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Title

Facing addiction with community: The uniqueness of Christian care groups

Description

Facing addiction demands overturning dogged habits while cultivating new ones. Ministry care groups and transparent interpersonal fellowship offer a powerful foundation to build hope. Further, compelling evidence supports care groups as an extraordinary means of promoting personal change, addiction recovery and spiritual formation. The findings on group benefits for character enrichment are remarkably consistent with the biblical emphasis on Christian community (*koinonia*) and sanctification. Church-based small groups that promote holistic flourishing and interpersonal growth extend Christian hospitality to those captivated by addictive patterns. Trekking in kingdom-oriented groups provides an ecclesial experience where redemptive intimacy fosters corrective emotional relationships. This paper amplifies Kent Dunnington's thesis on ministry implications and will display how such groups are uniquely biblical and are firmly anchored in Christian theological tradition. This paper updates the central theological arguments and data from the author's work *Trekking Towards Wholeness: A Resource for Care Group Leaders* (Greggo, 2008, IVP).

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Facing addiction with community: The uniqueness of Christian care groups

I. The Efficacy of Group Interventions

Facing addiction demands overturning dogged habits while cultivating new ones. Ministry care groups that foster transparent interpersonal fellowship offer a powerful foundation to build hope. Support groups such as Alcoholic's Anonymous (AA) and Celebrate Recovery (CR) offer an extraordinary means of promoting personal change (Kelly, 2016; Witbrodt et al, 2012; Brown et al, 2013; Sharma & Branscum, 2010; Kaskutas, 2009; Neiman, 2007). CR is a Christ-centered 12 step program in over 35, 000 churches globally (https://www.celebraterecovery.com/). It should be acknowledged that these popular self-help groups are difficult to validate via empirical research. Nevertheless, extensive anecdotal testimony over decades, coupled with research employing quasi-experimental designs, do point convincingly towards probable empirical validity. Stated plainly, persistent support group attendance predicts sustained abstinence.

Clinical groups that include a trained, designated leader do have an established evidence base (e.g. McLaughlin et al, 2019; Lo Coco et al, 2019; Orfanos, Banks, & Priebe, 2015). Across most clinical disorders, group care can be shown to be as impactful as individual treatment (McRoberts, Burlingame, & Hoas, 1998). Despite virtually indisputable findings that endorse group treatment modalities (self-help or leader-directed), individual counseling via private therapeutic encounter remains the dominant template for service delivery. This autonomy-centered preference does not emerge from the evidence-based standards of medical practice, nor from biblical precedent regarding models of discipleship. This modality preference may likely represent a cultural predilection towards privacy along with an inclination for undivided and tailored attention to the self.

It is important to recognize that individual care options pervade the secular service delivery system. Undoubtably, individual psychotherapy is fostered by the reimbursement incentive built into health insurance. For those invested in pastoral care, particularly in evangelical settings, it is critical to acknowledge that dyadic conversation (i.e. counselor/client; therapist/patient; pastor/parishioner) reflects the overarching favorite across all of the major Christian counseling approaches (Johnson, 2010; Greggo & Sisemore, 2012).

The one exception to the prevailing dyadic medical consultation model is found in the treatment of addiction. In this sector, group modalities such as the 12-step approach of AA/CR are promoted, albeit reluctantly, as an essential component of recovery and relapse prevention. Apparently, meeting the challenge to turn around absurdly powerful behavioral patterns requires a strategy, a sponsor, and a strong support system. Making tough change demands a tenacious team.

The thematic focus in our ETS section today is on sin, habits, and the cultivation of virtue. It is evident that a comprehensive understanding of sin in the Christian tradition is crucial to explain the pull of addiction (Dunnington, 2011). This paper makes a parallel argument by recognizing that the telos of growth in Christ (redemption from sin) is towards unity in the body (communion). Therefore, interpersonal connection is fundamental for any personal journey involving sanctification, formation, and Christian maturation (Greggo, 2008). Dunnington's

analysis of addiction addresses competing causal attributions (disease vs sin). The intent here is to extend his argumentation to expose a medical/cultural bias in our conventional mode of intervention (individual vs group therapy).

II. Addictions and Ministry: Thin versus Thick Relationality

Addiction and virtue: Beyond the models of disease and choice (Dunnington, 2011) challenges the competing notions of addiction as disease (i.e. material dysfunction determined by biological forces) and addiction as sin (i.e. moral failure of the will). Drawing on the resources of philosophy and Christian theology, the ancient language of virtue and habit is rejoined to the conceptualization of addiction. For the purpose of furthering the thesis of this paper, here is a select summary of Dunnington's conclusions.

1) Addiction is a complex habit- an interlocking chain of behaviors- that is simultaneously voluntary and involuntary. Like the irresistible urge to love, an addictive habit is a compulsive commitment to the experience of ecstasy.

2) Addiction is on the rise in the modern context as an inevitable human response to the deficit of a compelling purpose and the void in a meaningful vision to drive the activities of human nature.

3) Addiction offers a simplified decision-making framework that automatically governs priorities and regulates behavioral/interpersonal patterns.

4) Addition is a means to assert self and restore a semblance of control over internal disorders and the noxious experience of persistent interpersonal disunity.

5) The Christian theological and ethical answer to the throes of addiction is not the promotion of a fulfilling personal identity. Rather, it offers forgiveness to redeemed sinners via open confession. Once the burden is released, they may enjoy restored friendship with one another and their Creator. This exposes the need for thick relational connections that become the means of grace to infuse character virtues and permit genuine kinship/fellowship in his Kingdom.

In sum, there are formidable lessons for church ministry in the consideration of a robust philosophical/theological conceptualization of addiction and virtue. The best hope for sober living lies in the recognition of a unique and exclusive solution located within the Gospel narrative that is realized via engagement in vibrant communities.

Interestingly, a parallel argument related to this causal attribution can be heard from an entirely different direction. It is articulated by social commentator and NY Times columnist David Brooks who depicts a vacuum of moral virtue in today's culture or isolation. In an earlier treatise, *The Road to Character*, Brooks examines moral exemplars who inspire reflection and self-commitment towards intentional character development (Brooks, 2015). Here's the question: "Am I living for my resume or my eulogy?" Certainly, this is a constructive reflective exercise. Nevertheless, Brooks (2019) declares in his newest volume, *The Two Mountains: The Quest for*

a Moral Life, that his previous challenge was, in part, misguided. Writing for popularity and success, Brooks confesses the he himself had not broken free of the radical autonomy that commands the worldview of our age. He is now convinced that without a profound commitment to a meaningful cause and community, no one can have a viable hope to establish moral character. Let's consider this link in his language to Dunnington's analysis of addiction: the culture of autonomy promotes addiction not only to substances but to consumer ideals, fleeting popularity, and resume accomplishments.

As a social critic, Brooks takes aim at the rampant individualism of this culture and declares that this modern freedom experiment has amounted to nothing less than a moral catastrophe. The book concludes with a "relationalist manifesto." The aim is to shift the cultural mindset away from the hyper-individualism that leaves human beings starving within an anemic (thin) relationality. In order to climb the Second Mountain and realize fulfillment, those on the pathway must embrace a cause that aligns them with a rich (thick) relationality. Evangelicals may struggle with how Brooks declares his own spiritual transformation towards Christianity without leaving traditional Judaism or his intellectual perch as 'skeptical' observer. Nevertheless, evangelicals may throw out a hearty 'Amen' when Brooks is unapologetic that it takes a transcendent encounter to comprehend one's relational connectedness and venture towards moral renewal. The call to live within thick relationships is reminiscent of the NT theme that the church grew as pagans could readily recognize the devotion Christians expressed to one another. The threat arising from thinning community is isolation and meaninglessness. This is not all that different from the thesis offered by Dunnington regarding the necessity of cause, calling, and community.

> The church fails to provide sustaining and transforming relationships for addicted persons in its midst wherever and whenever it buys into the modern assumption that growth in virtue is a product of learning abstract principles whereas friendship is a private endeavor that is based on "similar interests." Such an assumption is in direct opposition to the biblical understanding of friendship. Although affection characterizes many of the friendships portrayed in the Bible, affection is ancillary to the animating center of friendship, which is nothing less that the willingness to lay down one's life for one's friend (Jn 15:13). Such friendships are not optional for Christians; Jesus commands his disciples to befriend one another in this distinctive way (Dunnington, 2011, p. 188).

The Biblical tradition across both the Old and New Testament calls for thick relationality. Friendships and hospitality are not optional. Rather, bonding to one another in community means taking our part in the body of Christ. Any attempt to make this emphasis an artifact of the culture of the ancient Near East must ignore the emphasis on extending bonds of love found in the text itself (e.g. Mt 26:26; Acts 2:42-47; I Co 10: 16-17, 12:27; Eph 1:22-23, 4:4, 9-16, 5:23; Rom 12:4-5; Col 1:18; 2:19). Given the biblical assumption of thick relationality, it is worth pondering how far the cultural preference for strong individualism and tolerance for thin relationality influences the pastoral care trends of the church.

III. Gifting, maturity, and being knitted together in community

The overarching ETS conference theme is "Christ in all Scripture" as we ponder how to face addiction with compassion in theological perspective. For the sake of illustration, recall a well-

known passage that declares a relevant and important teaching regarding Christian maturation. In Ephesians, Paul boldly articulates the importance of thick relationality within the body of Christ (Eph. 4:9-16). The whole reason that Jesus Christ descends to earth, takes on human form, and ascends back into heaven is to establish the church- the extension of his corporate earthly body. The gifting of the saints with leaders who exhibit exemplary qualities is not so we can stand out as models or achieve exemplary resume virtues. The whole ministry enterprise is to build disciples into the "unity in faith and in the knowledge of the Son of God" (v. 13).

Maturity, stability, and perfection in personhood is not the means to obtain individual gain or a method to fortify our identity. Rather, this divine expression of grace is to join separate members into his body (Stott, 1979). The 'knitting' together of human bonds is made manifest via the continuous demonstration of solidarity, harmony, and unity (Eph 4:16; Acts 9:22, and Col. 2.2) (Vincent, 1887). Apparently, relationality must not be minimized as a resource to further recovery, deepen identity, or to achieve mental health. Maturation and perfection of human virtue is actually a means to achieve a thick relationality that is both horizontal and transcendent (Liefeld, 1997). Christ is the Head of this living body and the body grows into Christ as each part does its work, striving to speak truth in love. It is the ligaments that tie Christ followers into his body that keep us from being tossed about like waves on the seas or deceived by the deceitful scheming of evil person. In summary, a Gospel relationality will display closeness and transparency to one another within our joint connectedness to God the Father, Son, and Holy Spirit. Maturity and moral character are not on qualities deep within but are shown in the unity between us and others in Christ's living body.

What does the grand theological theme of unity in Christ have to do with the modality by which one delivers therapeutic care? The construct of being knit together in a supernatural community as the *telos* of maturation displays a remarkable conceptual similarity to the notion of cohesion located in the clinical literature of groups. This is no coincidence. The language and image of being unified in Christ's body from Scripture has an uncanny resemblance to the construct of cohesion because unity with others is a grace-based, curative process. For example, although no single definition of clinical cohesion is available, the group literature appears to show agreement on two dimensions. Cohesion is how members experience the structure of a group, both in the vertical (e.g. the competence, genuineness, and warmth of the leader), and horizontal relationships (the experience of connection to others and the group as a whole). Further, group cohesion is frequently described as the palpable sensation that generates the group power to offer interpersonal and affective support.

In a dyadic helping relationship, the helping alliance is known as the prominent therapeutic variable. The treatment partnership is the widely respected curative factor because it has a corrective emotional relationship (CER) at its core. CER is a term that I utilize to move the fulcrum of change from cathartic release or self-purging (i.e. corrective emotional experience) to the mutual sharing of burdens in a meaningful relational context. CER is the renewing experience derived from truthful dialog, the practice of confession, and deep experiencing of grace in relationship (Greggo, 2019; 2008). The construct of CER is the Christian replacement for the widespread cultural emphasis on the cathartic premise: counseling is a way to talk *out* one's struggle (release, purge, exhale). Under the Great Comforter, healing via dialogue is a matter of sharing *with* another (burden sharing, lifting, and relieving). In one-to-one therapy, it

is easy to form and make use of the alliance factor due to the formal structure and clear expectations established for the therapeutic encounter. Cohesion is the group counterpart to therapeutic alliance. On this front, groups do reflect both an increased risk and magnified reward in the experience of cohesion. Cohesion cannot be forced and there is risk to exposing self to others. Some groups never gel (achieve cohesion) due to confounding variables. In groups, the relational connection is voluntary not prescribed; it is spontaneous, not contrived; it is mutual not fiduciary. However, groups do allow for multiple opportunities to experience CER and this makes the inevitable risk worth taking.

The point here is not to pit group approaches over or against individual care. Nevertheless, just as clarity in causal attributions is useful to appreciate the power of addictive behavior, recognition of the source of cure with the treatment modality itself can be revealing. My argument is that remedial interpersonal work in groups fosters not only a context conducive for individual habit change, the group modality offers an optimal relational opportunity that simultaneously increases appreciation for thick relationality over thin. Further, since maturation in Jesus Christ is linked to participation in the body, there is continuity between the remedial modality of group care with the benefits of Christian fellowship. This could be a means to thicken community in the church as well as other Christian settings.

IV. Group Curative Factors in Theological Perspective

For over 25 years, the group psychotherapy research conducted by Irving Yalom has stood the test of further empirical scrutiny (Yalom & Leszcz, 2005). This research has identified a number of embedded factors in the group modality that further their therapeutic value and offer the opportunity for interpersonal learning. In groups, members learn that they are not alone but part of a wider circle of sufferers. They discover what sets their experience apart from others as well as what they have in common. Strugglers soon learn that they are not alone on their journey to wholeness. Further, members benefit not only through the information/guidance provided but through the instrumental support that flows from heart-to-heart. Altruism adds to the mix for there is strength to be found both the receiving but even more from the giving. There is release in exposing secrets and tensions that have long been hidden deep in the recesses of the soul. And, personal narratives can be rewritten in the telling. Meaning is discovered as one looks deeply into the mirror to see not only self clearly but to recognize the bonds one might enjoy with others.

Support, step, and leader-mediated therapy groups provide a foretaste of fellowship. Done well, these ventures into thick relationality increase moral virtues as relational fluidity-the capacity to knit together with others- is expanded. Further, group cohesion can create a craving for being with others that swells into a friendship habit. The group therapeutic factors are the inner workings of cohesion and while each construct can be depicted in clinical terms, the underlying concepts are ways to operationalize virtues such as patience, love, forgiveness, trustworthiness, honesty, gratitude, and peace are a recognizable as if they jumped right out of the pages of Scripture. Like everything about group approaches, there is no need to import a medical or modern strategy into Christian theological thinking; this is merely a way to return to the thick relational models built wisely into our faith tradition and which can take us to the perfection of unity to which we are called.

Church-based small groups that promote holistic flourishing and interpersonal growth extend Christian hospitality to those captivated by addictive patterns. Trekking in kingdom-oriented groups provides an ecclesial experience where redemptive intimacy fosters corrective emotional relationships. The crisis of addiction is symptomatic of a moral vacuum and relational void in our culture. Our faith offers a solution. Jesus Christ will build his church- a thick relational community- and the gates of hell will not prevail against it (Mt 16:18).

References

Brooks, D. (2019). *The Second mountain: The quest for a moral life*. New York, NY: Random House.

Brooks, D. (2015). *The Road to character*. New York, NY: Random House.

Brown, A. E., Tonigan, J. S., Pavlik, V. N., Koeten, T. R. & Volk R. J. (2013). Spirituality and confidence to resist substance use among Celebrate Recovery participants. Journal of Religion and Health, **52**; 107-113.

Greggo, S.P. (2019). *Assessment for counseling in Christian perspective*. Downers Grove: InterVarsity Press.

Greggo. S.P. (2008). *Trekking towards wholeness: A resource for care group leaders*. Downers Grove, IL: InterVarsity Press.

Greggo, S.P. & Sisemore, T. S. (Eds.) (2012). *Counseling and Christianity: Four approaches*. Downers Grove, IL: InterVarsity Press.

Johnson, E. (ed.) (2010). *Psychology and Christianity: Five views* (2nd Ed). Downers Grove, IL: Intervarsity Press.

Kelly, J. F. (2016). Is Alcoholics Anonymous religious, spiritual, neither? Findings from 25 years of mechanisms of behavior change. *Addiction*, **112**, 929-936.

Kaskutas, L. A. (2009). Alcoholics Anonymous effectiveness: Faith meets science. *Journal of Addictive Diseases*, **28**(2), 145-157.

Liefield, W. L. (1997). *Ephesians.* (Vol. 10, Eph 4:12). Downers Grove, IL: InterVarsity Press.

LoCoco, G., Melchiori, F., Oieni, V., Infurna, M.R., Strauss, B., Schwartze, D., Rosendahl, J., & Gullo, S. (2019). Group treatment for substance use disorder in adults: A systematic review and meta-analysis of randomized-controlled trials. *Journal of Substance Abuse Treatment*, **99**, 104-116.

McLaughlin, S. P. B., Barkowski, S., Burlingame, G. M., Strauss, B, & Rosendahl, J. (2019). Group psychotherapy for Borderline Personality Disorder: A Meta-analysis of randomized-controlled trials. *Psychotherapy*, **56** (2), 260-273.

McRoberts, C., Burlingame, G.M. & Hoas, M.J. (1998). Comparative efficacy of individual and group psychotherapy: A Meta-analytic perspective. *Group Dynamics: Theory, Research, and Practice* (vol. 2). Washington, D.C.: American Psychological Association, 101-117.

Nieman, K. T. (2007). Cohesiveness and its effects on recovery among a celebrate recovery group: A hermeneutc interpretation. *Dissertation Abstracts International: Section B: The sciences and Engineering*, **68**(5-B) 34-52.

Orfanos, S., Banks, C., & Priebe, S. (2015). Are group psychotherapeutic treatments effective for patients with schizophrenia? A systematic review and meta-analysis. *Psychotherapy and Psychosomatics*, **84** (4), 241-249.

Payne, K. T., & Marcus, D. K. (2008). The efficacy of group psychotherapy for older adult clients: A meta-analysis. *Group Dynamics: Theory, Research, and Practice*, **12**(4), 268-278.

Sharma, M. & Branscum, P. (2010). Is Alcoholics Anonymous effective? *Journal of Alcohol and Drug Education*, **53**(3), 3-6.

Stott, J. (1979). *God's new society: the message of Ephesians*. Downers Grove, IL: InterVarsity Press, 169-173.

Vincent, M. R. (1887) *Word studies in the New Testament* (Vol. 3). New York: Charles Scribner's Sons, 386.392.

Witbrodt, J., Merterns, J., Kaskutas, L. A., Bond, J., Chi, F., & Weisner, C. (2012). Do 12-step meeting attendance trajectories over 9 years predict abstinence? *Journal of Substance Abuse Treatment*, **43** (1), 30-43.

Yalom, I. D. & Leszcz, M. (2005). *The Theory and practice of group psychotherapy* (5th ed.). New York: Basic Books.