addict present this information.
- Thank you, Donna!

Session 2 Discussion Questions

1. In what ways can we make those suffering from addiction feel more at home in our congregation?

Not place stigma on them and group them.

Not pressure them to speak about their addiction.

Treat them like everyone else.

2. How might those suffering from addiction feel alienated in our faith community?

Being excluded from social events that might include alcohol.

Using wine for communion but also having grape juice could make them feel alienated.

3. How might we help those suffering from addiction feel like they belong to this community?

By developing relationships.

Going to meetings.

4. How can we care for those suffering from addiction?

Like we care for any other member.

Don't judge.

Meet them where they are.

Session Three Written Responses (FG1 <30 FG2 >30)

What new information did you learn during this presentation?

**Don't "should" on people.**

**Another perspective of addiction from a study done on rats from years ago.**

**A better understanding of how much love can really help.**

**The Rat Park.**

Ways I might say supportive things to someone with addiction.

A lot.

Don't "should" on people.

Rat Park story was thought provoking. Connection is opposite of addiction.

Enjoy community connection.  
The Rat Park Study.

What stood out for you during this presentation?

**Rat Park**

**Differences between AA and Church. Rat Park info was very interesting.**

**I'm glad you brought up the misconceptions of the Rat Park study and there IS a biochemical component.**

How connection impacts recovery. Social Recovery.

The opposite of addiction is connection.

The speaker and video (great) both.

Consistency of message.

Don't "should" on people.

Social interaction.

Don't should on people.

What surprised you the most about this presentation?

Don't mention "time heals" to those hurting.

How awesome it was.

The more you open up, the less control/power addiction has on you. Huge!

The Rat Park Study.

Additional Comment:

**Use of "safe space" has taken on an incorrect meaning for some-may want to address.**

**Thank you, Donna!**

**Go Donna!**

"Don't should on people"

Discussion Questions:

1. How as a faith community do we share our faith and hope with those who are struggling in light that there is always struggles?

Living example of our faith.

Realizing that God works different in each life and circumstance.

By listening and joining with them where they are.

2. How does our faith community offer hope to those suffering from addiction?

Being present with them.

3. In our faith community do we allow space for those suffering from addiction to talk about the difficulty they may experience with addiction, recovery, and or relapse?

Getting better at it allowing space and acknowledging there is a difference in "safe space" and "brave space."

4. How can we provide a non-judgmental presence to those suffering from addiction?  
It should be the same as with all individuals.

Acknowledging our own brokenness.

Session Four: Written Responses (FG1 <30 FG2 >30)

What new information did you learn during this presentation?

- **The resources available local to us.**
- **Other resources for people suffering with addiction and where they can receive help.**
- **Shame and guilt understanding.**
- Had never seen this Brené Brown video.
- Shame vs. Guilt
- How we internalize and rationalize.
- Difference of shame, guilt, and reconciliation.
- Addict must be ready to be helped.
- Relationships of those with addiction and reconciliation.

What stood out for you during this presentation?

- **Personal experiences.**
- **Video-( Brené Brown)**
- **Vulnerability**
- Presenters' transparency
- Vulnerability
- We numb...everything, not just negative side of emotions.
- Shame and guilt.
- Vulnerability of presenter.
- Talk on transparency.

What surprised you the most about this presentation?

- Prevalence of addiction among people I never suspected.
- Thoughtful and intriguing comments from others. Brené Brown Ted Talk.

Additional Comment:

- **Amazing presentation!**
- **Great job on the presentation.**
- Awesome presentation-should be done in many churches.
- Excellent. Love the interaction with the congregation.
- Well done! So proud of you Donna. Keep up the momentum.

Discussion Questions

1. In our faith community do you feel people can share their stories in an open and honest way?

It is improving, and this project will help break down some of the barriers someone may feel and allow them to talk more openly without fear of judgment.

2. What are resources outside our faith community available to those suffering from addiction?

Those mentioned in the presentation.

3. What is your biggest fear/concern about being a community that welcomes those suffering from addiction?

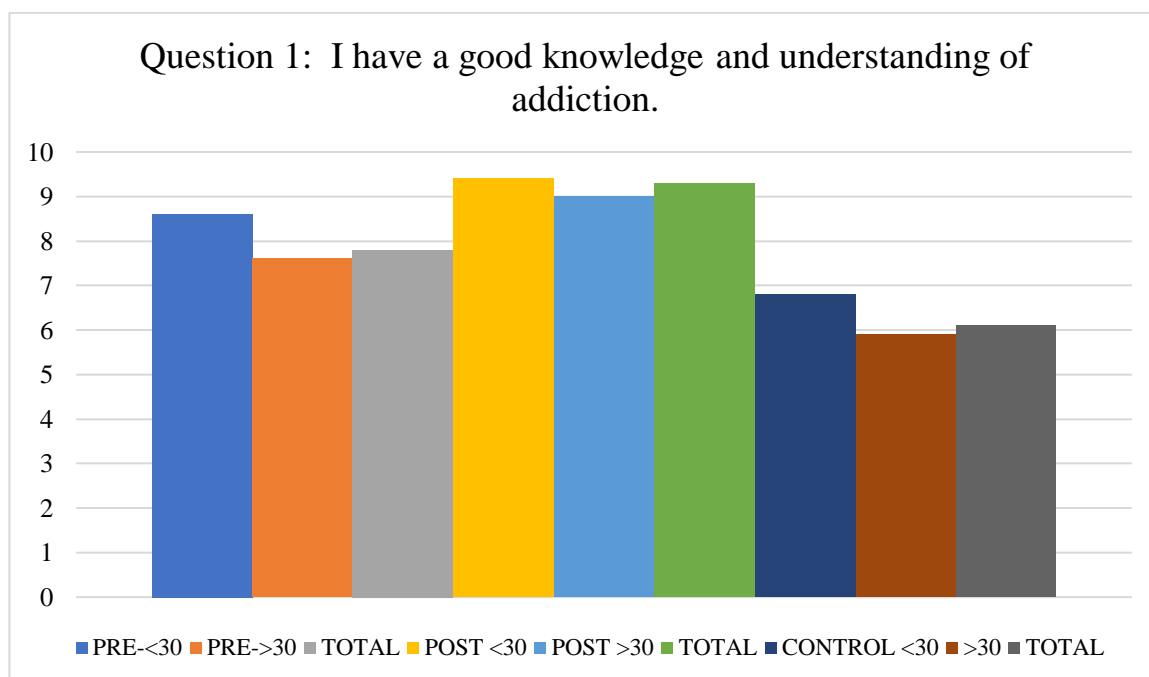
Trying to fix those who are suffering from addiction instead of just being with them where they are.

Inadvertently alienating them from social gatherings or in the congregation.

Grouping those suffering from addiction together.

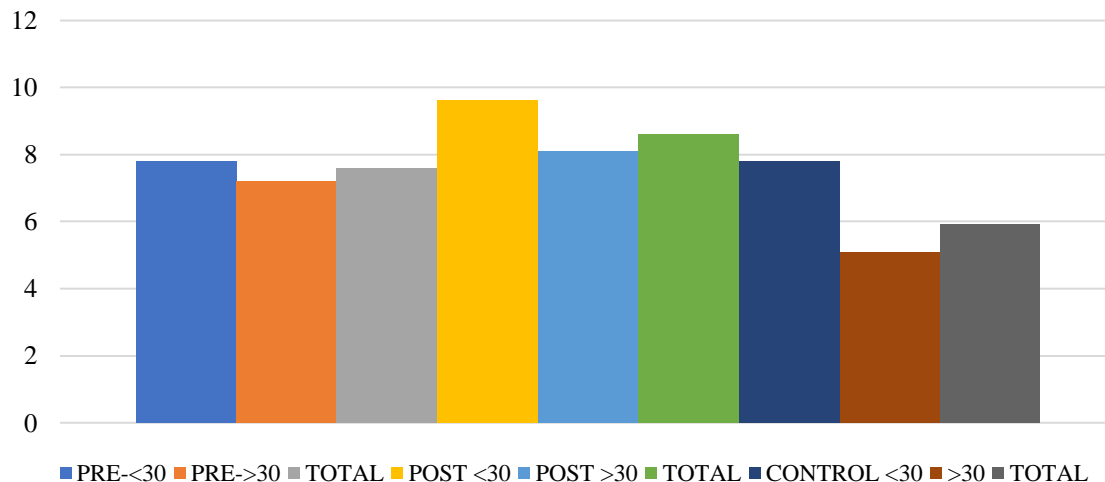
## APPENDIX G

**FOCUS GROUP PRE- AND POST-SURVEY RESULTS  
CONTROL GROUP SURVEY RESULTS**



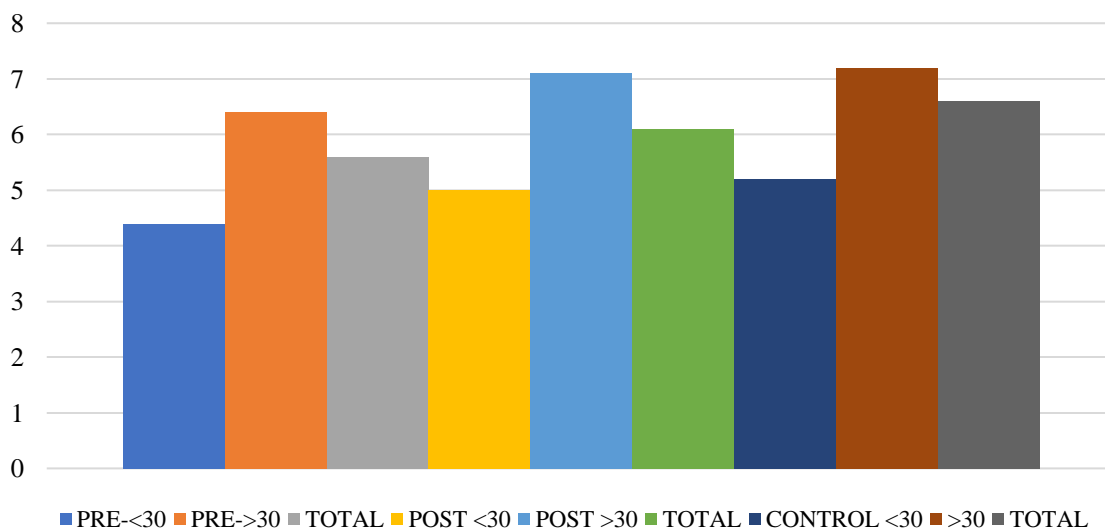
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<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
8.6	7.6	7.8	9.4	9	9.3	6.8	5.9	6.1

Question 2: I think we do a good job of being a congregation where those suffering from addiction can feel like they belong.



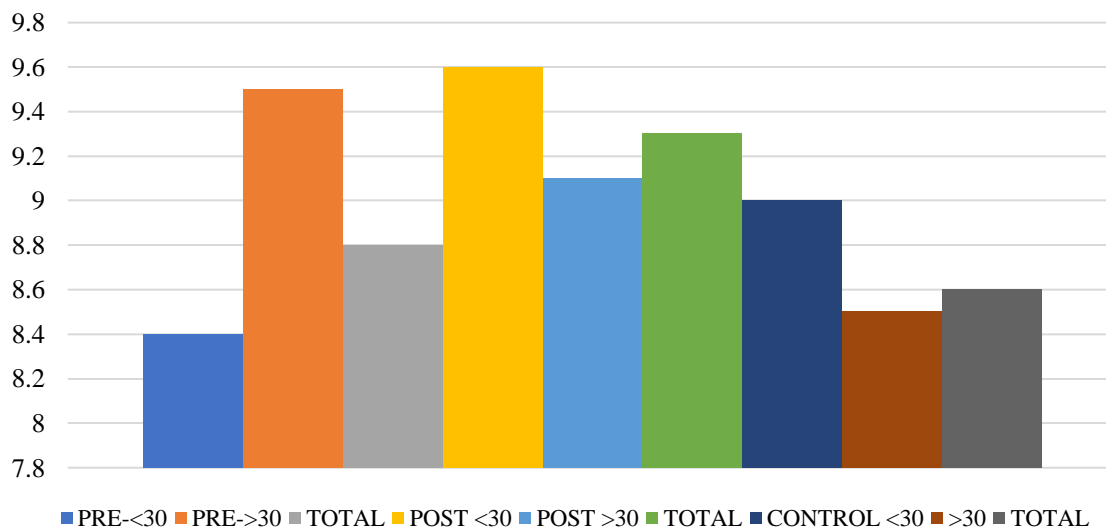
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
7.8	7.2	7.6	9.6	8.1	8.6	7.8	5.1	5.9

Question 3: I feel we need to do a better job including those suffering from addiction in our congregation.



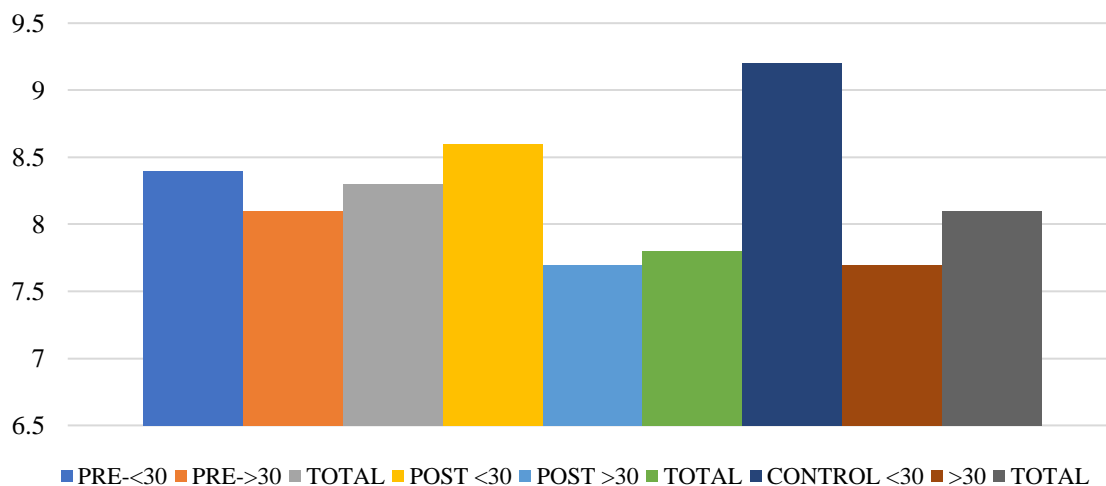
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
4.4	6.4	5.6	5.0	7.1	6.1	5.2	7.2	6.6

Question 4: Those suffering from addiction can do important work in our congregation.



PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
8.4	9.5	8.8	9.6	9.1	9.3	9.0	8.5	8.6

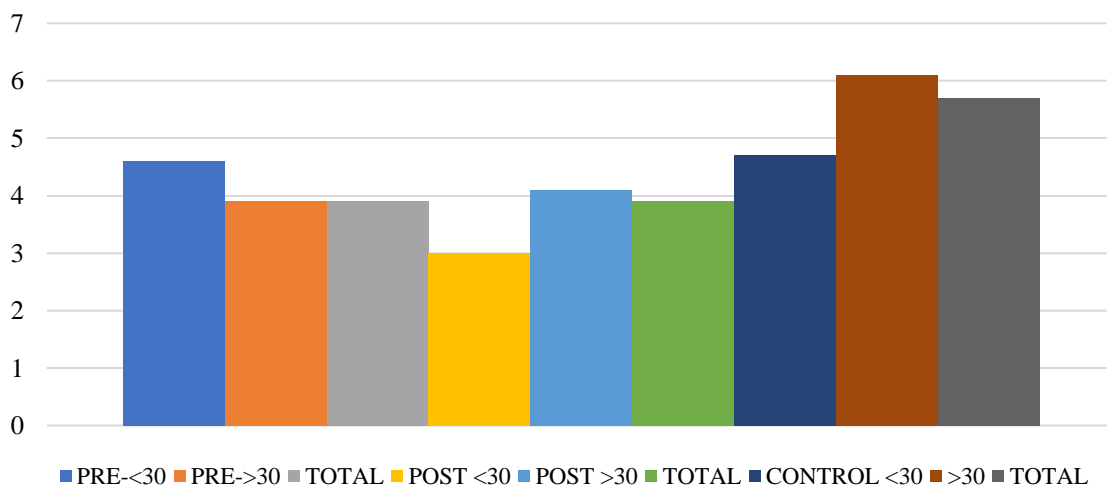
Question 5: I believe those suffering from addiction can be honest about their experiences with our congregation.



PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
8.4	8.1	8.3	8.6	7.7	7.8	9.2	7.7	8.1

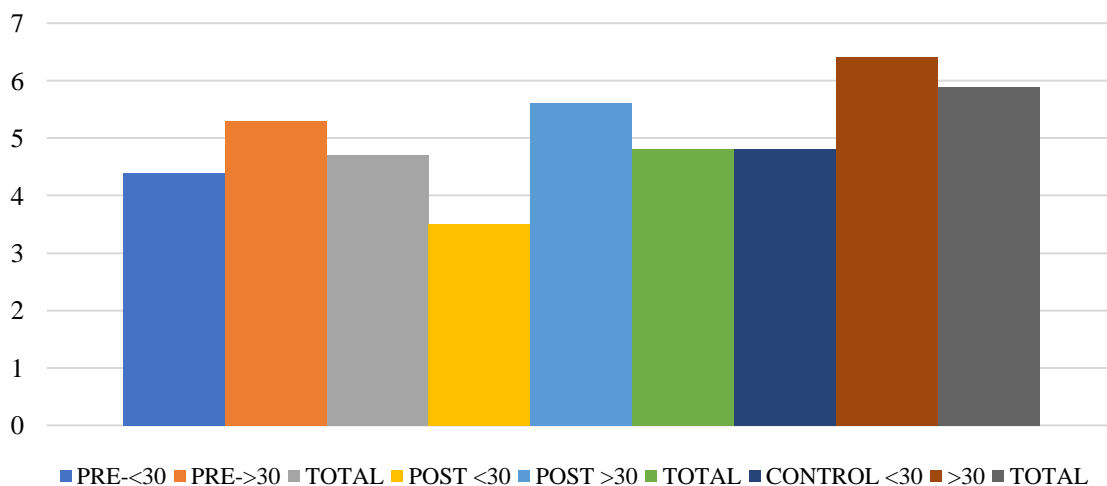


Question 6: I believe people suffering from addiction can solve their addictions by fixing the spiritual things in their lives.



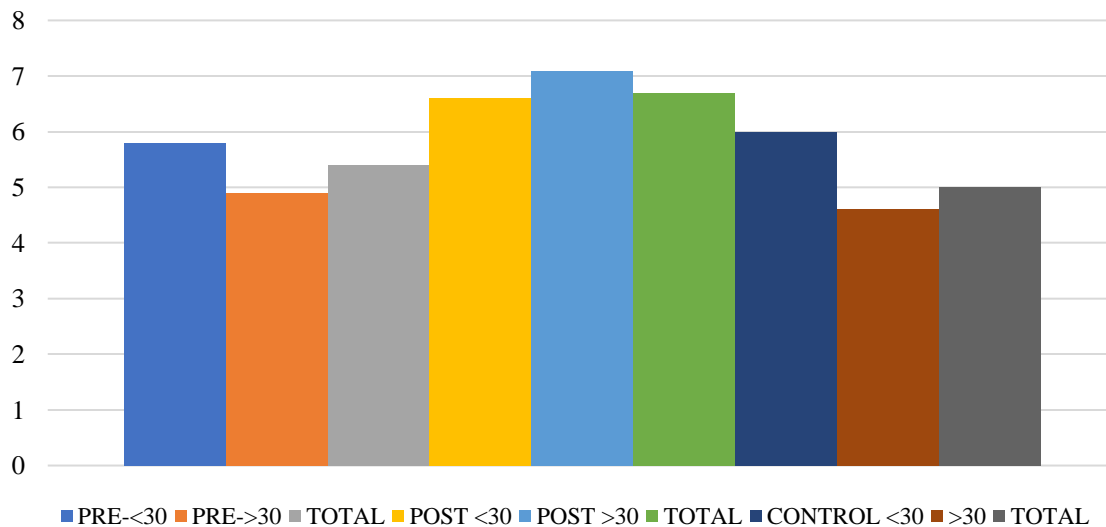
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
4.6	3.9	3.9	3.0	4.1	3.9	4.7	6.1	5.7

Question 7: I believe people in our congregation do not talk about addiction issues.



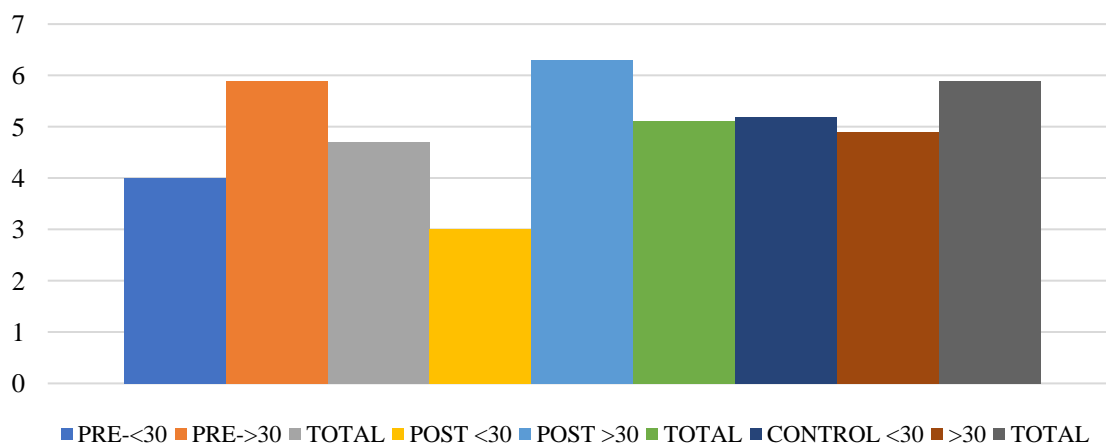
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
4.4	5.3	4.7	3.5	5.6	4.8	4.8	6.4	5.9

Question 8: In our congregation addiction is discussed openly.



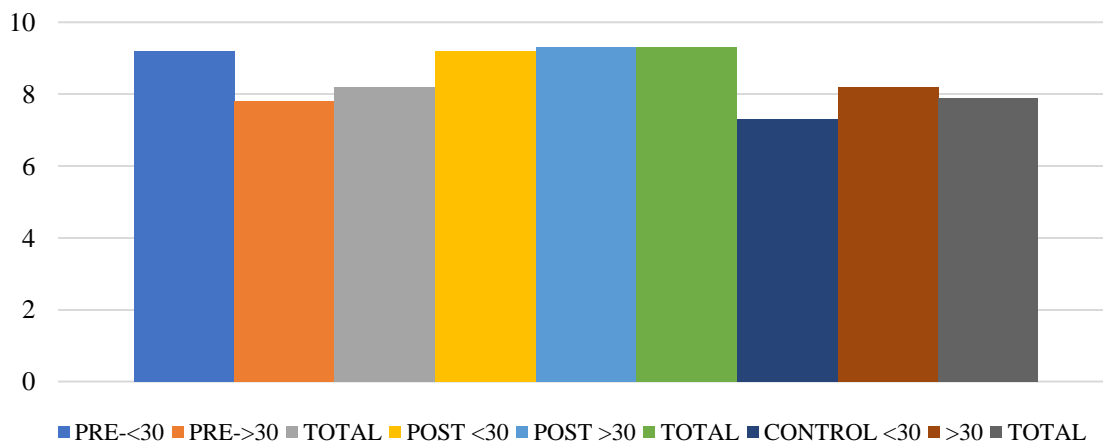
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
5.8	4.9	5.4	6.6	7.1	6.7	6.0	4.6	5.0

Question 9: I believe people suffering with substance abuse issues in our congregation feel ashamed or less worthy than others.



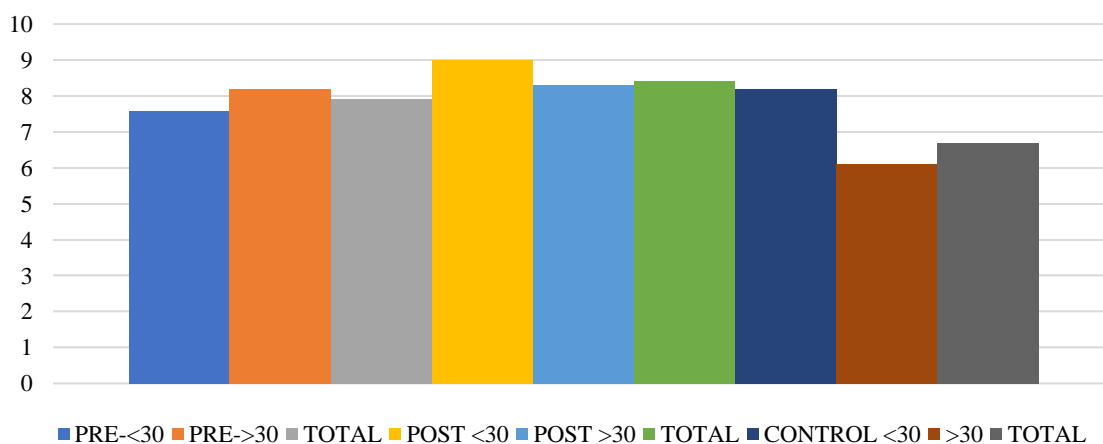
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4	5.9	4.7	3	6.3	5.1	5.2	4.9	5.0

Question 10: Individuals with substance abuse issues can live productive and satisfying lives.



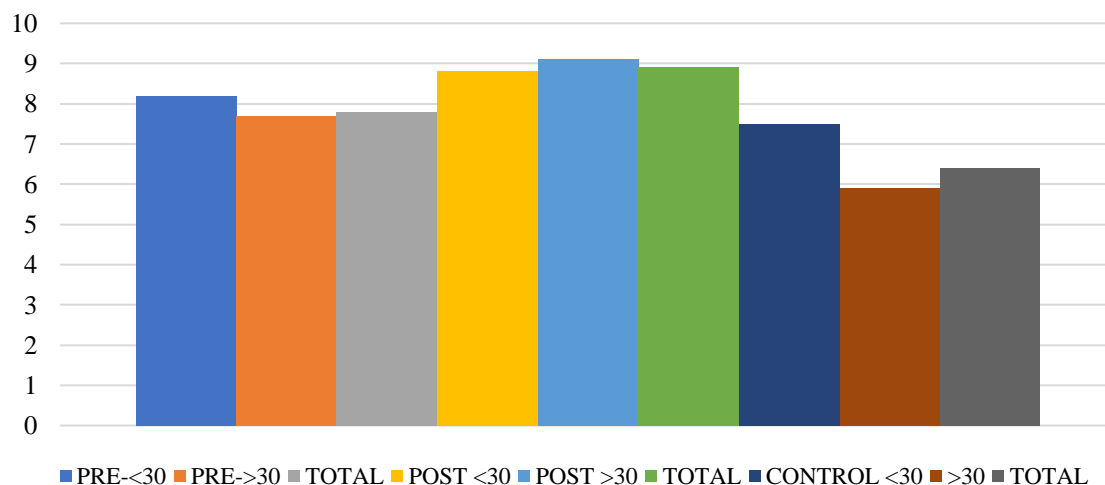
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
9.2	7.8	8.2	9.2	9.3	9.3	7.3	8.2	7.9

Question 11: I think we do a good job of providing a community where people struggling with addiction can belong.



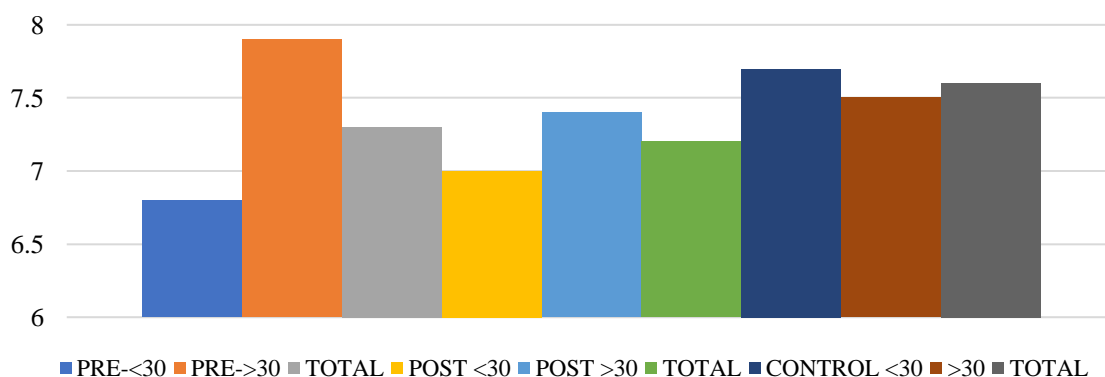
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
7.6	8.2	7.9	9.0	8.3	8.4	8.2	6.1	6.7

Question 12: I feel empowered to help those suffering from addiction.



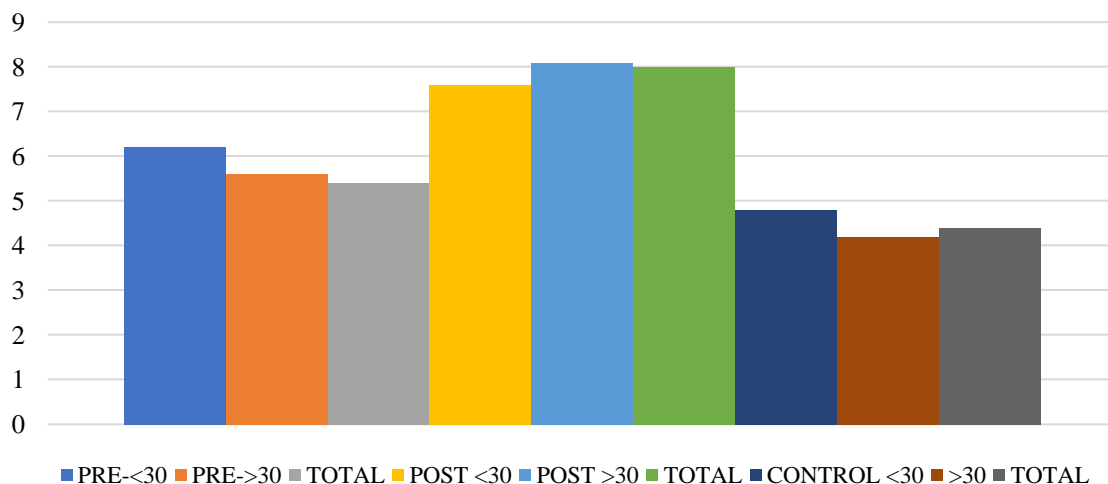
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
8.2	7.7	7.8	8.8	9.1	8.9	7.5	5.9	6.4

Question 13: I believe we need to do a better job including those suffering from addiction in our faith community.



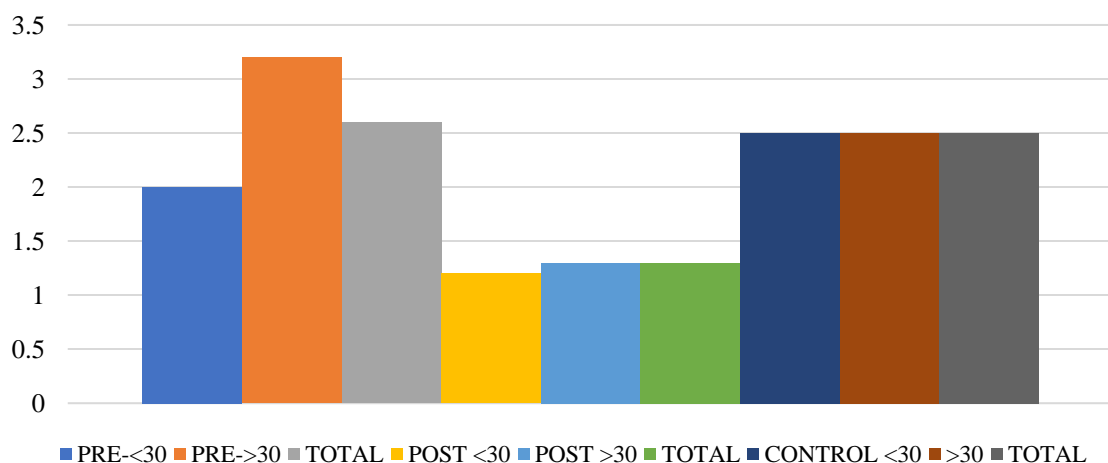
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
6.8	7.9	7.3	7.0	7.4	7.2	7.7	7.5	7.6

Question 14: I know how to help someone suffering from addiction.



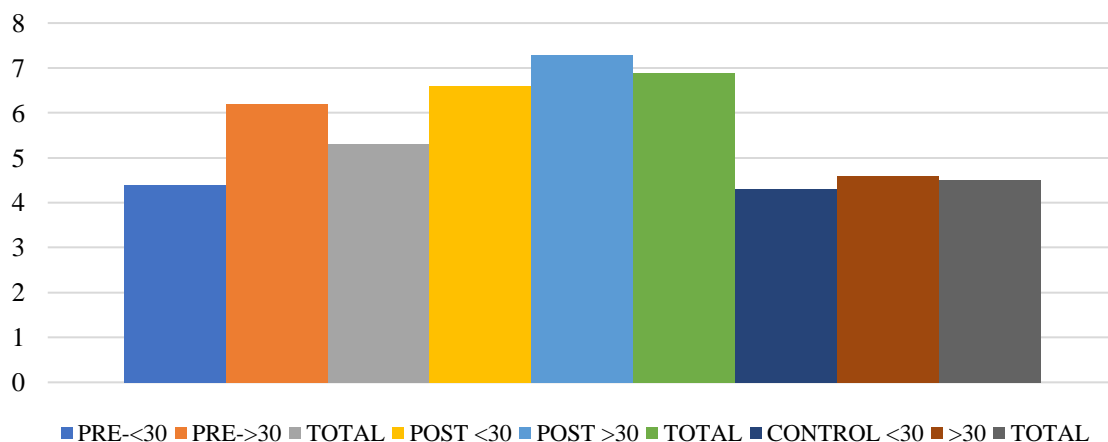
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
6.2	5.6	5.4	7.6	8.1	8.0	4.8	4.2	4.4

Question 15: I believe substance abuse issues is a moral failure.



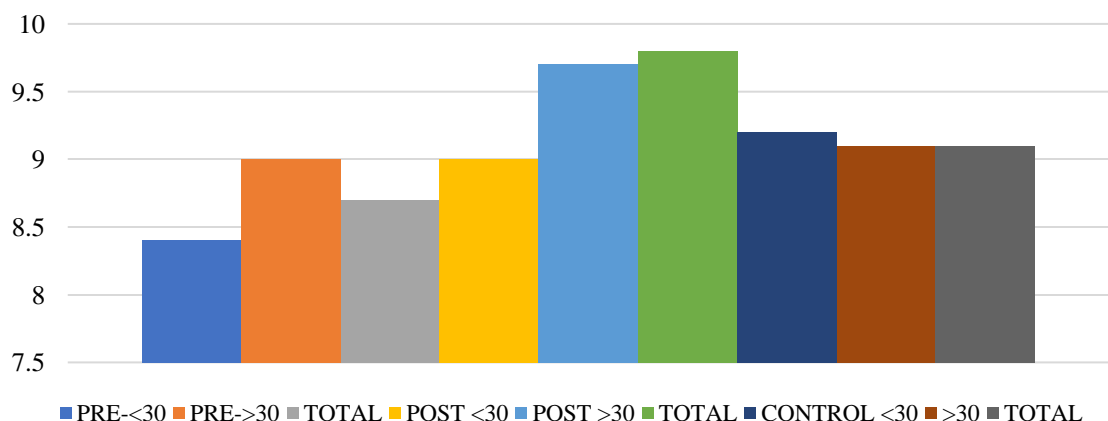
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
2.0	3.2	2.6	1.2	1.3	1.3	2.5	2.5	2.5

Question 16: I talk with people in my faith community about substance abuse issues.



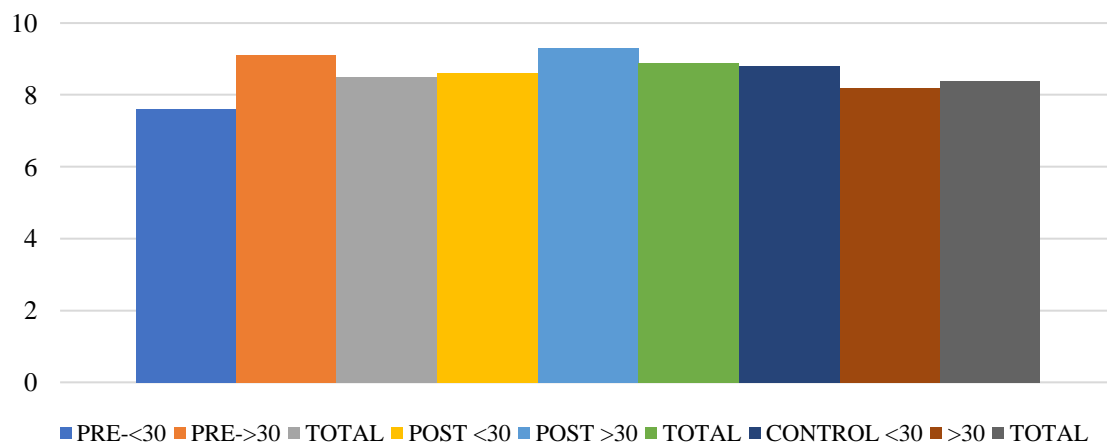
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
4.4	6.2	5.3	6.6	7.3	6.9	4.3	4.6	4.5

Question 17: I believe developing a sense of community is important in the recovery process of those suffering from addiction.



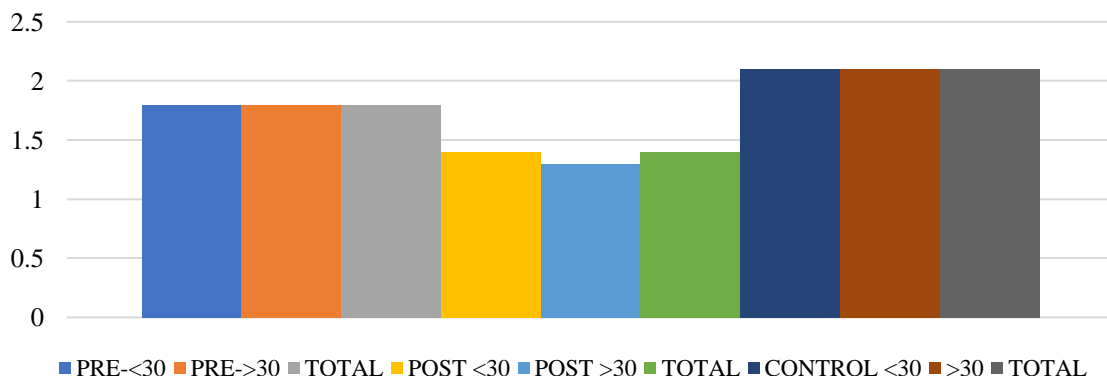
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
8.4	9.0	8.7	9.0	9.7	9.3	9.2	9.1	9.1

Question 18: I believe members of our congregation support those seeking substance abuse treatment and care.



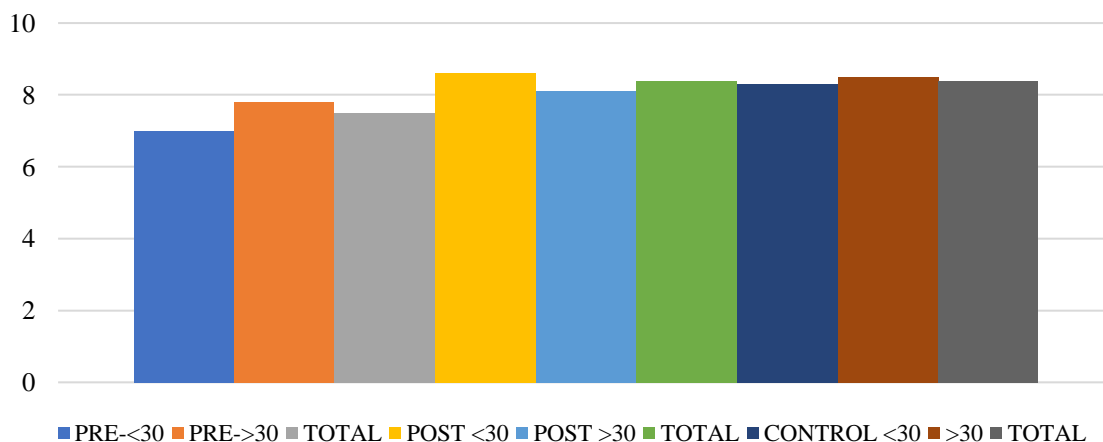
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
7.6	9.1	8.5	8.6	9.3	8.9	8.8	8.2	8.4

Question 19: If those suffering from addiction would just pray and read their Bible more they could stop their addiction/addictive behavior.



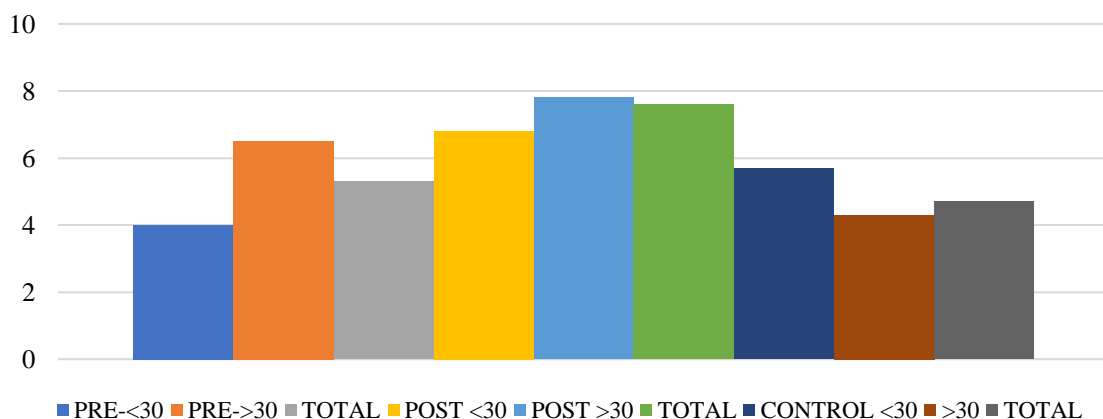
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
1.8	1.8	1.8	1.4	1.3	1.4	2.1	2.1	2.1

Question 20: Those suffering from addiction experience a great deal of guilt, shame, and embarrassment.



PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
7	7.8	7.5	8.6	8.1	8.4	8.3	8.5	8.4

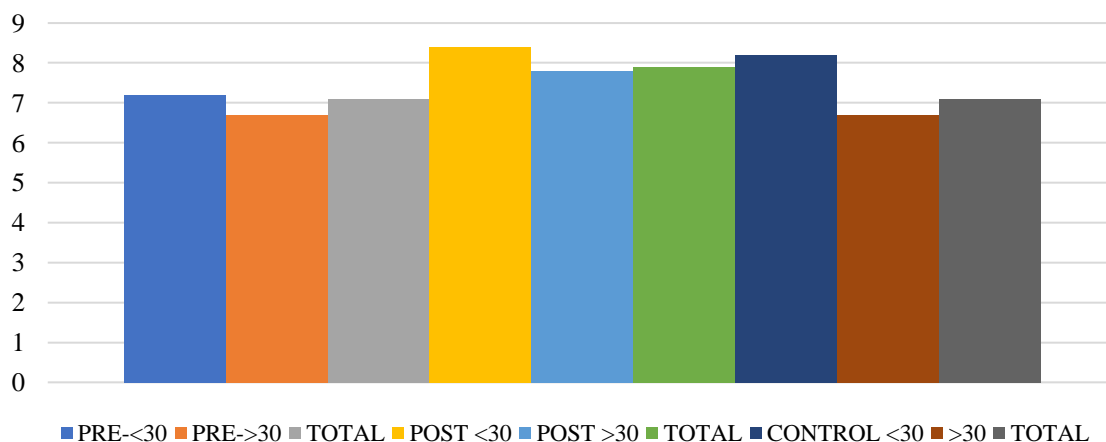
Question 21: Our congregation has resources to meet the needs of people suffering from addiction.



PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
4	6.5	5.3	6.8	7.8	7.6	5.7	4.3	4.7

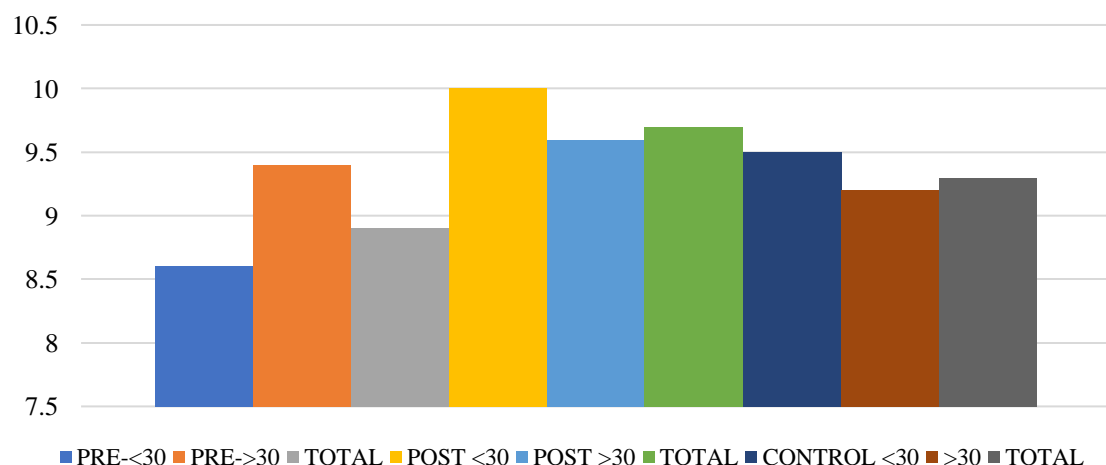


Question 22: Substance use disorder is a physical disease and should be treated as such.



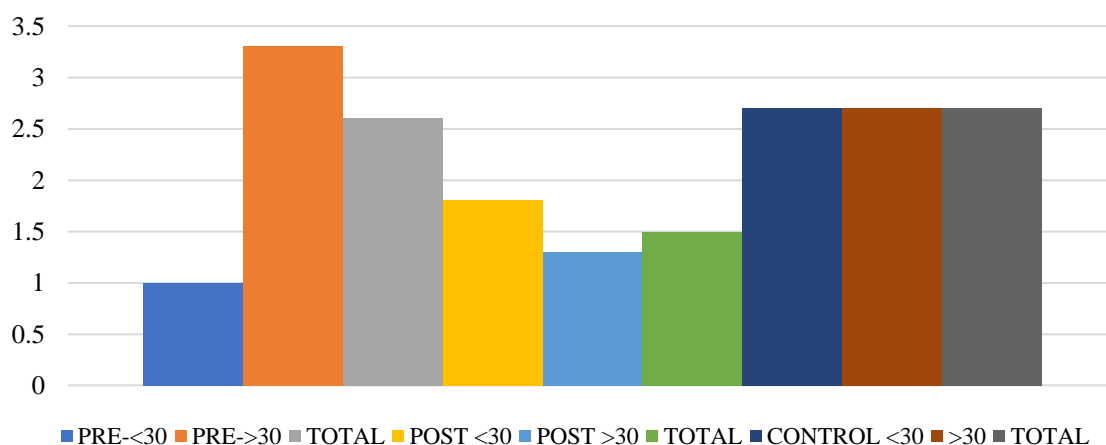
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
7.2	6.7	7.1	8.4	7.8	7.9	8.2	6.7	7.0

Question 23: Recovery from substance abuse is a lifelong process.



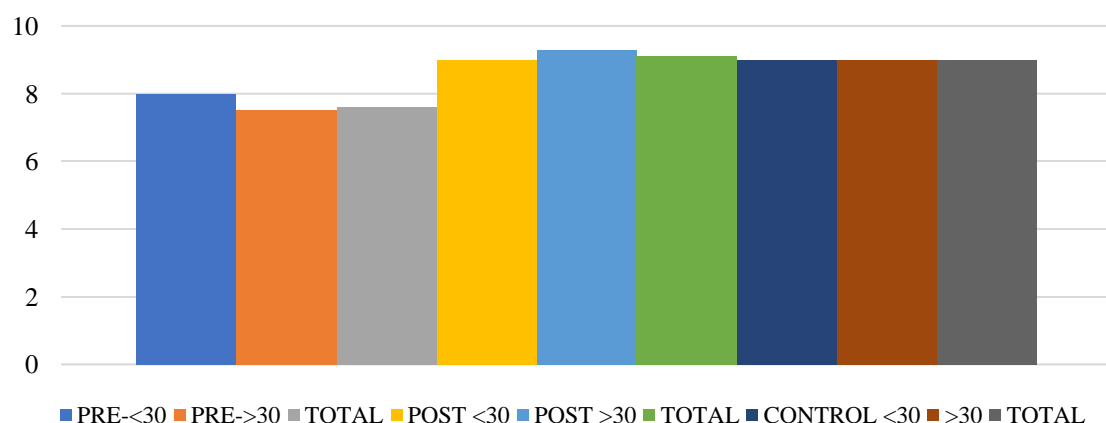
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
8.6	9.4	8.9	10.0	9.6	9.7	9.5	9.2	9.3

Question 24: Most suffering from addiction do not relapse once they are in recovery.



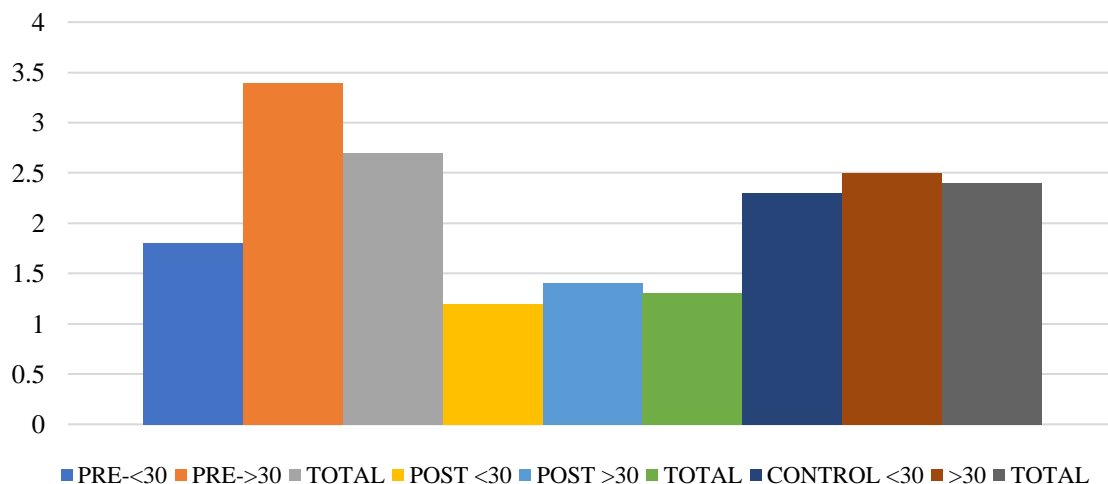
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
1	3.3	2.6	1.8	1.3	1.5	2.7	2.7	2.7

Question 25: Faith communities can play an important role in the recovery process.



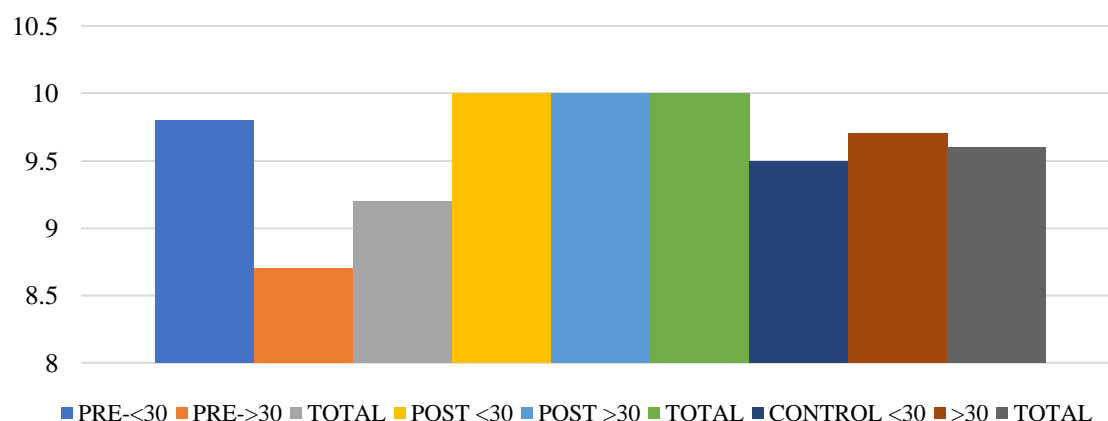
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
8	7.5	7.6	9	9.3	9.1	9	9	9

Question 26: Christians drink less than non-Christians.



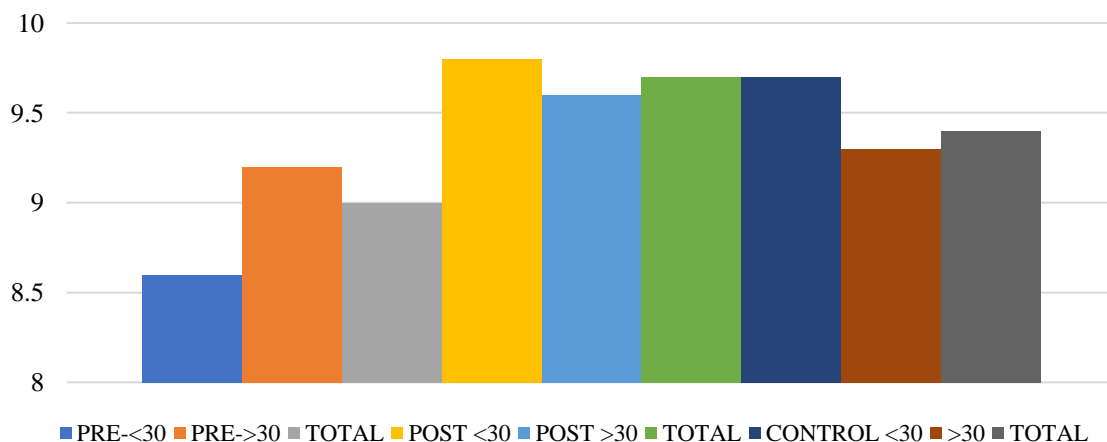
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
1.8	3.4	2.7	1.2	1.4	1.3	2.3	2.5	2.4

Question 27: Addiction affects a person physically, mentally, emotionally and spiritually.



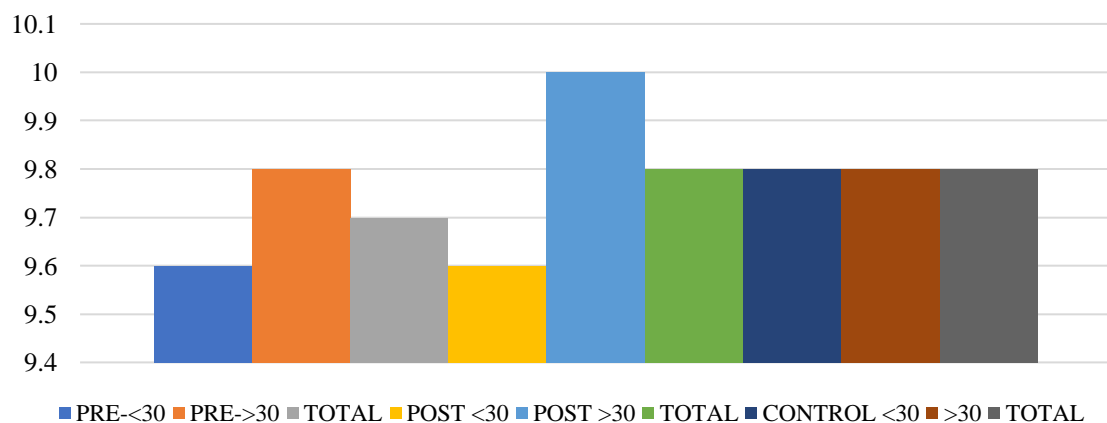
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
9.8	8.7	9.2	10	10	10	9.5	9.7	9.6

Question 28: Faith communities are a place where healing and hope can be promoted to support those suffering from addiction and are seeking recovery.



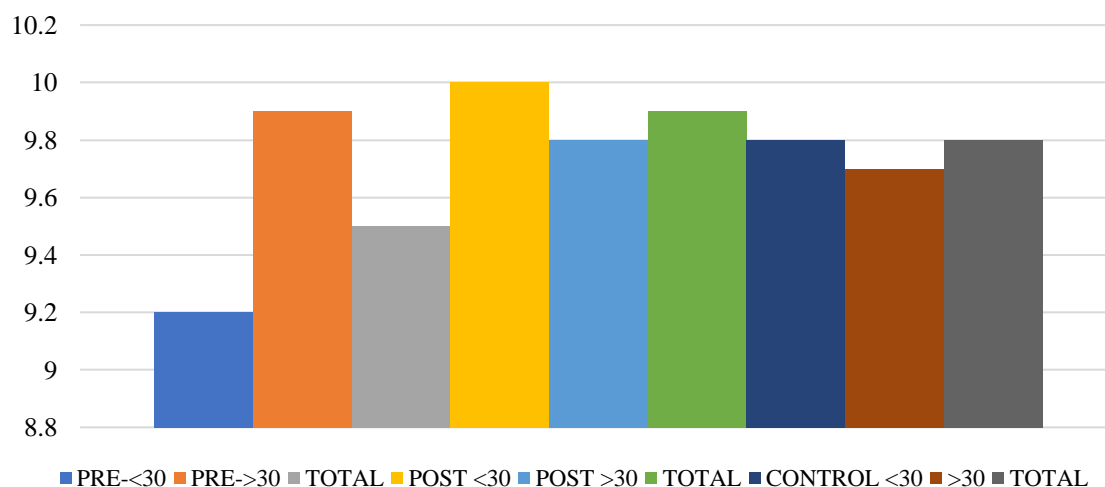
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
8.6	9.2	9	9.8	9.6	9.7	9.7	9.3	9.4

Question 29: I know someone who has been affected by addiction.



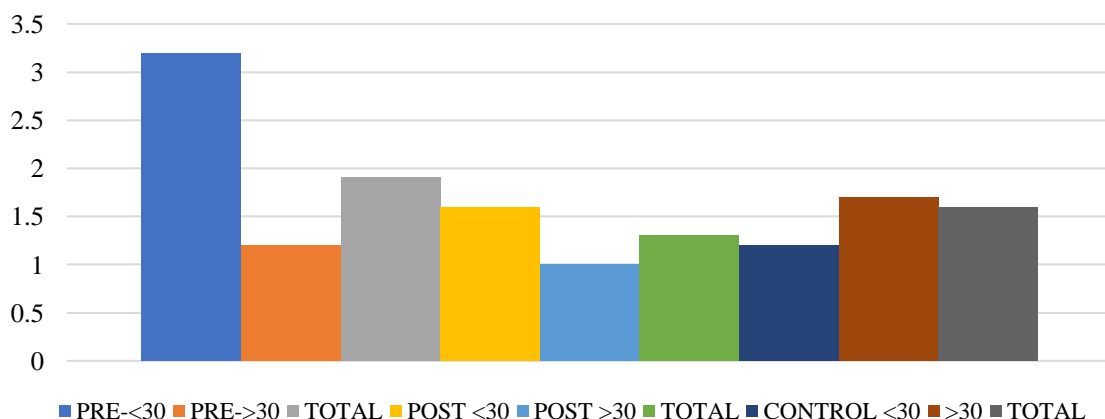
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
9.6	9.8	9.7	9.6	10	9.8	9.8	9.8	9.8

Question 30: Addiction affects the entire family.



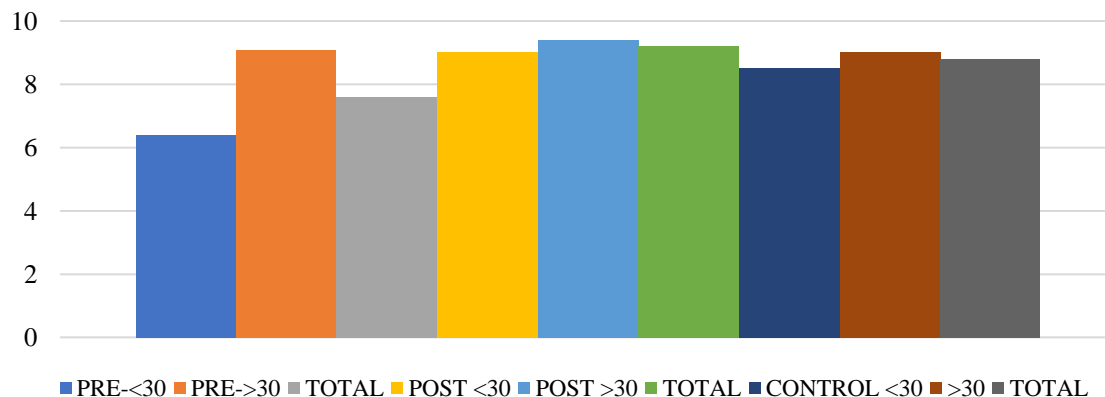
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
9.2	9.9	9.5	10	9.8	9.9	9.8	9.7	9.8

Question 31: If those struggling with addiction just had stronger will-power they could overcome addiction on their own.



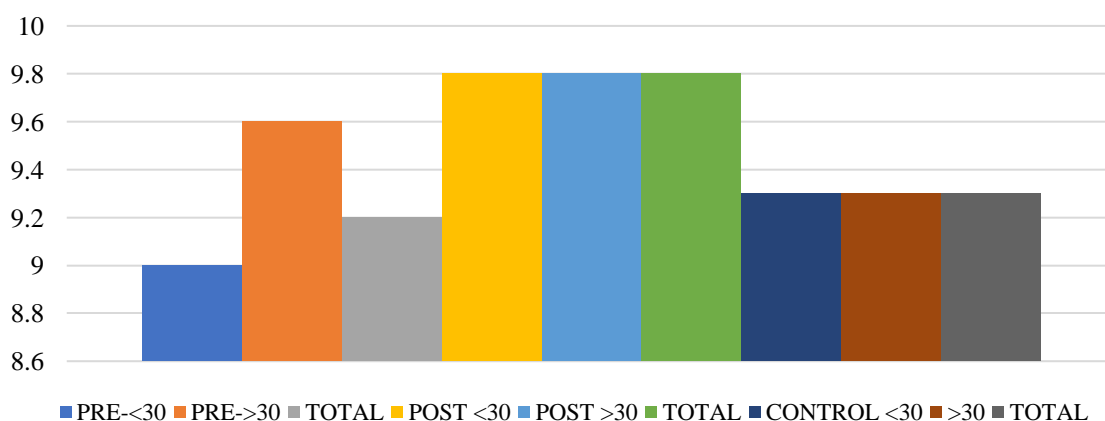
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
3.2	1.2	1.9	1.6	1	1.3	1.2	1.7	1.6

Question 32: Twelve-step and other recovery programs can play an important role in the recovery process for those seeking help.



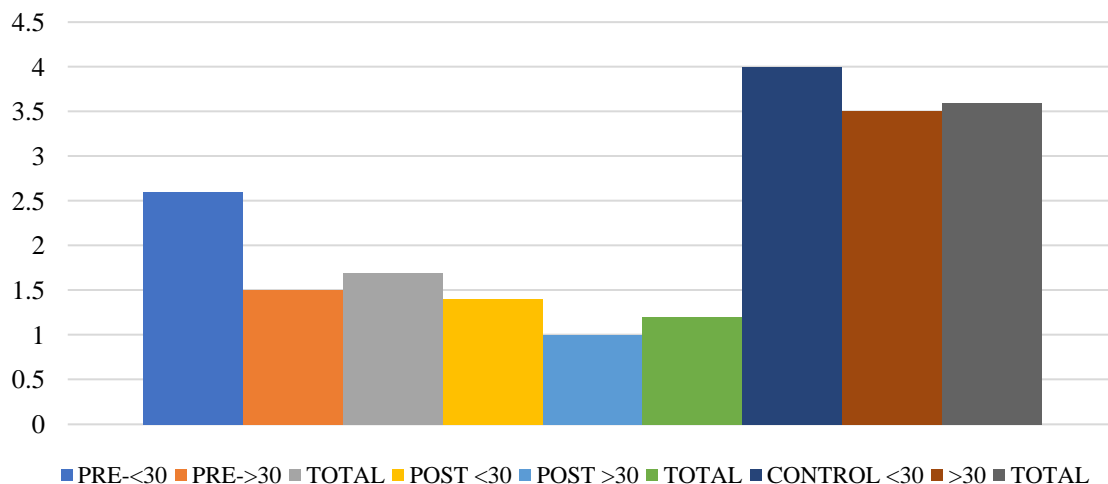
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
6.4	9.1	7.6	9.0	9.4	9.2	8.5	9.0	8.8

Question 33: Building relationships and providing non-judgmental support can be a crucial aspect for individuals and a faith community in helping those suffering from addiction.



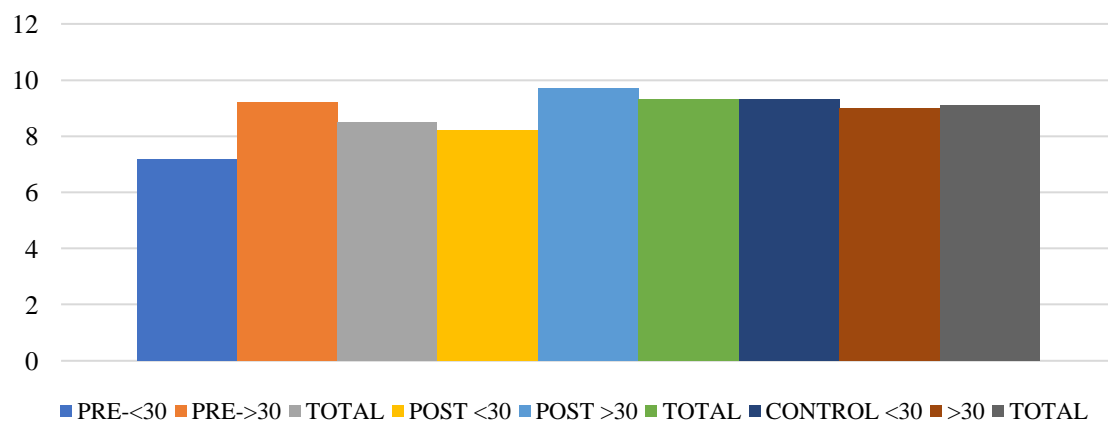
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
9.0	9.6	9.2	9.8	9.8	9.8	9.3	9.3	9.3

Question 34: Addiction is a sin.



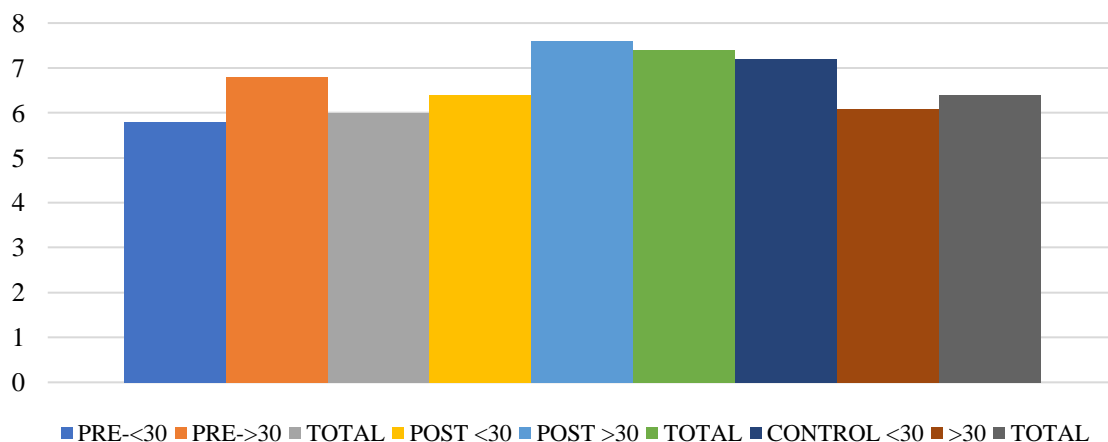
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
2.6	1.5	1.7	1.4	1	1.2	4.0	3.5	3.6

Question 35: Addiction is a growing concern in our community and needs to be addressed by faith communities.



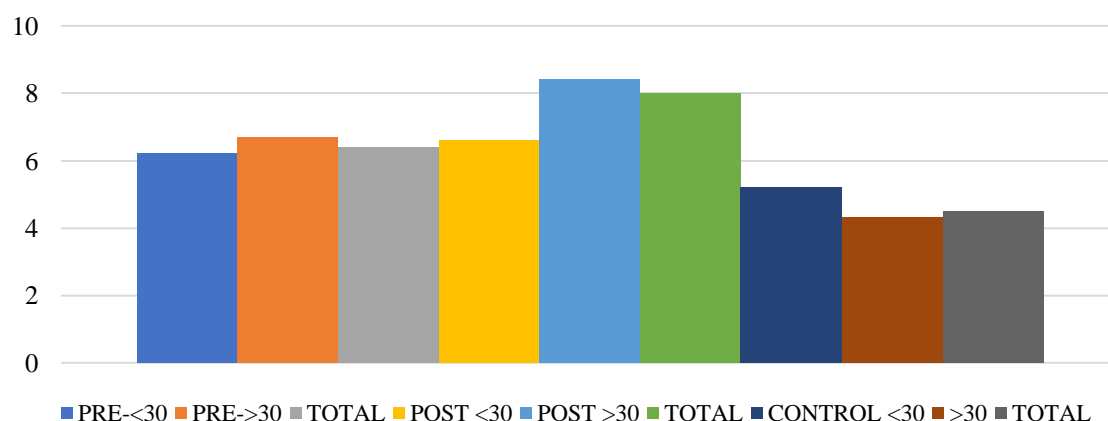
PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
7.2	9.2	8.5	8.2	9.7	9.3	9.3	9.0	9.1

Question 36: Can you recognize the signs of someone suffering from addiction?



PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
5.8	6.8	6	6.4	7.6	7.4	7.2	6.1	6.4

Question 37: Do you feel equipped to help someone suffering from addiction?



PRE			POST			CONTROL		
<30	>30	TOTAL	<30	>30	TOTAL	<30	>30	TOTAL
6.2	6.7	6.4	6.6	8.4	8	5.2	4.3	4.5



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