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ALCOHOL ADDICTION AND SOCIAL WORK PRACTICE: A HOLISTIC CHRISTIAN PARADIGM

Nelson L. Henning and Michael Firmin

The Christian who practices social work can be uniquely qualified to provide services to individuals who are struggling with alcohol addiction. This paper supports the concept that there is a holistic paradigm social workers can use in acquiring a broad understanding of alcohol addiction. An overview of contemporary theories associated with alcohol abuse is presented along with a biblical means of understanding alcohol addiction. Implications for social work practice within a Christian context are discussed.

A CURSORY SURVEY OF THE LITERATURE ON ALCOHOLISM¹ IN America makes it obvious that alcoholism is a significant problem for our culture. Regier, et al. (1990) estimated that 13.5% of adults abuse alcohol habitually. And the scope of this problem is not limited to adults. In populations of children and adolescents, approximately one million (Ellis, McNerney, DiGiuseppe, and Yeager, 1988) to three million (Turbo, 1989) also abuse alcohol. The homeless population (frequently served by social workers) is especially influenced by alcoholism. For example, McCarty, Argeriou, Huebner, and Subran (1991) estimate that between 30% and 40% of the homeless in the United States are alcohol abusers.

Comorbid features are frequently associated with alcoholism. For instance, McGinnis and Foege (1993) report that over 9,000 lives are lost each year due to abuse of alcohol and Paulos (1994) estimates that 200,000 lives are lost annually to alcohol-related use. Suicide, likewise, has been linked to alcohol consumption. In particular, it is estimated that one third of all suicides involved alcohol consumption (Ray and Ksir, 1996). Callahan (1993) emphasizes that this problem is especially prominent for adolescents. Specifically, in 70% of all adolescent suicides studied,

alcohol played a salient factor in the eventual deaths of the teens (Bukstein et al., 1993). It follows that such abuse in our society is expensive. Angell and Kassifer (1994) estimate that the monetary cost of alcohol abuse to be between \$100 and \$130 billion annually. Kaplan, Sadock, and Grebb (1994) place the estimate at a conservative figure of \$600 for every man, woman, and child in the United States. In sum, not only is alcohol a pervasive problem in our culture, it is also a costly one.

A Biblical Mandate to Address Alcohol Related Problems

There is no one verse in the Bible (or even set of passages) which explicitly states: "You shall help people who have alcohol addictions." The Bible does provide principles, however, which make it clear that assisting people with such difficulties is part of what God desires the Christian community to be doing.

For example, the Bible teaches that alcohol abuse is forbidden (Proverbs 20:1 and 23:29-35). Further, Proverbs 31:2-7 indicates alcohol consumption impairs judgment. In the following verses (8-9), the writer states: "Speak up for those who cannot speak for themselves, for the rights of all who are destitute. Speak up and judge fairly; defend the rights of the poor and needy." The context of these verses surround the issue of alcohol indulgence. An apt exegesis of the text can make a strong case for assisting people who have let alcohol trap them into destructive behavior patterns.

In addition, the Bible is replete with instructions for Christians to help those with character, behavioral, and attitudinal needs in general (which includes alcohol abuse). As examples, Christians are to support one another (Galatians 6:1-2), to be able to reach out to people whose lives are taken captive by addictions (2 Timothy 2:24-26), to work in cooperation with those who have strayed from the truth (James 5:19-20), teach and warn people about God's wisdom (Colossians 1:28), and to speak the truth to one another in love (Ephesians 4:15). The point is that Christians have a moral and biblical obligation to assist people when they digress from what God considers biblical standards for living—and to instruct and assist them in accordance to biblical patterns of living. When Cain asked if he was his brother's keeper (Genesis 4:9), the answer was and is yes. We have a moral obligation to provide assistance for those who are in need. This is specifically true for those who abuse alcohol.

Paradigms Through Which We Understand Alcohol Addictions

Given the mandate social workers have to address alcohol problems in the lives of people with whom they work, how are they to understand the problem? That is, through what construct system should we view the issue as we assist needy persons with making healthy life adaptations to overcome their addiction problems? If one is a "social worker," then consideration is most likely to be given to the following four secular models for understanding the disorder. If, however, one is a *Christian* social worker, then we would suggest that attention also be given to the latter portion of this paper where distinctively Christian perspectives are presented.

In the following section, a relatively brief summary of each paradigm is provided. Readers who are interested in more exhaustive discussion of the topics may reference works such as Fields (1998), Dowelko (1999), and Jung (1994) which provide comprehensive treatments of the schools of thought. The emphasis here is on providing our *biblical evaluations* of the paradigms, since most social workers have probably studied each of these perspectives sometime in undergraduate or graduate courses. Our summaries will serve, however, as a convenient refresher of the paradigms' main points.

Secular Paradigms

The Disease Model

The disease theory, also known as "the medical model," was best articulated and popularized by E.M. Jellinek (1960). According to this model, alcoholism should be thought of in terms of a medical disease. As such, care for alcoholism follows the course of all other (similar) diseases. That is, physicians (or other qualified professionals such as psychologists, mental health counselors, or clinical social workers) should provide an accurate diagnosis for the disorder and treatment should follow, which over the course of time would eventually result in a cure.

The term "disease" is used in a generic or analogue manner, not in a literal one. That is, persons holding to the medical model do not believe that alcoholism is somehow contracted from person to person via an airborne virus or infection. Rather, the course of the disorder follows a pattern which is generally similar to a disease. For example, there is a time when a person is healthy and free from the unwanted symptoms, then symptoms are contracted

via an outside agent (i.e., in this case through alcohol consumption), the disorder of alcoholism takes its course causing behavioral, cognitive, and psychological impairment (as a disease does), and the disorder results in severe impairment or even death if untreated. If treated, on the other hand, both diseases and alcoholism have positive prognosis for cure. In sum, the contraction and course of alcoholism and a disease is so similar that the term "disease" is used to describe alcoholism—in a metaphorical sense (Peele, 1985).

We should consider three factors before adopting the disease model of alcoholism. First all, metaphors break down at some point. The danger of this phenomenon occurring with the disease model of alcoholism is that lay people may forget that the word "disease" is applied to alcoholism metaphorically, not literally. That is, they may come to think of the disorder as being a literal and physical disease rather than the word picture that it represents. Some lay-people may even never know that the word is used as an analogy, and believe all their lives that alcoholism is a real disease. This is why many mental health professionals "oppose the use of the term [disease] to characterize behavioral disorders, because of the organic implications of the term" (Chaplin, 1985).

Second, if the disease model is accepted, then it opens the door for a host of other similar disorders to be labeled with the word "disease." For example, social workers may find themselves caring for the diseases of pornography, gambling, overworking, overeating, and other such excessive behaviors. In short, it is easy for the concept of behavioral problems to be over-diagnosed, misunderstood, and mistreated therapeutically if the metaphor of "disease" becomes over-used professionally or colloquially.

Third, the disease model often connotes a lack of personal responsibility (Szaz, 1974). That is, people are generally not responsible for contracting diseases. If persons are diagnosed with tuberculosis or cancer, for example, they are typically seen as victims of unfortunate circumstances, and generally can not help the fact that they have the condition.

This is not quite the case with alcohol addiction. As Anderson, Quarles, and Quarles (1996) remind us, "People become addicted through a series of choices they make...." (p. 10). Unlike the cancer or tuberculosis "victims," the alcoholic is a person who, by making poor life choices, has more actively contributed to contracting a disorder. Avoiding the word "disease" in describing alcoholics makes this distinction even more clear to the lay people whom we

assist. In fact, before the rise in popularity of the disease model in understanding alcoholism, it historically had been viewed in part as a character deficiency (Bufford, 1999). We should not ignore the consequences of choices as they assist troubled people with alcohol issues.

In sum, viewing alcoholism as a disease provides an incomplete frame of reference for aptly understanding drinking problems. Although there is evidence that organic and genetic conditions interact with other factors in alcoholism, there is insufficient evidence currently to justify calling alcoholism a disease in the technical sense. If the word "disease" is linked with more plenary explanations of alcoholic behavior, then perhaps there could be utility in using the phrase in professional contexts, simply as a word picture for better understanding or describing how the alcoholic debilitates once problem drinking behaviors have commenced. But for a complete model we would do better to look elsewhere.

The Behavioral Model

Behaviorists began seriously studying alcohol abuse in the 1960s. They questioned the validity of the disease concept of alcohol abuse and focused their attention on the drinking *behavior*. Jung (1994) states: "Behaviorists emphasize objective observation of quantifiable aspects of behavior under the influence of alcohol, in comparison to behavior in a sober state. The goal of the behaviorist is to find methods of modifying drinking behavior to bring it to acceptable levels" (p. 10).

Thus, a behavioral paradigm views alcoholism through the lens of classical and operant conditioning. There is little interest in searching for intrapsychic states such as denial, craving, and loss of control. Rather, drinking behavior is a learned response and behavioral principles of reward, punishment, positive and negative reinforcements, and so on can successfully be applied to alcoholic problems.

First, we view the behavioral model as potentially less problematic (or perhaps, less dangerous) than we do the disease model. That is, there is clearly some biblical truth to the notion of alcoholics *learning* maladaptive behavior patterns. We view the principles of operant and classical conditioning as being *abiblical*. By this we mean that Scripture does not actively teach them as accurate, nor does the Bible imply that they are erroneous. They simply exist and operate as part of common grace in harmony with God's other laws of human nature (Bufford, 1981).

Second, however, we view the behavior model as *insufficient* for understanding alcoholic behavior. That is, classical and operant conditioning do not account for *all* of the truth in this domain. Most notably, dealing with alcohol issues solely on the behavioral level overlooks salient cognitive features of the disorder.

People with drinking problems do not sit in Skinner boxes and become reinforced at various schedules apart from doing a lot of thinking about their behaviors. Human beings are much more complex than pigeons or rats. They contemplate, think about, dwell-on, and muse about their behaviors. Proverbs 23: 7 states it this way: "As a man thinketh in his heart, so is he." Clearly, understanding alcoholic behavior can not be done without including cognitive dimensions.

A short-fall in the behavioral paradigm for understanding alcoholism is symptom substitution. This phenomenon refers to peoples' tendency to substitute one behavioral problem for another when the "root" of the problem is not adequately addressed. Consider the follow example.

One of the authors had a friend who did an internship at a psychiatric clinic. A patient complained to the intern that she had a strange fear of knives. Through a series of systematic desensitization sessions (and other behavioral techniques), the patient was pronounced "cured" and no longer feared knives. But about 14 weeks later she returned to the intern at the clinic. This time, her presenting complaint was possessing a strong compulsion to plunge a knife into the back of her husband's neck! Clearly, there was a "root" problem of some type vis-à-vis this woman's initial consultation.

The same principle is true regarding alcoholism. That is, if we only deal with the presenting "behavioral" issues and understand the client's drinking problem only through a behavioral paradigm, then significant risks are undertaken. The social worker may indeed assist the client to disengage the imbibing of alcohol, only to find that the person later engages in behaviors which may be worse than being an alcoholic (e.g. becoming a heroin addict). The point is that we need to consider potential root issues at play in working with alcoholics, and this is a weakness of utilizing only the behavioral paradigm to understand them.

The Genetics Model

The genetics theory is one of the more recent paradigms developed to understand the cause of alcohol abuse. According to this theory, individuals will become alcohol abusers because they

possess predispositions for doing so. Several studies indicate potential genetic links to alcohol abuse (e.g., Cloninger, Gohman, and Sigvardsson, 1981; Blum, et. al., 1990; and Schuckit, 1994). In sum, studies suggest that particular individuals may be at greater risk than randomly selected person in experiencing problems with their drinking behavior.

In our assessment, the central issue in evaluating the genetics model is one of "degree," not "fact." That is, data appear to show that some people have a genetic propensity toward alcoholism. Operating under the assumption that all truth is indeed God's truth, then we as Christian social workers should accept these findings at face value.

The issue, then, is to what degree does a person grow up with a vulnerability toward a particular sin, and to what degree is a person "programmed" to engage in particular destructive behaviors? We argue that certain people being born with a "greater propensity" toward certain sins, or being "at greater risk" to commit them (than the population-at-large) is consistent with biblical principles. In the ten commandments God states that He will visit the iniquity of the fathers upon their children—to the third and fourth generations of them that hate Him (Exodus 20:5). This principle should be taken seriously and we believe it gives biblical credence to the view that God allows genetic predispositions towards certain sins.

Consider David, for example. He had a sexual sin problem. When one looks at his progeny, they had sexual morality issues for quite a few generations beginning with Solomon's 1,000 wives and concubines. Likewise, the Bible provides examples such as Jehoiachin's descendants (Jeremiah 22:28-30), Jeroboam's descendants (1 Kings 14:10-11), and Ahab and Jezebel's descendants (1 Kings 21:2-29) as occasions where consequences extended across generations.

While acknowledging that sin tendencies can be passed genetically, it is an erroneous leap to state that some people are therefore "programmed" to engage in particular sins. In our view this simply takes the principle farther than what the Bible actually teaches. Nobody is pre-determined to commit any sin, but rather all Christians have the power of Christ which frees us from the power of sin: "For we know that our old self was crucified with him so that the body of sin might be done away with, that we should no longer be slaves to sin. You have been set free from sin and have become slaves to righteousness" (Romans 6:6,18). Also, when one examines the context of the ten commandments and the

verse quoted above (i.e. Exodus 20:5), it is important to examine the verse which follows it. Namely, "but showing love to a thousand generations of those who love me and keep my commandments" (Exodus 20:6). In short, no one is programmed to sin; instead we are instructed to become conformed to the image of God's Son (Romans 8:29; Ephesians 1:5-6).

In evaluating the genetic model, the issue of human responsibility arises. That is, if some people receive an inherited vulnerability (not predisposition) for particular sins, then does that negate their responsibility before God if they commit the sin? After all, the playing field of temptation was not created level. We argue that genetic vulnerability and human responsibility are not mutually exclusive.

In fact, it can be postulated all human beings have genetic predispositions to some types of sins. We all were born of two parents who were positionally totally depraved before God (Romans 3:10, 23). All parents are gene carriers of sin (Romans 5:12). It follows logically, therefore, that when we inherit 23 chromosomes from our mother and 23 chromosomes from our father, it may also contain material which predisposes us to certain sins over other particular sins. We are all born into a fallen condition, but we act out that fallenness by the individual choices we make throughout our lives.

As we observe children we see that. Some have tendencies toward lying or manipulation; others are transparent. Some continually hit others or show other aggressive tendencies; others are docile. Some have quick tempers; others have long fuses. Some children throw regular fits; others seek kindness. And so it goes. Why are children so different, even brothers and sisters who are reared in the same milieu? It is reasonable to answer that they were born with temperamental differences in their genes.

If this is the case, then it follows logically that particular sin tendencies may be inherited genetically, including addictive behaviors such as abusing alcohol. But no children are predestined to hit, or become angry, or throw fits. These are choices that children make, based on their natural tendencies and propensities interacting with the influences of their environment. They make choices for which they are to be held accountable. We argue that the same principle is true vis-à-vis understanding how people come to abuse alcohol.

The Personality Model

Closely aligned with the genetics model, which states that some people inherit predispositions to drink too much alcohol, is the theory that certain people are born with “personality types” which are predisposed to engaging in alcohol addiction. This theory is somewhat more complex than the genetic paradigm in that people are presumed to inherit, not a gene for drinking particular substances (e.g. alcohol), but rather, a propensity to engage in addictive behaviors.

Much of what we stated regarding genetic predispositions pertains to the personality paradigm as well. That is, it would not be inconsistent with biblical principles to believe that God could create particular people with personalities which are more vulnerable to some sins over others. We know that our creation by God is by His design, not mere chance (Psalm 139). It is important to underscore, as we did in the previous point, however, that inheriting a tendency to certain behaviors does not imply that we can not resist those behaviors or that we are predestined to engage in them.

It is noteworthy in our evaluation of this paradigm that the research regarding this theory is more fuzzy than the previous paradigm. For example, Schuckit (1986) talks of the “alcoholic personality” as being dependent, immature, and impulsive. Previous works (e.g. Catanzaro, 1967) described temperaments such as being very emotional, having an inability to manage anger well, having a low frustration tolerance, and being confused in sex role orientations. In short, research studies have yet to yield consistent distinctions of a single comprehensive cluster of personality traits which can accurately identify an alcoholic from a “non-alcoholic” personality.

In fact, there are some researchers who question the construct altogether. Vaillant (1995), for example, provides some persuasive arguments that elements of “human personality” are of minimal consequence as a “cause” of alcohol abuse. Rather, anyone can become an alcoholic, irrespective of their “personality traits.”

Toward a “Christian” Model of Understanding Alcoholism

We conceptualize our vocations as being more than being Christians who happen to work in social service fields. That is, we argue a need for *Christian* social work, which views peoples’ problems differently from the way the world does, to the degree that the Bible views peoples’ problems differently than the world does.

In this next section we attempt to communicate what we believe to be a “biblical” paradigm for understanding alcoholic behavior. This suggested model stands in some contrast to the four previously stated views commonly found in professional literature, while attempting to incorporate their insights.

Defining What It Means To Be “Biblical”

The natural entry point for this discussion is to define what it means for something to be “biblical” or “un-biblical.” In our view, five possibilities must be considered. (1) The Bible actively teaches that the concept is true. (2) The Bible actively teaches that the concept is false. (3) The Bible is silent regarding what the concept proposes. (4) Part of what a concept proposes is biblical and part of the concept is unbiblical. (5) Part of what the concept proposes is biblical and the Bible is silent regarding part of the concept.

It is obvious that possibility number two above provides the parameters for what we should reject in generating a “biblical” model for anything. Therefore, if a model (secular or Christian) proposes something which contradicts the Bible when it is properly interpreted, then we reject that element as being valid for our theory. In like fashion, point number one above has obvious affirmative implications for building our theory.

Point number three, however, deserves attention. We take the position that when God inspired the Bible, He did not intend for it to be an encyclopedia of everything that mankind needed to know about life. He provides us with a capacity to cognitively and spiritually understand the Bible. God also provides us with common grace, including natural revelation, in order for us to investigate factual data relating to problems and solutions to those problems.

We see the study of alcoholism falling into this category. That is, God certainly had important things to say in the Bible about drinking alcohol. But God did not provide us with a comprehensive treatise regarding how alcoholism develops or how it is best treated. There are principles in the Bible which warn us about the consequences of drinking (e.g. Proverbs 23:31-32) and God provides us with case studies of people who drank and experienced negative consequences (e.g. Genesis 9:20-25), but Scripture does not present a comprehensive, well organized model of alcoholism. Since God did not do that for us in the Bible, then it is wrong for us to try to superimpose one where Scripture is silent.

In such cases, we believe that it is legitimate to look at natural revelation for helping us to understand the answers to our questions. In the present context, natural revelation can be known

through data manifested through empirical research. Therefore we conclude that in places where research findings do not contradict Scripture such findings are fodder for inclusion into developing a “biblical” model of alcoholism.

In summary, then, as the reader examines our proposed model, it becomes evident that part of what we are saying derives itself directly from Scripture. Other parts of the paradigm, however, are simply an integration of findings from research literature since the Bible either agrees with those findings or the Bible is silent regarding those findings.

Scripture’s Emphasis on the “Heart”

As we search the Scriptures regarding life problems, with alcoholism being one of such problems, the Bible seems to emphasize the salience of peoples’ “hearts.” There are literally hundreds of references to *leb* in the Old Testament and *kardia* in the New Testament. Consider just a few of the New Testament problems identified as “heart problems”: purity (Matthew 5:8, 28; 1 Timothy 1:5; 2 Timothy 2:22; James 4:8; 1 Peter 1:22), inappropriate speech (Matthew 12:34-35; Matthew 15:18), stubbornness (Matthew 19:8; Mark 10:5; Mark 16:14; Hebrews 3:8; Hebrews 4:7), greed (Luke 12:34; Luke 21:34; 2 Corinthians 9:7; 2 Peter 2:14), demonic influences (John 13:2; Acts 5:3); hypocrisy (Matthew 7:6; Matthew 15:8), bitterness (Matthew 18:35; James 3:14) and thought life problems (Matthew 15:19; Mark 7:21).

We propose that alcoholism is best understood as a “heart” problem. And we base this assertion on the fact that it is specifically identified as a “flesh work” in Galatians 5:19-21. When one compares these flesh-works with the “heart problems” of Matthew 15:19 and Mark 7:21, the lists are very similar—with substantial overlap between the two (i.e. the Apostle Paul’s list in Galatians 5 list appears to be an expansion of the Jesus’ lists). In short, people who have a problem imbibing alcohol to the point of addiction have a problem which extends beyond mere “behavioristic” concepts. Something occurs in whatever this thing is that the Bible refers to as the “heart.” And until it is controlled the prognosis for alcoholic addiction recovery is poor.

So what, then, is the “heart?” Sometimes pastors or theologians refer to concepts such as the seat of one’s emotional being or the totality of a person’s essence (Ryrie, 1982; Vines, 1981 and Perkins, 1997). But what in the world does that mean? Frankly such abstract terms do little to help the average Christian who practices social work.

We propose that the word “heart” is indeed a broad term and it is used in multiple ways in Scripture. Its key function, however, appears to be a person’s “desires.” That is, what a person “desires” deep down in the crevasses of their personhood sooner or later will be acted upon. It is why Proverbs 4:23 warns us to keep our hearts with all diligence, because out of it comes the issues of life. People who have drinking problems have heart problems in the sense that they “desire” the effects that alcohol produces in their brains. Countless testimonials support this assertion as alcoholics describe the hours that they spend dwelling on, meditating about, and feeling the emotions of what drinking does for them. When we work with alcoholics to the point where they no longer “desire” such sensations, then we (in theory) can “cure” alcoholics. That, of course, is much easier said than done. It helps explain why alcoholism is so difficult to overcome and why recidivism rates are so prevalent. It also correlates with God’s teaching about the heart, that it is deceitful and desperately wicked, who can understand this (Jeremiah 17:9).

Integrating Research Data

Assuming that alcoholism is a “heart” or “desire” problem, then we are still left with the question of why some people desire in their hearts to imbibe alcohol and others do not appear to struggle in the same way. We assert that the Bible simply does not answer this question for us. It is a legitimate question, and an important one for helping alcoholics, but God simply did not address it for us.

Therefore we must look to the Bible and common grace, while using our cognitive and spiritual abilities, for answers. In examining the four secular models discussed earlier in this paper, we would see elements from each of them as having integration value into the proposed “heart” model. In particular, it is consistent with biblical principles (as previously discussed) that genetic transmission may play a role in how some people come to “desire” alcohol so strongly. This could be that they desire the actual alcohol substance, or that they are more prone neurologically than others to some type of addiction(s), and become addicted to alcohol due to its prominence and availability in our society.

Likewise, people do “learn” sinful patterns of behavior through classical conditioning and operant conditioning means. As we previously stated, these principles of learning are insufficient in and of themselves to explain alcoholic behavior but they do appear to play a role once drinking has begun. People experi-

ence pleasant sensations in their brains after drinking and “learn” to desire more and more of these effects.

The disease model may also have something to add to our comprehensive look at alcohol addiction. Namely, once the problematic behavior has begun and “learning patterns” are established, it appears as though many alcoholics act in ways comparable to people who have a disease. It is analogous to someone with a parasite inside of them, which negatively affects and devolutes their behavior to despair. The disease notion, in our view, does not do a very good job of explaining how alcoholics got to become alcoholics—but it can be a useful metaphor for describing the downhill stages that alcoholics experience in their problems.

A Proposed Integrated Model

Allow us to bring our ideas full-circle as we summarize our paradigm. We are proposing that people become alcoholics because they have what the Bible calls “heart” problems. Further, we propose that the primary function of a person’s “heart” is his or her “desire.” The Bible does not explicitly tell us why some people have such strong desires for alcohol and yet others seem not to do so. The explanation that some people inherit tendencies towards these desires (or tendencies toward personality clusters which may make them more vulnerable to such desires) seems plausible to us, and we believe that such explanations would be consistent with biblical principles found in Scripture.

In our thinking, this explains how the process begins but does not explain how people become seemingly “consumed” with such desires. The disease model may help us to better understand alcoholics’ behaviors when we think in terms of someone who possesses some type of parasite, virus, or disease in their system which they find very difficult to shake-off. Like the sexually addicted person, who Scripture says has eyes full of adultery and can not cease from sin (2 Peter 2:14), the alcoholic may act as if he or she has a disease and is indeed in need of healing from The Great Physician. It is likely from the context of the psalm, for example, that David had both literal and figurative (i.e., both physical and spiritual) healing in mind when he stated: “Praise the Lord, O my soul, and forget no all his benefits. He forgives all my sins and heals all my diseases” (Psalm 103:2-3).

How Christian Social Workers Could Involve Themselves

We would like to conclude this paper with some suggestions as to how we might involve ourselves in the lives of alcoholics, given the framework which we have proposed for understanding alcoholism. Several suggestions follow.

It is our basic premise that as *Christians* we need to understand our world from a biblical point of view. Relating to the problem of alcoholism, we ought to view the alcoholic as Christ does, namely as a person of infinite value. This also coincides with the National Association of Social Workers Code of Ethics (Cournoyer, 2000), which states that every individual has dignity and worth. The alcoholic, as well as all individuals, deserves our best efforts of assistance. We also understand that in order to assist the alcohol dependent person a plan for change needs to be formulated. This plan for change must focus on the spiritual development of the alcoholic. Alcoholics Anonymous has known this for years. As Christians we are uniquely qualified to work with those who suffer from this consuming addiction. We have a powerful plan for change to offer the alcoholic who is asking for spiritual assistance when we incorporate biblical teaching with our problem solving skills.

We advocate that as *Christians* who practice social work we should be about the business of being the “salt” and the “light” to individuals who do not know Christ. The primary means of accomplishing this is through our knowledge (both professional and spiritual), our love (which is characterized by patience and perseverance), and compassion (the capacity to empathize).

If your client is a Christian, then go to the “heart” of the matter with him or her. Jesus said that we should help people to clean-up the insides of their cups, and not just polish the outsides (Matthew 23: 25-26). Jesus’ point seems to be that lasting change occurs from the inside-out; that is, from a person’s heart to their behavior. Focus on changing the “desires” of clients—not just their behaviors.

One of this article’s authors once worked with a college student who continually struggled with a life dominating sin. Finally, one day—almost in a flash of insight—she grasped what changing her “heart” meant. She shared that she had been praying things like “Oh God, help me not to do this sin.” Inwardly she really wanted to do it; but she knew it was wrong and was trying to exercise her will against engaging in it. She was fighting her heart. It was when she began praying “Oh God, help me *not to want or de-*

sire to do this " that her real progress began. And we are not implying that simply saying the correct set of words will change someone; this is not about semantics. This woman came to understand that her "heart" (or desires—her "wanting to do it") had to be modulated if lasting change were to occur. She did change her heart—and recovered remarkably thereafter to this day.

Finally, we should prepare clients for spiritual warfare. Satan and God have been at war for thousands of years now for peoples' souls. We believe that if Satan loses the war for a person's soul—then he attempts to invade the next best thing—the person's "heart." If a person's soul belongs to God, then Satan loses his foothold in his or her life with respect to eternity and heaven. But if he gains the person's heart, or desires, then he wins the person with respect to time on earth. Evidently Satan seems happy with this consolation prize in the lives of too many Christians.

The Apostle Paul penned the words in 2 Corinthians 10:3-5 which are relevant for all Christian social workers attempting to assist alcohol abusers:

For though we live in the world, we do not wage war as the world does. The weapons we fight with are not the weapons of the world. On the contrary, they have divine power to demolish strongholds. We demolish arguments and every pretension that sets itself up against the knowledge of God, and we take captive every thought to make it obedient to Christ.

The way in which clients can pull down the strongholds of alcohol addiction is through putting on the armor of God, as the Apostle Paul describes in Ephesians 6:10-18. Standing ground when the devil makes advances for one's heart is not some mental game that alcoholics should play—or some type of positive imagery technique. In our understanding, this is a matter of a real and literal devil making war for a real and literal "heart" of an alcoholic. And the spoils at stake are tremendous in terms of the glory lost to God, the fruit lost in Christ's behalf, the eternal rewards lost by the Christian, the personal pain suffered throughout a lifetime, and the mental and/or physical affliction that others around the alcoholic undergo.

In short, we must assist clients daily to fight spiritual warfare battles, and even if they lose skirmishes (relapse) on occasions, not to lose hope and give up the war. Putting on the armor of Christ is a spiritual discipline to be done daily (Ephesians 6:13-17). It is in this context that Christian social workers come to understand a holistic paradigm for understanding alcoholic behaviors. v

ENDNOTES

¹ Selected scripture quotations from the Holy Bible: New International Version (NIV) unless otherwise noted.

² The terms "alcohol addiction, alcoholism, alcohol abuse," and "alcoholic" are used interchangeably in this paper to describe a person who has negative behavioral consequences to himself or herself or to others. They are not intended to be used in a strictly medically diagnostic fashion.

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