

# The Pastor and the Alcoholic

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*By Greg D. Gibbons*

Do you remember the old Andy Griffith show? Do you remember Otis Campbell? Everyone knew Otis. Everyone loved Otis. Every Friday and Saturday night Otis would go out and get drunk, stumble into the jailhouse, and lock himself into one of the jail cells just to be sure that nobody ever got hurt by his drinking. Everybody in Mayberry liked Otis even though everyone knew that he was the town drunk. To be sure, there were probably a few women in town put off by his weekend splurges, but all in all, Otis was a pretty good guy. He never hurt anyone. Was Otis an alcoholic? Some people looking at this man who usually slept in his clothes and went unshaven would say "yes" without any reservations. Maybe they're right. It was just as possible, however that Otis was exactly what everyone called him: the town drunk and nothing more. We certainly would have to say that Otis had the ability to become an alcoholic if he wasn't one already.

One of the greatest problems facing the people of America today is the problem of alcoholism. All of us like to think that we know something about it. The truth is that most of us know a lot less than we think we know, and in this case a little learning is dangerous. We live in a society where alcohol is plentiful and there are just as many opinions as to its use. To illustrate this point we hear the reply of a candidate for the legislature during the last vestiges of prohibition.

If when you say whiskey, you mean the devil's brew, the poison scourge, the bloody monster that defiles innocence, dethrones reason, creates misery and despair, yes, literally takes the bread out of the mouth of babes; if you mean that vile drink that topples the Christian man and woman from the pinnacles of gracious, righteous living into the bottomless pit of shame and despair, helplessness and hopelessness - then, sir, I am against it with every fiber of my body.

But if, when you say whiskey, you mean the oil of conversation, the philosophic drink that is consumed when good fellows get together, which puts a song in their hearts, laughter on their lips and a smile of contentment in their eyes; if you mean Christmas cheer; if you mean that stimulating drink which puts the spring in an old man's step on a frosty morning; if you mean that drink which permits a man to magnify his joys and happiness and to forget, if only for a moment, life's tragedies and sorrows; if you mean that drink which pours into our Treasury untold millions with which to provide tender care for our little crippled children, our aged and infirm, and to build schools, hospitals and roads - then, sir, I am for it with all of my heart.

There, sir, is my stand—from it I will not retreat; I will not compromise. There is my stand.

I think that we could wholeheartedly agree. We find no fault with the use of alcohol, only the abuse. The greatest abuse comes in the disease of alcoholism. After agreeing to take this paper, I found that I had opened a real can of worms. There was much more to this topic than meets the eye. This morning I know that I will be able only to scratch the surface and I'm hoping for a follow up paper or two on different aspects of the disease if you so choose. What I will present this morning is a general overview of alcoholism, and I hope that if time permits, we can get into specific questions later.

One of the greatest problems of alcoholism, as I stated before, is that a little knowledge is dangerous. If one does not know what he is dealing with, he can do more harm than good. As shepherds of God's flock we want to be able to handle all problems that do occur in our midst, with His help. Do any of you know any alcoholics? Have you ever seen one? Do you know how they behave? Do they want help? Can we give them help? What do we need to know?

Perhaps the most common picture we have in our minds of the alcoholic is the bum on skid row. The unshaven man with the tattered old clothes coming up to you on the street asking money for food, while you

know the only thing he wants is another bottle of booze. This is only three percent of the alcoholics. As I visited the Chemical Dependency Unit last week I was shocked to hear that a very sizable percentage of the patients were professional men: doctors, lawyers, teachers, legislators, priests, pastors, executive. We might ask: why? How could they do it to themselves? Didn't they have any self-control?

That is another misconception about alcoholism - that the person should be able to stop at any time if he really wants to. A very simple definition of alcoholism is: the complete loss of control around the chemical, ethyl alcohol. As many recovering alcoholics say, "One drink was too many, and a thousand were not enough." It is a progressive disease. It begins with the man taking the drink and it ends with the drink taking the man. It is no respecter of persons. It takes the entire being: body, soul, and spirit. It affects not only the alcoholic, but also those closest to him. It is one of Satan's most diabolical tricks. It causes a person to hurt the most those he loves the most. It wasn't until 1956 that alcoholism was officially recognized as a disease. It is a disease and it is treatable.

The problem with diseases in most cases is not in discovering the disease itself, but in getting the person who has it to accept the fact that he is afflicted and in getting him to take the proper treatment. If, for example, a person has cancer and it is detected, the physician can perform an operation or chemotherapy and stop the disease. Many cancer patients today are leading perfectly normal lives after going for treatment. The same holds true for alcoholics. On the other hand, people who were diagnosed with cancer and refused to do anything about it are dead. Once more the same fact holds true for alcoholics. Because of all the misconceptions about alcoholism and the very nature of the disease itself you don't find many alcoholics admitting to their problem. It has been said that you can't help an alcoholic unless he wants help. That is another misconception.

A little learning can be dangerous, but a lot of learning can be very helpful. We see that alcoholism is a disease. It can be described. The alcoholic has a compulsion to drink.. He has to drink. He may tell you that he has a choice. He decides whether to drink or not. That is his side of the story. We can see that his choice is always the same: to drink.

Just as cancer is a predictable and progressive disease, so is alcoholism. Left unchecked, cancer eats away at vital organs until there is nothing left. The same here. The alcoholic may say tomorrow is going to be better but he is deluding himself. It can and always will get worse. It affects a person physically, mentally and spiritually.

Alcoholism is a primary disease. By that I mean that we have to diagnose it. A common mistake is to treat it as a symptom of emotional or psychological disorders. It is rather the cause of them. Now we can say that the real cause is sin, but we'll get to that later. Now we see that it is the cause of many other problems which result from this disease.

It is permanent. A person is not an alcoholic one day and the next day he's not. People may say, "Once an alcoholic, always an alcoholic" and they're right. A person may be in one of the various stages of alcoholism and decide to go "on the wagon." He may think after six months that it is safe again. He can handle himself. It's back to square one. In reality, he's back to the same square he left six months before. He is exactly where he would have been if he had been drinking those past six months. We always speak of recovering alcoholics. The disease has to be arrested and the sooner the better.

Finally, the disease is terminal. If left unchecked, it leads to death - physical and most importantly, spiritual. By the time the alcoholic gets to the final stages, he will, most likely, have left his church. Any attempts by the clergyman to talk will be construed by him as meddling. He has no use for the concept of a loving God. He's already living in hell, a hell brought on by his increasing dependency to the chemical. Even though the use of alcohol has cost him his wife, children, friends, job, and respect he still continues to drink. He has to. It does no good to say "If you had any sense of decency, you'd quit drinking. All it takes is self-control." The person has no self-control.

One of the problems that is easy for us to spot and not so easy for the alcoholic is the growing tolerance he has for the chemical. Instead of one drink before dinner to relax, it now takes two or three. Instead of just drinking on weekends, it now becomes every day. Big drunks were always celebrated on holidays like New

Year's Eve and the Fourth of July. There are more holidays now, like Groundhog Day and Millard Fillmore's birthday. They pride themselves on being able to "handle their liquor" and "drink everyone else under the table" as evidence that they couldn't have a drinking problem. In reality, it's just the opposite.

All of us have built in defense mechanisms. We react defensively to what people say. If, for example, someone comes up to me and says, "I don't like the tie you're wearing," I can respond in a number of different ways. I can say smugly "obviously you don't have any taste." I can say snidely "Well who picks out your wardrobe - Chuck Barris?" I can punch him in the nose. Or I can avoid a fight or argument and say "you're right" and take it off. Those are different defense mechanisms we can use. When someone says something to threaten us we react defensively. It is automatic. The alcoholic does the same thing on a much larger scale. The alcoholic finds himself living in a dream world, out of touch with reality. When you ask him, "Do you know what you did last night?" many times he really won't know or else his version is completely different from the events that actually transpired. Part of the disease is a faulty memory system that keeps the alcoholic living a lie and a delusion. There are three different methods that serve this purpose.

The first of these is the chemically induced blackout. This should not be confused with passing out which is a complete loss of consciousness. A chemically induced blackout is a complete loss of memory for a period of time while otherwise functioning normally. The events that happened never registered in the mind. The person may look like he's functioning perfectly but the next day when someone tells him what he did or said, he doesn't remember. He never will. It is not a case of forgetting to bring home a loaf of bread and after we're almost home, suddenly remembering again. The alcoholic is told to bring home a loaf of bread. He may say "sure" but the question never registered on his mind. He has no recollection whatsoever. It has nothing to do with the amount of alcohol consumed. Sometimes a little will cause a blackout. Sometimes a lot won't. Blackouts are a definite sign of alcoholism.

As alcoholism progresses, blackouts get more and more frequent. They become more unpredictable. The alcoholic becomes more fearful, bewildered and depressed. He doesn't remember driving home the night before. He doesn't remember parking his car on the neighbor's front lawn. He doesn't remember cashing a check for \$50. He doesn't remember the girl whose phone number was found in his sport coat. He doesn't remember talking with Fred and John even though they talked for over an hour. Sometimes even the blackouts are blacked out. He doesn't remember anything of what happened for periods of time.

Secondly, there are psychologically induced blackouts, These are attempts to repress all the shameful things drinking has caused by forgetting they ever happened. Shutting the doors of his mind, so to speak. The feelings of remorse and guilt become so bad that the person has to forget. He blocks them out of his mind. He acts as though nothing has happened. Everyone else looks at the person knowing full well what his behavior was, yet the alcoholic looks as though it had never happened. And to his mind - it hadn't!

Thirdly, there is euphoric recall or feeling memory. Here is another self-delusion. The alcoholic sees everything from a different viewpoint. He remembers how he felt yet not how he behaved. As far as he is concerned he had all the wit and wisdom of Plato, Abraham Lincoln, Winston Churchill, and Will Rogers rolled into one. He doesn't remember slurring his words, repeating himself endlessly or talking just plain nonsense. As far as he is concerned, he has the agility of a mountain goat. He doesn't remember stumbling and knocking over the lamp and spilling drinks all over the hostess. As far as he is concerned, he was the life of the party. He actually feels this way. This is how his memory reviews the incidents.

If the alcoholic is confronted with a tape recording of his speech, that sometimes is enough to make him realize that he needs help. He can't deny the truth when he sees how he really talked and acted. He can see that the way he thought he acted is as far from the truth as you can get. This brings us to the necessary step of intervention.

While all these things have been happening to the alcoholic, other things were happening as well. Other people and things are being affected - the wife, the children, the performance on the job with fellow workers. The alcoholic has probably lost a lot of friends, saying, "Who needs them anyway?" It becomes very difficult for the family. We have to learn that when we're dealing with a family afflicted with alcoholism, there are

usually two or more sick people involved. The children and especially the spouse become affected also. The spouse becomes a mirror image of the alcoholic. Just as his behavior has become anti-social, so also her behavior. She doesn't want to visit friends any more. She is afraid of what they might think. Just as the alcoholic's only preoccupying thought is continuing to drink, hers is getting him to stop. She does everything. She tries to reason with him. She yells at him. She pours his liquor down the drain. She hides his bottles. She threatens him. And it does nothing! He just keeps on drinking.

In his mind, she just keeps giving him more reasons to drink. Who wouldn't drink with a wife like mine? His mind is going through a process of rationalization. He gives himself reasons to drink. The pressure of his job, his family's nagging, the fact that it's raining, the fact that it's not. If his football team wins their game he can go out and celebrate. If they lose, he can go out and drown his sorrows. He can think of many reasons to continue drinking. You have to give him reasons to stop.

The greatest reason that alcoholics continue their self-destructive ways is very simple. Nobody intervenes to help the alcoholic. They don't know what the disease is. They have their own solutions to help which invariably fail. They are just too afraid and too ashamed to confront the alcoholic with the reality of the situation. The condition progresses from bad to worse until it is too late. We often shy away letting the person fall into the pit rather than reaching out our hand to help him. Part of the problem is not knowing what to do.

The worst thing a spouse can do is call the employer and tell him her husband is "sick" when he can't get up for work. To bail him out of jail after he was arrested on drunk driving charges. To cancel a dinner appointment when he comes home drunk. To cover a bad check he had written on one of his many splurges. The best thing she can do is to intervene.

Intervention must consist of a crisis, or crises, which in an objective, unequivocal, and non-judgmental manner, confront the alcoholic with the reality of the situations. His defense mechanisms can certainly handle statements like "You should stop drinking" with rationalizations like "I can quit any time I want to" or "I can handle my drinking better than you can." The spouse may think of intervention as something like throwing a plate or a lamp at her husband. That alleviates his guilt feeling of needing to be punished. It doesn't work. She may say "That's all right, honey, I know you have a drinking problem, but I love you anyway." It doesn't work.

The person who intervenes has to realize that it is not a matter of willpower. The person has become chemically dependent upon alcohol. It isn't a matter of not wanting to quit. It is a matter of being unable to quit. Once he has the first drink, he can't stop. He'll find some way to get that first drink. The intervener has to realize the defense mechanisms and rationalization process of the alcoholic. The intervener has to understand that because of these processes of self-delusion, the alcoholic is absolutely unable to look at his behavior with objectivity and realism.

This intervention is called for or by meaningful people, those closest to the alcoholic. This usually consists of family, close friends, or the employer. These are the people the alcoholic considers important to his self-image. The alcoholic has to be presented with the facts. Most of the time he doesn't know the facts. He's blotted them out of his mind with the different kinds of delusions. The best way, of course, would be to present the alcoholic with a movie of his life, while drinking. These are generally unavailable, so the next best thing is to tell the facts.

The story is told of the man who sold a mule to his friend. The friend couldn't get the mule to move so he asked for his money back. The fellow who had sold the mule took a 2 X 4, hit the mule over the head with it, and the mule pranced off. He said, "First you have to get his attention." *Sic semper* to alcoholics. You have to show the alcoholic exactly what drinking has done to his life. He might not even know half the things he did. Chances are he doesn't. For example: "Did you know that you parked the car on the Smith's front lawn last night? Did you realize that you tore your good pants when you fell down outside? Last night was the third time this month that we had to break a dinner engagement. Your employer called this morning and asked why you have slipped in your performance lately." Many times the alcoholic doesn't know what he had done. If the entire family confronts the alcoholic, he will be able to see how his drinking has affected every one of them. Each family member may know some things that the other members don't.

The interveners have to use these facts to crack the defense mechanisms of the alcoholic. He has to know that his drinking behavior has caused this crisis. The responsibility is his. There will be no cover-ups for his behavior. He will not be bailed out of trouble he gets himself into. Nagging and generalizations should be avoided. Facts are important to confront the alcoholic with the reality of his condition.

It is best when two or more people make this confrontation. There is strength in numbers. It may appear to the alcoholic at first that everyone is ganging up on him, but he should be able to see that they are concerned about his problem. This confrontation has to take place when the person is completely sober, when he has had nothing at all to drink. After a very bad drinking episode his defenses are particularly vulnerable. They should let him know that they are concerned and want to help him find the best available help.

Many times here the alcoholic will apparently see the errors of his way and promise to quit. It is a real temptation to accept this at face value. If the confrontation stops here, it can be a big mistake. Help is still needed and the person has to agree to it. He has to make a commitment. We have learned much about alcoholism in the past fifty years and there are plenty of trained professionals who can bring the alcoholic the help he needs. They can bring this person to the realization that he is afflicted by a disease and that that disease is treatable. He will realize that there is hope. He will realize that there are a lot more reasons for not drinking than for drinking. He can start over. One alcoholic said, "I had stopped drinking for periods of time before, because I knew I shouldn't drink. Then, at last, it dawned on me that I had to stop because I couldn't quit."

It can be a very painful process, but it has to be done. The alcoholic must know the score. I think certainly of the time when David was confronted by Nathan the prophet. He knew what he had done and yet he didn't. It wasn't until Nathan said, "Thou art the man" that David realized the full implications of what he had done with his life. David repented and once more turned to the Lord. The alcoholic also has to see "I am the man. This is what I've done to hurt everyone around me."

The topic of this paper according to my agenda is the "Pastor and the Alcoholic." Perhaps some of you have been wondering if I'd ever get to the theme. All of this is part of it, in fact the major part. It is so important to have knowledge of what alcoholism is and how it affects people. When dealing with a person who is an alcoholic you have to know what drives him, what makes him go. You can easily be deluded into believing the same lies that person is living. You have to know that alcoholism is a disease and not a symptom. Without knowledge of the problem, attempts at counseling won't do much good.

The pastor in every case of counseling has to know the proper distinction between Law and Gospel and how to apply both. It is easy to threaten an alcoholic with hell. "If you don't change your ways, You're headed straight for hell." That usually doesn't accomplish a whole lot. The alcoholic has lived in his own hell for so long, he couldn't imagine anything worse. The important thing is to make the person realize that he does have a problem. It is his problem but you will give him every bit of help you can. He has to know he has a problem and be willing to change.

After the alcoholic knows about the disease that is affecting him, he can then begin to accept the forgiveness that God offers. He can forgive himself. He can see God's strength through his weakness. He learns to let go and let God, He can see the wonderful things which God can do. He can see the love of God that he never saw before. He realizes, "Jesus Christ came into the world to save sinners, of whom I am chief." Those are the greatest times in your ministry, as you see the Gospel changing the hearts of men.

As a pastor dealing with the alcoholic, you realize that patience is the watchword. It will take time for old wounds to heal and for new relationships to begin. Rome was not built in a day and neither is complete recovery for an alcoholic. He needs to know that you are behind him. Your prayers are with him and for him. God loves him with a love so great that He sent His Son into the world.

It would also be a good idea to present this topic to your people in some way. In Bible class or ladies' aid or other avenues open to you. There are so many misconceptions about alcoholism. It is a very real problem, one that could afflict any one of us. We certainly don't want an attitude among our people to be self-righteous when they see an alcoholic you're working with in church and say, "What's that damn drunk doing here?" and

we find out that the man went home and committed suicide. Knowing the truth about alcoholism can mean a lot less heartache if we are able to diagnose it quickly. An ounce of prevention is worth a pound of cure.

One final note is appropriate and that has to do with Alcoholics Anonymous or AA for short. It has been called the most effective referral resource available today. That statement is based upon its success with many thousands of alcoholics. The recovering alcoholic can share many experiences with others that have had the same problems. In Baton Rouge there are over 80 separate AA chapters. We can really see that alcoholism is a problem.

As a pastor, we want to look at the different chapters of AA in our community before recommending a person to a specific one, as some are oriented with specific faiths that we are not in agreement with. One of AA's twelve steps states the need to rely on a higher power (God as we understand Him). As long as specific theology is not being taught, I would feel that AA is and could be very helpful. That by no means excludes your counseling, however. Also available are AlAnon for the spouse and Alateen for the children so that they can better understand the problem.

This is by no means a comprehensive and exhaustive paper on the subject. On the contrary, it is a very general overview of a problem we may have to deal with. As long as you have any spare time, it would be a good idea to get acquainted with the programs in your community. There are people in your community crying out for help. It is very easy to become like the priest and the Levite and pass by on the other side. It can be a very good way to help souls bound for hell learn about the love of their Savior and the eternal reward He has promised us. I pray that this paper can be an aid to help us understand one of the great problems of our age.