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Alcoholism, Recovery Process, and Ministerial Accompaniment: A Hermeneutic of the 12 Steps in Relation to Virtue Ethics and the *Imago Dei*

Rev. Luke Kalarickal Ulahannan

ALCOHOLISM, RECOVERY PROCESS, AND MINISTERIAL ACCOMPANIMENT:
A HERMENEUTIC OF THE 12 STEPS IN RELATION TO VIRTUE ETHICS AND
THE *IMAGO DEI*.

BY

REV. LUKE KALARICKAL ULAHANNAN MSFS

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I gratefully dedicate this Work to

The Eucharistic Lord

The Immaculate Heart of Mary

And my parents

John (Ulahannan) and Elizabeth (Aleykutty) Kalarickal

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Abstract

This thesis on **Alcoholism, Recovery Processes, and Ministerial Accompaniment: A Hermeneutic of the 12 Steps in Relation to Virtue Ethics and the *Imago Dei***, is about the detrimental ramifications of alcoholism on multi-aspects of human life, the morality of alcoholism and alcohol abuse, the morality of twelve-step alcohol recovery, and the multiple roles of people including ministers in supporting and ministering to alcoholics and their families. I have witnessed in my younger days and later in my ministerial life the boundless sufferings and struggles endured by alcoholic families, especially the spouses and children of alcoholics. This is what inspired me to work on this topic. Hence the first praxis of the thesis focuses on the prevalence of alcoholism and its alarming repercussions throughout the world, but particularly in the United States and still more specifically in the State of Texas, where I carry out my ministry. Therefore the first part of the thesis analyzes the social landscape of alcoholism and its effects especially on family systems in American life.

The thesis then proceeds to analyze alcoholism as a genetic, physiological, and environmental disease that results in lack of control over drinking and obsessive-compulsive alcohol consumption in spite of its adverse consequences. The National Council on Alcoholism and Drug Dependence states that alcoholism “is a primary chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations.” This view of alcoholism is substantiated in the thesis by clinical psychologists, sociologists and other clinicians such as Peter Meyers, James R. Milam and Katherine Ketcham. This view talks about the various factors that contribute to the development of alcoholism among which the genetic factor of it is strongly emphasized.

Virtually most credible clinical approaches advocate the remarkable role played by genetics in the development of alcoholism. However, there are also sociological, psychological, biological and economic factors that contribute to the formation of alcoholism. As many authors point out, the cause of alcoholism is a complex one, and a combination of various factors interplay in the formation of the disease.

Alcoholism affects the user, the family and even the society in myriad of ways. Besides the biological consequences, everyone in the family including the alcoholic is affected mentally, emotionally and spiritually. Children carry it to the coming generations. Society is threatened by the drunken driving and violent behaviors of alcoholics. Human dignity which is sacred as it based on the *Imago Dei*, can be profaned by alcoholic behaviors.

Consequently this thesis addresses the morality of alcoholism. Discussions on the morality of actions delineated by Thomas Aquinas and various other moral philosophers and theologians, help us realize that although the disease of alcoholism is not sinful in itself, one can be held morally responsible for the deliberate abuse of alcohol and for the negligence from making use of the available resources for recovery from alcoholism. Behaviors under the influence should be evaluated on the basis of one's ability to act with full knowledge and free will. As part of this approach to the moral horizon of alcoholism, the thesis emphasizes the formation of virtues which is the postern to healing. The Twelve-Step recovery for alcoholics and the family members of alcoholics uniquely form the virtues they had lost by the alcoholic behavior and its influence. Twelve Step Recovery programs help them to recover and form the moral life supplanted by the disease. Therefore such virtue formation restores their dignity, and respect for the dignity of

others. In helping recover from the illness of alcoholism spouses play a unique role, especially in being patient with the alcoholic and letting go of their tendency to control. Among the various ways clergy can help, the most significant one is by way of understanding the disease of alcoholism and leading alcoholics and their families to Twelve Step recovery programs.

The second praxis of the thesis outlines specific practical ways for the education of clergy about alcoholism and the resources for recovery from it available to most communities. The society has a great responsibility in supporting alcoholics and their family in their growth in sanity and serenity. It should treat them with love, understanding and compassion, remembering that they are sensitive and hurt people.

Introduction

Description of the Theme and My Motivation

In the various ministries in which I have served, I have had the opportunity to work with people who have had many different concerns and struggles. Many try to make personal and other ends meet. Others lack a solid education and religious formation. There are also people who are frustrated in life for many reasons. Most people in difficult situations try to improve those situations by seeking ways to raise themselves above the difficulty and to stimulate improvement in positive and, unfortunately, negative ways. One such positive way is self-care, another is self-destruction manifesting in substance use. Sadly, through continued substance use, some become addicted without being aware of the downward spiral to habitual self-destructive behaviors.

There are various kinds of substances to which a person may become addicted, and I have witnessed many forms of addiction in the families, communities and institutions in which I have ministered. In this thesis-project I will consider one form of substance abuse, namely, alcoholism. I have wondered in the past, "Is alcoholism evil?" It is easy to confuse the person with the person's behavior and subsequently (and unfairly) to judge alcoholics. I admit I have judged alcoholics negatively in the past. However, I have realized that such judgments are premature and that it is important to trace the roots of an individual's alcoholism as well as to attend to the immediate needs for sobriety. I have dealt with several alcoholics and their families in my ministries in various capacities and realized the severity of the problem they were facing.

Since alcoholism is an addiction, and since chemical addictions alter an addict's physiology, the presence of an addiction is considered a medical illness, or disease. As a

disease, alcoholics need to be helped physically, psychologically and spiritually. The families of alcoholics also need help because they suffer greatly on account of the alcoholism in the family. The families need to learn how to deal with their own health and well-being in their interactions with the alcoholic and to keep from making matters worse by their co-dependent behavioral responses. They must know how to help themselves so as not to be negatively influenced or hurt by the alcoholic in their family. Unfortunately, both the alcoholic and members of the family experience what I refer to as self-destructive behaviors as is, in fact, typical of co-dependency.

In this context I have had the earnest desire to help both the alcoholic and the families of alcoholics, yet I am aware that I am not equipped with the needed or proper knowledge and skills to respond to their crisis. Therefore I realize the need for ministers like me to have an in depth understanding about alcoholism and its effects. In addition it has come to my awareness that the programs of Alcoholics Anonymous, Al-Anon, and ACA are the proper ways for recovery and they address the struggles particularly of the families. In order for ministers and others who care for the alcoholics and their family members to respond properly to this crisis, knowledge of the Twelve Steps recovery and their role in guiding them is truly necessary.

All these inspired and motivated me to do this research study which explores the ways and means of helping both the alcoholic and family members to move from self-destruction to self-care and transformation through the instrumentalities of the proper recovery process and the ministerial accompaniment. This thesis is primarily addressed to all the ministers who care for the alcoholics and their family in parochial as well as other ministry settings.

Secondarily, it may be useful among medical staff in health care facilities, particularly those who care for the physical and psychological health of the person.

Myself and My Ministerial and Ethical Concerns

I was born in India as the youngest of three children. After my high school studies, I joined the priesthood, a vocation that I had been pondering since I was in middle school. My mother walked with me in my journey of discerning my vocation. I should say- I owe my vocation to my mother. After twelve years of formation, I was ordained as a priest for the Order of the Missionaries of St. Frances de Sales. As a religious priest I served in various capacities in India including parochial vicar, pastor, associate novice master of the Order, dean of studies of our seminary, teacher at our high school, and director of our home for the aged. After coming to the United States in 1997, I served in two parishes as pastor and I serve currently as priest chaplain as well as associate director of pastoral care at Mother Frances Hospital in Tyler, Texas.

A 450-bed hospital, Mother Frances serves a diverse community of White, Hispanic, and African-American peoples. However, there are also people of other races and ethnicities who go to Mother Frances. The staff consists of a similar distribution of races. As regards religion, Mother Frances is a Catholic hospital, started by the sisters of the Holy Family of Nazareth. Catholics as well as various Protestant groups and a few Hindus, Muslims and Sikhs work there. People of various religious groups come to the hospital. Baptist is the predominant faith group in Tyler, while there are other sizable groups of other Protestant denominations as well as Catholics, Jews, and Hindus residing in the city. We have a team of chaplains working in this hospital, providing pastoral care to the families, patients and staff. As the priest chaplain I provide sacramental as well as pastoral care to

them. I am also part of the Ethics Committee as well as the interview team for the Clinical Pastoral Education (CPE) candidates.

In my pastoral care in both institutional and parochial ministry, I have encountered numerous cases of persons suffering from alcoholism and the families who, in turn, are affected by the disease. While providing spiritual counseling to the patients in the hospital, I have found that alcoholism is one of the main issues with which we chaplains deal. Although alcohol cannot be used in the hospital, people who are affected by alcohol use are brought here. It is a challenging job for the ministers and other care givers to help them to realize what alcoholism has done to them and the need to go for recovery programs. There are also families of alcoholics approaching the ministers to talk and receive comfort and advice. Ministers should have a deeper understanding about alcoholism and its destructive power and the many choices families have in order to respond to them effectively. Part of this response can also be referring them to the Al-Anon program.

Often the circumstances that lead a person to alcohol are complicated. There are many cases of multiple factors in the development of addiction. Sometimes these factors can be relieved to a point where the person no longer finds the need for alcohol; that point is called sobriety. It is also common that a negative reaction of family members often gives the alcoholic the excuse to drink more, which in turn worsens the situation for everyone. This response can result in a chain reaction of self-destructive behaviors from drinking to co-dependence in cyclic fashion. Thus, the cooperation of the whole family is needed for such cases. These challenging issues which are the comprehensive expressions of alcoholism will need a sensitive and pastoral response. Thus, these environmental realities and my own

concerns present a compelling situation that must be addressed with understanding and compassion.

The problem of alcoholism poses an ethical and moral concern. Alcoholism causes an impelling force within that leads to self-destruction both by the user and by the dependents/family members. Alcohol-related behavior can be an ethical issue to be considered.

Moreover, an alcoholic who is involved in such self-destruction is caught in a downward spiral with every instance of drunkenness. On the other hand, self-care, a virtue inclusive of the cardinal virtues of temperance and fortitude, is an antidote to the vice of self-destruction. Thus, one of the moral questions raised by this investigation is the morality of recovery. In fact, if alcoholism is an illness or disease, it has no moral quality to be judged except as an expression of the condition of mortality. However, we can ask questions on the morality of actions and behaviors that lead to alcoholism and its recovery. So part of this thesis seeks to understand what constitutes a human moral act and how are we to judge the morality of actions and behaviors that lead to alcoholism and its recovery. I hope this helps the readers to understand the proper virtues and the changed behaviors needed for the alcoholics and those who may be susceptible to alcoholism. Thus my ministerial and ethical concerns pose these questions:

What is alcoholism? How can ministers and pastoral caregivers help alcoholics and their families to recover from the disease by accompanying them in the Twelve Steps process? Furthermore how can the ministers be helped to understand more comprehensively their roles and the Twelve Steps process by correlating virtue ethics and the theological concept of the Imago Dei to the movement?

Description of the Method of Practical Theology and the Organization of the Thesis

Following the *praxis-theory-praxis* method the thesis will initiate a thick description of the destructive form of alcoholism, affecting both alcoholics as well as their family members. It will be followed by a discussion on the theological concept of the *Imago Dei* which can be affected by alcoholic behaviors. Additionally, they will be evaluated in the light of moral principles. Further, by correlating 12-step recovery to virtue ethics, greater understanding of the spiritual healing in AA, Al-Anon, and ACA will be delineated. Finally as the 2nd praxis, the thesis will bring out the virtues proper to the alcoholics and their family members, the ways transformation is achieved by the practice of virtues as guided by the 12 steps recovery and the minister's role in guiding them without intrusion.

The method I will follow for this thesis is the one Browning provides. I am inspired by Browning's focus on "practical reason," namely, the use of reason to answer the questions: What should we do? and How should we live? These questions give me direction for the thesis since my work considers human life and behavior. Browning's concept of "theory-laden practice"¹ is noteworthy here. Since theory is embedded in practice, every moral act has a moral principle behind it. Hence as Thomas Aquinas says, every human act is a moral act, that is, every intentional act has moral value (ST I.II. 1.3c). It either leads to a good/rightly-ordered life or toward a miserable/wrongly-ordered life. It is our pastoral responsibility to help others to direct their lives in accordance with virtue so they may make the right choices in and for their lives. The five dimensions of moral thinking – visional, obligational, tendency-need, environmental-social and rule-role dimension- as elucidated by Browning, become an aid in analyzing my ministerial concern and answering the basic

¹ Don Browning. *A Fundamental Practical Theology* (Minneapolis, Minnesota: Fortress Press, 1996), 6

questions of practical reason.² The analysis of the Twelve Steps will be done through the lens of the five dimensions. My hope is that through this analysis, right awareness, proper pastoral response, and desired transformation might be reached. Thus, I believe that Browning's method is the right choice in analyzing theologically my ministerial situation.

Part of the Whitehead's method will also be useful in that the first stage of their method, "attending," is about listening and responding. The necessary ingredients in listening are suspending premature judgment, self-emptying. It begins in an attitude of openness.³ In the process of this thesis I need to suspend any premature judgment on alcoholics and the co-dependent members of the alcoholic's family. As a person neutral to it I need to investigate the realities of alcoholism on the alcoholic and family members of the alcoholic so as to offer an effective response to the downward spiral of self-destruction. Hence the first stage of Whiteheads' method is crucial to my thesis.

In accordance with the above-mentioned methods I will develop my thesis as follows: The descriptive theology that covers the last part of introduction and the first three chapters will deal with my experience of alcoholism in many families in the past as well as in the present, the reality and the situation of alcoholism in the United States, and more specifically in the State of Texas, the concept of alcoholism, the circumstances that lead to alcoholism and the consequences of alcoholism both for the alcoholics and their family members as seen in today's world. The five Dimensions of Moral Thinking (VOTER) proposed by Browning is used here to analyze the moral validity of the present actions, and used throughout the subsequent work of the thesis. Interviews with various people will be

² Ibid. 105.

³ James D. Whitehead and Evelyn E. Whitehead, *Method in Ministry: Theological Reflection and Christian Ministry* (New York: The Seabury Press, 1980), 83.

used, in order to corroborate theory with praxis by attending to the situation, the causes and the effects of alcoholism. Whitehead's first part of the method, namely, attending will be very crucial here. Accordingly, the descriptive theology section attends to the experience of alcoholism and of the alcoholic family and to the culture that explains the causes and the effects of alcoholism.

The Historical theology covers the fourth and fifth chapters. I attend to Christian Traditions regarding human dignity, alcoholism, morality of human action, the ultimate goal and happiness of a truly human life, the acts that lead to that goal vs. those that destroy human life and profane and violate human dignity, and the moral responsibility of alcoholism and alcoholic behavior. The last parts of these chapters are a fusion of horizons between the concepts informed by Christian tradition and the vision implicit in contemporary practices. Thus I analyze how alcoholism profanes and violates human dignity, and destroys one's self and the 'telos' of human life. The moral aspect of alcoholism is analyzed on the basis of the Christian Traditions.

The sixth chapter will delineate virtue ethics, leading us to a realization that change can occur only by cultivating virtues proper to dignity and sanctity of human life. But more importantly, as part of the strategic pastoral practice, this chapter will elucidate how a virtuous life can be achieved through one's participation in Twelve Step programs.

Finally, as continuation of the strategy, the seventh chapter informs the reader of various treatments/healing programs available for alcoholics and the family, particularly the Twelve Step program in detail, which opens up the path to transformation both for the alcoholics as well as for their families. Here I also propose how the clergy can support the

alcoholics and the family either as a link with the Twelve Step program or directly, using certain techniques, but without intrusion.

My Experience of alcohol related problems

Sharing of my experiences related to alcoholism is very important for an in depth study and analysis of the problem. Although I have not used alcohol I have had the experience of several people with alcoholic problem.

My Experience of People with Alcoholism

My experience in the Past

Ever since I was a boy, I witnessed many people suffering emotionally and physically on account of alcoholism in their families. In India, men use alcohol far more than women. They suffer in a myriad of ways, including physically, mentally, emotionally, and spiritually, from their dependence on alcohol. Women and children suffer greatly, often physically and emotionally as a result of the behavior of their alcoholic husbands/fathers. Having repeatedly witnessed such suffering, I used to attribute its cause entirely to the moral failures of individuals who used alcohol. Later I realized that a person cannot be fully responsible for an action done under the influence of alcohol. Moreover, many of them face a common problem of being unable to control their intake of alcohol. Thus I realize that alcoholism is an illness that they are battling with. I realize how true this illness or disease model is when I read Miller and Carroll's book on *Rethinking Substance Abuse*, which states that "excessive drug taking automatically dysregulates the brain reward system."⁴ The more they take the less reward they get from the brain, which leads them to take more and more. Some alcoholics have told me that they started to drink in order to

⁴William R. Miller, and Kathleen M. Carroll, *Rethinking Substance Abuse: What the Science Shows and What We should Do about It* (New York, NY: The Guilford Press, 2006) 44.

free themselves from stress. But ironically the more they drink the more stressful their lives in fact become.

Many are the situations that have led alcoholics to dependence and addiction to alcohol. I realized the difficulties associated with alcoholism when I counseled students in whose families there was an alcoholic. I learned through counseling students that in addition to physiological susceptibility some of the other reasons people become dependent upon alcohol are their impressions of a lack of love and acceptance among the family, frustrations out of poor health, poverty, debt, and job loss, among many other reasons. I have also heard stories of people becoming alcoholics by being around their drinking friends and experiencing isolation in life.

My experience in India

India, the largest democratic country in the world, is characterized by varied linguistic, ethnic, religious and cultural disparities. It occupies a strategic position in Asia with a population of over 1.2 Billion (15.5% of the world).⁵ Each State in India has its own culture and language. In spite of these differences India is characterized by ‘unity in diversity’.

Although alcohol has scarcely been in use over centuries in India colonization initiated alcohol culture in India. This led to the later prohibition movement/temperance movement as part of the Freedom Struggle in India led by Mahatma Gandhi, the father of Indian nation. Religious sanctions against alcohol use was a support to this movement. However, the Economic Liberalization Policy during the early 90’s paved the avenues for the

⁵ Johnson Edayaranmula, “Overview Of Alcohol Situation And Policy Developments In India,” Johnson's Blog, entry posted March 10, 2014, <http://www.iogt.org/indiaalcoholpolicy/21/overview-of-alcohol-situation-and-policy-developments-in-india/> (accessed April 6, 2015).

increase in the Alcohol Industry.⁶ Today the alcohol consumption in India is in a higher rise compared to many of the western countries.

I have worked in several States in India. Even though there are differences and uniqueness in each State when it comes to the use of alcohol it is the same everywhere. It is available everywhere. Since liquor is one of the major revenue fetching agents in India it is not banned in general. It is controlled by individual States. However, under the influence of certain prohibition movements total or partial Prohibition was declared in some of the States such as Gujarat, Tamil Nadu, Andhra Pradesh, Nagaland, Himachal Pradesh and Kerala. At present, States of Gujarat, Nagaland, Mizoram and Manipur have total prohibition.⁷ Sometime ago the use of arrack was prohibited and so all the arrack shops were closed in the State of Kerala. But later due to the increase in the unauthorized productions this prohibition law did not produce desired effect. Today there is a move to ban all the bars totally in 10 years in Kerala. “The plans include shutting down bars and shops selling alcohol and introducing more alcohol-free days. Only luxury hotels will be allowed to serve alcohol”.⁸ However, there are negotiations going on in the court on the issue of this bar with the appeal given by the bar owners.

In the past men used to go for manual labor while women stayed home in India (It is not entirely different today). After the hard labor men used to drink before they got home. Some of them would drink regularly and created problems at home while some others remained calm after drinking. There were others who occupied themselves only in drinking. They were the so called alcoholics. Many of them have told me that they did not

⁶ Ibid.

⁷ Ibid.

⁸ BBC, “India’s Kerala State alcohol ban put on hold,” BBC News Web site, 11 September, 2014, <http://www.bbc.com/news/world-asia-india-29152954> (accessed May 27, 2015)

know how they became so. Even though there were treatment centers for alcoholics many of them were not willing to go for it. There were others who were willing to stop but their circumstances prevented them from that. Negative reactions of their families, poverty and the easy accessibility to alcohol were some of the unfavorable circumstances. Even though spiritual resources were available to them, like retreats, prayer groups and so on, they were not very effective, partly due to their lack of co-operation.

The use of alcohol among the youngsters was less in the rural areas because of the societal norms and customs. However it was not very uncommon in the urban areas. Today the situation is being changed in the rural areas. It is used in large amount on certain special occasions, such as festivals, weddings and other social gatherings. At colleges, students are becoming victims to alcoholism being drawn by the influence of their friends. Alcoholism and drug addictions are on increase among the university students in urban areas.

My Experience in United States

The situation of alcoholism found in United States is similar to that of India. United States is a country with various nationalities and cultures. I have not seen any ethnic group that does not use alcohol. One of the main differences between the U.S. expressions of alcoholism and those of Asian countries may be the equi-proportionate use of alcohol among the youth. Heavy drinking is reported to be more prevalent among the Hispanic, Native American, Native Alaskan and white youth than Asian or even black youth.⁹

I see both men and women using alcohol in the United States. While in India men use alcohol more than women I have found both categories of people having almost equal share

⁹William R. Miller and Kathleen M. Carroll., 154.

of alcohol use in USA. Asians, especially the Indians living in USA maintain their tradition of men domination in the alcohol consumption. Because of the strict regulation on abuse in USA the alcohol related domestic abuse seems to be less than in USA than in India although there are enormous number of alcohol related violence and accidents found here. I have also heard of some domestic abuse and violence resulted from alcoholism in some families which are kept private for the sake of maintaining their reputation.

I have seen many divorces taking place as a result of alcoholism and drug addiction in United States. Families are torn apart and children are left with single parent or no parent. I have seen various categories of alcohol consumers. There are the so called 'decent drinkers'. They are the ones who use it as part of their meal and daily routine, causing no problem to themselves or to their families. They use moderately and so apparently they are not alcoholics. I have also seen *binge drinkers* who drink periodically but to the brim as they start drinking. On some special occasions when it is supplied they use the maximum of it. Although it affects them very much some of them don't cause any problem to others although some others do. In many of such cases their families are affected very much. In an interview with a former alcoholic I learned that as a binge drinker although he did not lose his job he found himself becoming less responsible with his work and spending less time with his family. He also realized financial insecurity affecting him and his family those days. There are other categories of people who drink everyday with no control. They are the so called alcoholics. They destroy themselves and disrupt the lives of their family members. The above mentioned binge drinkers also come under the category of alcoholics.

Thus, my experience with alcoholics was a very painful and heartbreaking one. It enlightened me to realize how destructive alcoholism is to oneself as well as to others. On

account of the alcoholic behavior of some of them I developed an aversion and antipathy toward them until I realized later that it is an illness in which one has no control on one's behavior. They really need help and it is the bounden duty of every citizen to help them.

My Experience of Families with their Alcoholic Loved Ones

Alcoholism affects not only the alcoholics but their families as well. When some alcoholics begin to act destructively toward their family members, some family members become violent, while others begin to destroy themselves in other ways or run away from the hard realities of life. Alcoholism affects the family members' sense of security, their health, education/development, social behavior, and spiritual life.

I have seen in India as well as in USA many family members (children as well as the spouses) of alcoholics turning to alcoholism. Some of them indulge themselves into it as a retort to the alcoholic behavior of their loved ones. Some become introvert and keep themselves away from the company of others while some others look for true love from outside of the family. They become less and less attached to the family and get more attached to people outside of the family, thus developing unhealthy relationship with others. This happens often when they are deprived of the love and respect from their alcoholic family members. When alcoholism leads to behaviors such as domestic violence and financial insecurity the members develop hatred, revengeful attitude, running away and suicidal tendencies, and other unhealthy behaviors. Often it affects the studies of the children. They are the ones who are affected deeply in the long run.

In India many women were victims to the alcoholic behavior of their husbands in the past. Since divorce was not a common practice women made a real sacrifice by accepting such painful reality silently. Often they had no choice. Today situation has changed.

Women have begun to question and react strongly. As most of them are educated they realize their worth and power. This has lessened the abuse of the alcoholics although alcoholism itself has not changed.

My experience with the families of alcoholics was a heart breaking one. It affects the family as a whole. I have also seen how the negative reaction of the family members worsen the alcohol use and behaviors of their loved ones. If the family does not receive help it can destroy them totally. But the timely help will lead to healing and restoration not only for the family but the alcoholic member as well.

Alcoholism as an agent of Destruction: In my Ministerial Context

Ever since I was ordained a priest I have served both in India and in USA in various ministerial settings, such as parishes, formation houses, schools and hospitals. I have dealt with several cases of families with alcoholic problems. People trust their pastor and so they come and share their family problems with him. While working in some parishes in India several women who suffer greatly on account of their alcoholic loved ones came to me seeking advice and help. The problem was either with their husband or with one of their children. They suffered financially, emotionally and socially. Many of the well-off families became extremely poor. Peace was lost due to the constant quarrel at home after drinking. Many of the women suffered abuse from their husbands. Families were defamed by the alcoholic behavior.

Children of the alcoholics were the ones who suffered mostly. Some of them had to give up schooling. They felt unloved and depressed. While working in formation houses and schools some of the students shared with me the problems they had with their alcoholic fathers. One of them struggled hard to survive his schooling. There were students who felt

frustrated with the prayers since they thought the prayers for their Dads were not being answered. The experience of terror and violence at home deformed the character of many children. Some of them acquired violent nature. Others became introvert, shy and fearful. Some of them formed the habit of day dreaming. I also realized that many who came to talk to me were really looking for love. They did not experience true love from their alcoholic parents. Alcoholism has done a great damage in the lives of these children. It has caused a stigma in their lives.

Similar expressions of alcoholic effects were observed in the Parishes in USA. The addiction was experienced by men and women here. Their spouses used to come to me, asking me to talk to them privately. Many of them were not ready to receive help. I have seen many families getting disintegrated because of alcoholism. Children follow their parents and thus get into trouble in the course of time. Some of them leave home after high school to be with their friends who influence and initiate them to alcohol use which often ended up in addiction.

Working in the hospital, I come across many patients who are ill on account of their alcoholism. By the time they realize what this destructive force had done to them it is too late. I also get to counsel some of the family members of alcoholics. There were cases of couples who are at the verge of separation when they came to me. There are children of the alcoholics I have dealt with, whose lives were broken and almost destroyed. For example, some time ago, a boy of sixteen was brought to the hospital due to self-inflicted wounds. A study of the boy's background showed that his father was an alcoholic and used to be physically and emotionally abusive toward his mother after drinking. The boy wanted to escape from the hard situation at home by ending his life. In a way, he was punishing

himself for the deeds of his father. His pastor was aware of the problem but did not know how to handle it. The boy was from a Hispanic family background where there is more of male domination. All these show how important it is to help not only the alcoholics but the whole family of alcoholic since the problem has the potency to destroy the whole family.

Main Terminologies: Substance Abuse, Alcoholism and Addiction

Since this work is centered around alcoholics and their families I will briefly explain the terminologies of substance abuse, alcoholism and addiction in general. Addiction and alcoholism will be dealt in detail in the second chapter.

Substance abuse?

In order to understand substance abuse it is important to clarify the meaning of the term 'abuse'. Part of the meaning of the term abuse as given in Merriam-Webster's Collegiate Dictionary is improper or excessive use.¹⁰ Hence abuse is improper way of using anything that is accessible to us. It implies irresponsible way of using things that are available.

God has created the universe and everything in it for the good of humanity. They are to be used for the daily sustenance of life. However, they can also be used to harm oneself or others although that was not the purpose of the Creator. When it is used inordinately, irresponsibly or excessively, leading to harmful result it becomes an abuse. Certain substances can be used for mood-altering purpose which may result in failure to fulfill one's daily obligations at home, at work or in the school.¹¹ The harmful effect of substance

¹⁰ Merriam-Webster's Collegiate Dictionary, 10th ed., s.v. "Abuse."

¹¹ Buddy T., "What is Substance Abuse?", Alcoholism Expert, http://alcoholism.about.com/cs/drugs/a/aa030425a.htm?utm_term=Definition%20of%20Substance%20Dependence&utm_content=p1-main-3-title&utm_medium=sem_rel&utm_source=google&utm_campaign=adid-23114069-68ad-4368-b29b-78d903dd5e08-0-ab_gsb_ocode7926&ad=semD&an=google_s&am=broad&q=Definition%20of%20Substance%20Dependence&dqi=

abuse can go as far as endangering one's or others' life especially in the case of drunken driving.

Abused Substances: When we think of abused substances what comes to our mind at first may be the substances that are harmful to oneself or to others. In fact, as mentioned earlier, every substance in the universe is good as they are created by God. They can be used well or abused depending upon the way they are used. Thus any substance can be abused if they are used in contrast to the purpose of the Creator. Abused substances can be various forms of drugs that can be consumed orally or inhaled. They can also be alcoholic beverages and soft drinks. The abused substances can be categorized according to the effects they produce, the way they are obtained and used, the combination of their formation, and the approval given by the society. According to their legal status substances can be categorized as legal and illegal.

Legal: Legal substances are those that are approved by law. Legal drugs refer to those that can be obtained only with a doctor's prescription and those that can be obtained over-the-counter without a prescription.¹² Legal substances include but not limited to caffeine, alcoholic beverages, nicotine, inhalants, tranquilizers, steroids and analgesics.¹³ Even though they are legal if they are used excessively and for an extended period of time they can be addictive.

<http://www.infolinks.com/encyclopedia/science/drug-addiction-drug-abuse-types-abused-substances.html> (Assessed December 1, 2014).

¹²David E Newton. *Substance Abuse: A Reference Handbook*. Contemporary world issues. (Santa Barbara, CA: ABC-CLIO, 2010), 8.

¹³ Infoplease. "Drug Addiction and Drug Abuse: Types of Abused Substances," The Columbia Electronic Encyclopedia, 6th ed. 2012, Columbia University Press. <http://www.infoplease.com/encyclopedia/science/drug-addiction-drug-abuse-types-abused-substances.html> (Assessed November 1 1, 2014).

Illegal: The drugs that are potentially addictive or can be danger to one's health are considered to be illegal and, therefore, the use of such illegal substances is abusive.¹⁴ Because of their serious consequences they are prohibited by the law. Some of the examples of illegal substances are "cocaine and crack, marijuana and hashish, heroin, hallucinogenic drugs such as LSD, PCP (phencycline or "angel dust"), "designer drugs" such as MDMA (Ecstasy), and "party drugs" such as GBB (gamma hydroxybutyrate)."¹⁵ However, other drugs such as prescription and over-the-counter medicines, cigarettes and even coffee can be harmful to health at their excessive use and so can be objects of abuse, especially when they are used for purposes other than those indicated.¹⁶

Whether they are legal or not, using substances can produce variety of effects on the user. Accordingly, one's behavior under the influence of certain substances can be illegal. For example, alcohol is a legal substance but drunken driving is illegal. Besides, certain criminal actions such as murder and rape can be induced by the effect of the usage of certain substances. Based on the effects they produce David Newton enumerates three classifications of substances as follows:

1. *Depressants:* These categories of substances depress the central nervous system, causing pain and anxiety relief, and inducing sleep and mental relaxation. Some of the common depressants are opium and its relatives, cannabis, alcohol, muscle relaxants, antihistamines, and antipsychotics.
2. *Stimulants:* These substances, unlike depressants, increase the activity of the central nervous system, promoting physical and mental activity. Some of these substances include amphetamine and its chemical analogs, caffeine, cocaine, Ecstasy, and nicotine. Stimulants are used medically to treat a number of conditions that are characterized by depression, such as sleepiness, lethargy, and fatigue; to improve attentiveness and concentration; to promote weight loss by decreasing appetite; and to treat attention deficit hyperactivity disorder (ADHD) and clinical depression.
3. *Hallucinogens,* unlike other two classes of substances, produce qualitatively different mental conditions, such as the perception of objects and events that do not, in fact,

¹⁴ Buddy T.

¹⁵ Infoplease.

¹⁶ Buddy T.

actually exist. However, the experience of hallucinations is not produced by hallucinogens.¹⁷

We see that this classification based on the effects of the substances overlaps with the previous classification based on their legality. For example, while caffeine, alcohol and nicotine are legal, cocaine and hallucinogens are illegal. However, all these substances can be addictive if they are abused. Thus we see that alcohol is a legal substance that can produce positive effect on oneself but its abuse can lead to actions that are criminal and deadly.

Psychoactive: Psychoactive substances are those that affect a person's mental as well as physical functions and behavior. They can affect the way brain and nervous system work, leading to intoxication. These substances can harm a person's health and can affect one's social life. It can also lead a person to dependence. Any substance that may give immediate sensations of pleasure or relief but can in the long run affect a person physically, mentally or socially can be psychoactive substance, such as alcohol, coffee, heroin, antidepressants, cocaine, as well as natural substances such as hallucinogenic mushrooms and cacti.¹⁸ In fact David Newton's three classifications can be contained in this category of substance.

Stages of Substance Abuse

Substance abuse can take a long journey before one is fully addicted to it. Often it can begin with the use of a substance for recreational or experimental purposes. Unguarded and careless use of it can lead one to total dependence on substance before one becomes aware of it. In this connection Leah Miranda presents five stages of substance abuse which

¹⁷ Newton. *Substance Abuse: A Reference Handbook*, 12-14.

¹⁸Elizabeth Hartney, "What is Psychoactive?" About Health, Updated September 03, 2013, <http://addictions.about.com/od/substancedependence/g/psychoactive.htm> (Assessed December 4, 2014).

enlighten a person to see how the use of substance takes a person a long road, leading to uncontrollable situation. The stages Miranda presents can be summarized thus:

The first stage, known as *Experimentation*, consists of using substance, like alcohol, as a social event with one's friends or using certain drugs just for the experience. Although many people may not pass this stage there are some who rationalize this ability to manage themselves with more of it and thus pass into the next stage, called *Regular Use* where one begins to use substance regularly in the company of others. Here we see the person's life being affected, like low grade in the school or periodical absence from work for no reason. In the third stage, which is called *Risky Use*, serious collateral complications begin to appear as the person's substance use has become unstable. Drunken driving becomes part of the problem here. The fourth stage, *Dependence*, is a critical stage where there is growing tolerance and occurrence of withdrawal symptoms if there is discontinuation of the supply of substance. For example, in the case of a cancer patient treated chronically with morphine, a pain killer, the patient may be dependent on morphine and if the drug is stopped the person may suffer a "withdrawal syndrome"¹⁹. But the person may not be a compulsive user of the morphine. In the final stage, called, *Addiction*, people experience an intense craving for substance and a freedom from that craving is almost impossible without help.²⁰

Among these five stages the difference between the last two seems to be very meager. To a great extent they are synonymous in terms of the ultimate effect substance abuse can bring about. According to Miranda, a person may not be a compulsive user of substance in the dependence stage. However, according to the common understanding, once a person is dependent on substance it is hard to get rid of it as in the case of addiction. There is withdrawal syndrome in both stages in the absence of or at the discontinuation of the substance. Behavior is changed and problematic habits that are established are difficult to extinguish despite the negative consequences associated with it in both stages. There is an intense craving for substance even in the stage of dependence. When a person is totally

¹⁹ James R. Milam and Katherine Ketcham. *Under the Influence: A Guide to the Myths and Realities of Alcoholism*. (New York: Bantam Books, 1983) 66 - 64. According to these authors the phrase demonstrates the presence of physical dependence. The user is not able to function normally and goes into an acute distress without the substance the person used to take.

²⁰ Leah Miranda, "Learn the 5 Stages of Substance Abuse", Treatment Solutions, entry posted May 20, 2014, <http://www.treatmentsolutions.com/learn-5-stages-substance-abuse/>(Assessed December 3, 2014).

physically and psychologically dependent on substance one is addicted to it. In order to elucidate the subject of this paper I will explain in detail alcohol dependence in the forthcoming section. Addiction may be a stage where a person is at the verge of total destruction. Even in addiction there are various stages which will be dealt in the second chapter.

Paul Gahlinger describes four levels of substance abuse which gives a better clarification to the subject. The first level, known as *experimental use*, is similar to what Miranda describes as experimentation. It is a stage of trying out according to Gahlinger. The next level, *recreational use*, is characterized by using a substance from time to time just for fun without one's life being affected by it. He names the next level *circumstantial use* since the use of it develops into a pattern at certain occasions, such as situations of personal problems or at an occasion of socialization. Although it may not be a harmful stage it can lead to the next level which is called *compulsive use* or "addiction". It is known by many professionals as "substance dependency."²¹ Thus, according to Gahlinger, addiction and dependence are truly synonymous terms which denote the stage where one is unable to return to normal life without real help.

Miranda and Gahlinger consider that addiction of a substance begins with experimentation. Youngsters experiment with the substance to get its feel. Although according to Miranda this stage includes using substance for social event Gahlinger separates the social event and fun part as the second level, namely, recreational use. Gahlinger's experimental use can be individually or in the company of others. Once a person enjoys that experimentation one may like to have some fun with it in the company

²¹ Paul Gahlinger, *Illegal Drugs*, (2004):90 depicted in Newton. *Substance Abuse: A Reference Handbook*, 8-9.

of others. The experience of relief one gets may incite one to look for the same in times of personal problems. Eventually this can lead to addiction. Are all addictions the aftermath of these three preceding levels? Part of what this paper is trying to discover is the answer to this question.

Substance Abuse and Alcoholism

Based on the different classifications of abused substances there are different types of substance abuse. Use of depressants creates relaxation and decreases pain. Its abuse, which is called *depressant abuse*, can lead to psychological and physical dependence as well as health problems. Abuse of stimulants that depletes energy and creates intense drug craving and withdrawal symptoms is called *stimulant abuse*. Abuse of hallucinogens that can lead to mental health problems is called *psychedelic abuse*. Marijuana is another substance that induces physical relaxation and distorted perception and thought. Its abuse, which is called *marijuana abuse*, may cause respiratory problems, immune system suppression, increase in anxiety level as well as temporary psychosis. Alcohol is the oldest and most widely used psychoactive substance according to the National Institute on Drug Abuse. The heavy use of alcohol that may lead to increase in aggression, impaired judgment, health problems, sexual dysfunction and relationship problems, is called *alcohol abuse*.²²

Alcohol Abuse and Alcoholism

Alcohol abuse is to be distinguished from *alcoholism*. Based on the meaning of the term abuse, as stated earlier, alcohol abuse is the improper, excessive and irresponsible use

²² Hazel Thornstein, "Different Types of Substance Abuse", Livestrong.com, entry posted on Oct 20, 2013, <http://www.livestrong.com/article/185271-different-types-of-substance-abuse/> (accessed December 4, 2014).

of alcohol. It is one of the substance abuses. Now a person may drink heavily and irresponsibly but such an act does not necessarily lead to alcoholism. Griffith Edwards states, “Not everyone who drinks heavily becomes dependent. Some may be more vulnerable than others by virtue of constitutional make-up, genetic, personality or impulsivity factors or environmental influences.”²³ Therefore, some alcohol abusers, as in the case of any substance abusers, may be able to stop using alcohol at any time without help from outside. On the contrary an alcoholic is one who has reached the stage of addiction and dependence and is unable to come out of it without real help. Thus alcoholism is generally considered to be a disease. When an alcohol abuser stops drinking there is no more withdrawal symptom in the person while an alcoholic is characterized by withdrawal symptom.²⁴ Thus, while all alcoholics abuse alcohol not all alcoholic abusers are necessarily alcoholics.

Alcoholism and Addiction

How is alcoholism related to *addiction*? Are both the terms identical? “Addiction is any compulsive, habitual behavior that limits the freedom of human desire.”²⁵ In this sense addiction makes a person slave to a behavior or an act, whether it is to drinking alcohol or using drugs or any other similar behavior. If a person’s compulsive behavior is characterized by using drugs we may call it drug addiction, and if it is characterized by drinking alcohol we may call it alcohol addiction or alcoholism. Craig Nakken calls

²³ Griffith E. Edwards, Jane Marshall, and Christopher C. Cook. *The Treatment of Drinking Problems : A Guide for the Helping Professions*. 4th ed. (Cambridge, UK: Cambridge University Press, 2003). 41, *eBook Collection (EBSCOhost)*, (accessed November 4, 2014).

²⁴ Hazel Thornstein, “Different Types of Substance Abuse”.

²⁵ Gerald G. May. *Addiction and Grace: Love and Spirituality in the Healing of Addictions*. (New York, NY: Harper Collins, 1991).24.

addiction as an illness as in the case of alcoholism.²⁶ Thus alcoholism is an addiction whereas addiction is a general term that can encompass compulsive behavior to any sort of object or habit. A person may be addicted to work, watching Television or hundreds of similar behavior or object. Alcoholism is one form of addiction.

The second chapter will deal with addiction and alcoholism in detail for a better grasp of the theme of this paper. Prior to that, as part of the first praxis, in the first chapter we shall examine briefly the situation of this problem as experienced by the people of United States and more specifically of the State of Texas in a cultural and historical context.

²⁶ Craig Nakken. *The Addictive Personality: Understanding the Addictive Process and Compulsive Behavior*. (Center City, Minnesota: Hazelden, 1988). 5.

Chapter one

The Problem of Alcoholism in the United States: Yesterday and Today

Alcoholism seems to be an interminable problem that has been existing since centuries and is still faced by various societies and families. It is an illness spread all over the world. As we have seen in the introduction, alcoholism affects not only the alcoholics but their families and friends as well. Even though I have lived only in India and the United States I have visited many other countries, like Europe, Singapore, Canada and South America. During my short trips there I have witnessed the destructive impact of the use of alcohol on the users as well as their kin and friends. In this chapter we shall analyze alcoholic problem in the United States as well as in the State of Texas. This is important since the study is based mostly on the situation in this part of the world although it has a global reference, too, to some extent. In order to analyze a problem and its solution it is important to understand it in its historical and cultural context. The second part of the chapter will treat the multidimensional concerns of alcoholism.

A. Alcoholism in United States and in the State of Texas: Historical, Cultural and Statistical Analysis.

In order to analyze a problem and its solution it is important to understand it in its historical and cultural context. Hence the situation of alcoholism and its consequences is to be studied in a multidimensional angles as manifested in the United States with particular focus on the State of Texas. First let us examine the invective situation of alcoholism in the United States.

1. Alcoholism in the United States

a. *History of Alcohol consumption and the Prohibition Movements*

United States has a very long history of alcohol and its consumption. Ever since the settlement of Europeans, Americans have been heavy drinkers. From Europe the early colonists brought with them a strong desire for alcohol. The use of rum was very popular as early as 1700s. This period was marked by major businesses of importing rum and distilling imported molasses into rum. Later during American Revolution there was shift rum and molasses to whiskey which was distilled from cheap corn and rye by Americans and by 1790 whiskey received the status of a patriotic drink. Besides whiskey some drank cider and only a few wealthy people used wine as it was expensive and imported.¹

As Germans began to immigrate to the United States they brought with them beer, business leadership and organizational qualities. The oldest brewery in the United States was started in 1820 in the Pennsylvanian mines by a German immigrant, Yuengling.² The largest one is Anheuser-Busch division of AB InBev which was started in 1850s in St. Louise. Later the technological development brought about a transformation in the brewing industry and in Anheuser-Busch. Although like all brewers Anheuser-Busch faced the devastation of Prohibition it maintained its high level of standard after the Prohibition movement.³

The functioning of various breweries boosted the drinking opportunities. After the Civil War the establishment of public drinking facilities like saloons also encouraged public drinking. “The patrons of saloons were overwhelmingly male, but most places did have a

¹ William J. Rorabaugh, “Alcohol Consumption in the United States”, in *Alcohol and Drugs in North America: A Historical Encyclopedia*, ed. David M. Fahey and Jon S. Miller, vol.1(Santa Barbara, California: ABC-CLIO, LLC, 2013), 19-20, Barry e-book.

² Amy Mittelman, “Beer”, in *Alcohol and Drugs in North America: A Historical Encyclopedia*, 84.

³ Amy Mittelman, “AB InBev”, in *Alcohol and Drugs in North America: A Historical Encyclopedia*, 1-2

side entrance for women.”⁴ This shows the practice of public drinking both by men and women of the 19th century.

Until prohibition majority of beer was drunk on premises. Both the liquor and drinking were ubiquitous during the colonial period. The per capita consumption of the drinking age (15+) was 7.1 gallons per person in 1830 and such a high levels of usage led to the Temperance Movement which lasted from 1825 to 1850.⁵ This movement which was commonly known as *American Temperance Society (ATS)* was the first national temperance organization in the United States. It was oriented to define and control alcohol consumption. The means it used was persuasion rather than coercion. This movement attracted many female membership and, in fact, women outnumbered men with regard to membership. It tried to enlighten the people on the evil effects of drinking alcohol and advocated a life free of evil. It finally led to the *Prohibition movement* which lasted from 1920 till 1933.⁶ ATS also helped to reduce the alcohol consumption tremendously.

The *Prohibition Movement* which was mandated under the 18th amendment to the US Constitution, was a nationwide constitutional ban on the production, sale and transportation of liquor. It was also an attempt to control alcohol consumption by the constitutional law. This movement was anticipated and coordinated by *Anti Saloon League of America (ASLA)* and *Woman’s Christian Temperance Union (WCTU)*.⁷

ASLA which was founded in 1893 by Howard Hyde Russell, aimed at achieving national prohibition of alcohol. It focused on the operators of saloons, who were mostly corrupt and criminals. It relied on the generosity of others for its survival and functioning.

⁴ Amy Mittelman, “Beer”, 85

⁵ Ibid., 86

⁶ Jennifer Harrison, “American Temperance Society (ATS)”, in *Alcohol and Drugs in North America: A Historical Encyclopedia*, 48-52.

⁷ Amy Mittelman, “Beer”, 86-87.

By 20th century the ASLA had organizations in every region of the country. Through the Webb-Kenyon Act of 1913 the League managed to prohibit liquors from wet into dry territory. However, by the mid 1920s the League began to die out due to lack of supporters and less members.⁸ WCTU that was founded in 1873 advocated women's suffrage. It together with Prohibition Party that was founded in 1869 got involved in radical politics.⁹ WCTU worked to convey the right message to the children. It worked hard to fight against the evil enslavement of drinking. Thus we see that ASLA, WCTU and Prohibition Party are the three movements that advocated the eighteenth amendment to the United States Constitution.

With the Prohibition movement alcohol consumption dropped considerably by 1920s. Many stopped drinking. However, there were millions who still continued drinking.¹⁰ The Volstead Act or the National Prohibition Act set out the rules for the restricted use of alcohol. Wine was allowed but only for the Sacramental use. Liquor sales were totally curtailed. In spite of the many efforts to continue the movement it was discontinued due to lack of enough fund to properly enforce Prohibition, increased number of criminal activities due to constant drinking of millions, etc. So in 1933 with the ratification of the 21st amendment the eighteenth amendment was repealed and thus prohibition was removed. Distilling was legalized many new breweries were opened. In 1978 home brewing was legalized and so currently there seems to be at least 2 million home brewers.¹¹

Since the Prohibition with scientific and technological development brewers who used to ship bottled beer now began to ship canned beer. This in turn increased its marketing

⁸ K. Austin Kerr, "Anti-Saloon League of America (ASLA), in *Alcohol and Drugs in North America: A Historical Encyclopedia*, 56-62.

⁹ Amy Mittelman, "Beer", 86.

¹⁰ William J. Rorabaugh, "Alcohol Consumption in the United States", 21

¹¹ Amy Mittelman, "Beer", 86-90

and consumption. The drinking age in United States was raised to 21 in 1984. While the temperance and prohibition movement of 19th century believed drinking as morally evil the 20th century generation considered it as a public health issue and so tried to reduce its harmful consequences.¹² Since then the Prohibition saloon ceased to exist and drinking was controlled. Thus the two important goals of Prohibition supporters were achieved.

Thus, although Prohibition was banned and the alcohol production and its use were legalized, the Prohibition Movements and the various antecedent Temperance Movements helped to minimize the uncontrolled use of alcohol and all the evils associated with it. Today each State is given the full control of alcohol and there are many dry counties throughout United States. However, alcoholism is a destructive force that is still prevailing throughout the country.

b. Religious reactions toward alcohol consumption

Religion played a vital role in the change of attitude toward drinking alcohol in United States. The use of alcohol was considered to be an evil in North America ever since the time of temperance movement by the Evangelical Protestants.¹³ However, the consumption of alcohol and other substances had a ritualistic significance since the ancient time for Americans. It was used often for ritualistic purposes. Native Americans had rituals surrounding substance consumption. However, their culture did not accept social or casual use of alcohol or drugs.¹⁴

While Catholics of North America had a stable attitude toward alcohol, Quakers and Methodists in the late 1700s considered temperance or total abstinence as intended by God

¹² Ibid., 90-91

¹³ William J. Rorabaugh, "Alcohol Consumption in United States", 20.

¹⁴ Lisa Vox, "Religion, Influence on Use of Alcohol and Drugs", in *Alcohol and Drugs in North America: A Historical Encyclopedia*, 586, 591.

for His followers. Both groups disapproved alcohol use and believed in its destructive effect. Methodists were concerned that alcohol would become a barrier to form a society based on higher principles.¹⁵

On the contrary Puritans believed that alcohol was a blessing from God and, therefore, it would benefit one's soul. They saw the wellness aspect of alcohol, providing cure and relief from certain aches and pains. However, they disapproved the excessive use of it and being drunk as it would displease God, lead to other evils and disrupt the family and the society. They employed severe punishment for those who were drunk and criminals.¹⁶ Thus, although Puritans approved alcohol for medicinal purpose they expressed their contempt toward those who abused alcohol and became criminals.

Evangelical Protestants strongly believed drinking alcohol to be evil which would lead to greater sins. For them those who distilled spirits were serving Satan himself and only faith in Christ will bring about a true freedom and salvation in this world and in the next. Their protest against this paved the way to the temperance movement in the 19th century. They also considered alcohol as a social and national evil, leading to poverty, suicide and family abuse. Therefore, converting them from this evil force is important to bring about a temperance society.¹⁷

Although the Protestant Churches patronized Prohibition Movements as a reaction against alcohol the Liturgical churches such as, Catholic, Episcopal, and German Lutheran, were against prohibition laws since they did not want the government to narrow down the

¹⁵ Ibid., 586, 588.

¹⁶ Ibid., 587.

¹⁷ Ibid., 588.

moral standard and criminalize the common liturgical practice of using wine.¹⁸ Today, the public use of sacramental wine in the Liturgy is commonly accepted.

After the repeal of National Prohibition some religiously influenced organizations have sprung up. One such organization was Alcoholics Anonymous (AA) which counselled its members to admit that they, as alcoholics, were powerless and so there is a dire need to turn to God. This was in accordance with the evangelical teachings on the need to turn to Christ for true freedom from the evil of alcohol. AA taught that alcoholism is a disease and the conservative evangelical preachers during the period of 1950 and 1960 admitted this fact but with a caution that the choice of taking the first drink was sinful.¹⁹

Thus we see that the Protestant Churches from the early centuries onwards considered the use of alcohol as evil and sinful, and so expressed their disapprobation toward it. Catholics and other Liturgical Churches, however, did not support the full prohibition of alcohol use since the prohibition law could declare even the use of sacramental wine for liturgical purpose illegal and immoral.

c. Women and alcohol

Ever since 18th century American women used alcohol for their health reasons and as a result of cultural oppression. During the later period of the same century their alcohol use was strongly condemned and the users were severely punished. Women, on the other hand, formed their own temperance societies in 1805, which culminated to the formation of Women's Crusade of 1873-1874, which fought against saloons and the easy availability of

¹⁸ Richard J. Jensen, *The Winning of the Midwest: Social and Political Conflict, 1888-1896*. (Chicago, IL: University of Chicago Press, 1971) p. 67. ISBN 9780226398259.
<https://books.google.com/books?id=XpCgCNZwpvoC&pg=PA67&hl=en#v=onepage&q&f=false> (accessed June 21, 2015)

¹⁹ Lisa Vox, "Religion, Influence on Use of Alcohol and Drugs", 586, 590.

alcohol in the country. The members of the movement consisted mainly of women who, together with their children, suffered the brutality of their husband's drinking.²⁰

In spite of the prohibition of sale and consumption of alcohol by the Volstead Act of 1919 many women were found drinking in many of public gatherings and parties. There were division of women between "wets" and "drys" While some of them continued drinking and even became alcoholic the majority of others were against women's drinking. As women became economically stable and independent after World War II, more and more women began to drink. From 1939 to 1978 their drinking percentage was increased from 45 to 66.²¹ In the 21st century, alcoholic women commonly expressed criminal behavior, leading to their arrest. The study showed that between 1997 and 2007 nearly 30% of the women were criminalized for drunken driving and in 2008, about 7.2% of pregnant women were reported as alcohol users.²²

Although women in the past suffered greatly on account of their spouse's drinking, today women's drinking itself has become a great concern in the United States. Their behaviors resulted from their drinking bring catastrophe not only in their lives but in the lives of others as well. More serious is the problem of pregnant women's drinking as it can lead to birth defects and developmental disabilities.

d. Statistical Analysis

Alcohol use among the school students

One of the leading causes of morbidity and mortality among youth and adults is alcohol use. Centers for Disease Control and Prevention (CDC) developed the Youth Risk

²⁰ Ellen L. Tuchman, "Women, Alcohol, and Drugs", in *Alcohol and Drugs in North America: A Historical Encyclopedia*, 778-779.

²¹ *Ibid.*, 780-781.

²² *Ibid.*, 786

Behavior Surveillance system (YRBSS) to monitor these high-risk behaviors that causing mortality and other social problems. To this end Youth Risk Behavior Surveys (YRBS) have been conducted biennially in public and private schools throughout United States since 1991.²³

Variance in the alcohol consumption of high school students from 1991 – 2013: Table 1 below depicts the various degrees of alcohol consumption among the high school students according to YRBS conducted from 1991 until 2013. It is to be noted how youngsters in United States have been involved in alcohol consumption since years in their very early age onwards. It is also important to note that alcohol consumption still continues as a problem among the school students although it is less numerically and quantitatively compared to the past. There is considerable dropping in the drinking habit of the high school students from 1991 to 2013 as shown in table 1.

Ethnic disparity and the drinking habit of school students: There are also variations in the use among different groups of ethnicity and races. It also varies according to gender. YRBS has done a detailed study on the different levels of alcohol consumption among the school students by the three main races in United States and by gender. (See Table 2). Also Asians are increasing numerically the main leading races are White, Black and Hispanics. Culture plays a great role in the drinking habit of the people. Table 2 presents a good comparison of the alcohol consumption of these three races of high school students. It is also interesting to note the different drinking habits of both genders.

²³ Laura Kann, Steve Kinchen, Shari L. Shanklin, et al., “Youth Risk Behavior Surveillance – United States, 2013, in *MMWR*, 63, no. 4 (June 13, 2014), 6. <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf> (accessed April 9, 2015).

Table 1. Trends in the prevalence of alcohol use among the school students according to National YRBS:1991-2013

Percentage												Change from 1991-2013
1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013	
Ever had at least one drink of alcohol (on at least 1 day during their life)												
81.6	80.9	80.4	79.1	81.0	78.2	74.9	74.3	75.0	72.5	70.8	66.2	Decreased 1991 - 2013 No change 1991 - 1999 Decreased 1999 - 2013
Drank alcohol before age 13 years (for the first time other than a few sips)												
32.7	32.9	32.4	31.1	32.2	29.1	27.8	25.6	23.8	21.1	20.5	18.6	Decreased 1991 - 2013 No change 1991 - 1999 Decreased 1999 - 2013
Currently drank alcohol (at least one drink of alcohol on at least 1 day during the 30 days before the survey)												
50.8	48.0	51.6	50.8	50.0	47.1	44.9	43.3	44.7	41.8	38.7	34.9	Decreased 1991 - 2013 No change 1991 - 1999 Decreased 1999 - 2013
Had five or more drinks of alcohol in a row (within a couple of hours on at least 1 day during the 30 days before the survey)												
31.3	30.0	32.6	33.4	31.5	29.9	28.3	25.5	26.0	24.2	21.9	20.8	Decreased 1991 - 2013 No change 1991 - 1999 Decreased 1999 - 2013

Source: Data from YRBSS, http://www.cdc.gov/healthyyouth/yrbs/pdf/trends/us_alcohol_trend_yrbs.pdf (assessed on June 20, 2015)

There was no significant change in any of the category (at least one drink, drank before age 13, currently drinking or five or more drinks in a row) during 1991 – 1999. However, there was a decrease in all the

categories during 1999 – 2013. This shows there was a tremendous progress in the abstention of alcohol use lately by the school students.

Looking closely at table 2 below, we see that nationwide, majority of the students had drunk alcohol at least one day during their life time. The number of Hispanic female students who had ever a drink is a little higher than the White female, and Hispanic females are much higher than the other two races. In the same category, the Hispanics male students are still higher than the other two races while Black male takes the third place in the percentage. When we compare the total number of both male and female for the same category, Hispanics have the highest place in the percentage of drinking while Blacks had lowest place. In the category of those who drank before age 13, too, Hispanics female outstand compared to the other two and Whites have the least percentage. The similar order is found among the male students too in the same category although the variation among the Blacks and Hispanics is very little. The same sequence is found in the total number of both genders. Another significant difference we find in this table is with regard to both categories where while the percentage of female students are higher than the male students in all the three races in the first category, it is less than the male students in the second category.

Table 2. Percentage of school students in their different levels of alcohol use by gender and race: National YRBS, 2013

Ever drank alcohol							Drank alcohol before age 13 years					
	Female		Male		Total		Female		Male		Total	
Category	%	CI*	%	CI	%	CI	%	CI	%	CI	%	CI
Race/ Ethnicity												
White	66.6	62.9-70.2	65.2	61.3-68.9	65.9	62.3-69.3	13.8	11.6-16.2	19.6	17.5-21.9	16.7	14.8-18.7
Black	66.8	62.8-70.5	59.8	56.0-63.5	63.4	60.1-66.7	18.7	16.3-21.4	23.3	20.3-26.7	21.0	18.9-23.3
Hispanic	75.6	71.1-79.6	69.0	65.3-72.6	72.4	68.5-75.9	20.2	17.5-23.2	23.4	20.0-27.2	21.8	19.4-24.4

Source: ¹ Laura Kann, Steve Kinchen, Shari L. Shanklin, et al., “Youth Risk Behavior Surveillance – United States, 2013, in *MMWR*, 63, no. 4 (June 13, 2014), 17-18.

*95% Confidence interval

Ethnically Hispanic students are higher in having at least one drink in their life time as well as in having had a drink before the age 13. The percentage of female students in having had a drink in their life time is higher than that of male students in all the three races. However, it is just the opposite in the case of having had the drinks before the age 13, where male is dominating female.

Current Alcohol Use: The current use of alcohol by the male and female high school students of all the three races gives us a clear understanding of the alcohol consumption of youth in the United States. (See table 3). It indicates the number of youngsters who are potential troubles for themselves as well as for others.

It is interesting to note, from table 3, that among the current alcohol users of high school students, Hispanic females are the highest in percentage compared to the rest of the category and Black males are the lowest. Black students seem to be using it less than the White and the Hispanic students. White female get the second highest percentage while White male get the highest and the Hispanic male get the second highest.

Table 3. Percentage of high school students who currently drank alcohol, by gender and race/ethnicity- National UYRSB, 2013

Current alcohol use						
	Female		Male		Total	
Category						
Race/Ethnicity	%	CI*	%	CI	%	CI
White	35.7	(31.6-40.0)	36.9	(33.3-40.6)	36.3	(33.1-39.7)
Black	31.3	((27.0-36.0)	27.7	(24.5-31.1)	29.6	(26.4-33.0)
Hispanic	39.7	(34.4-45.2)	35.2	(31.2-39.5)	37.5	(33.3-41.8)

Source: ¹ Laura Kann, Steve Kinchen, Shari L. Shanklin, et al., “Youth Risk Behavior Surveillance – United States, 2013, in *MMWR*, 63, no. 4 (June 13, 2014),18.

*95% Confidence interval

Among the students who had had at least one drink of alcohol on at least one day during the 30 days before the survey, Hispanics get the highest percentage while Blacks get the lowest percentage.

Five or more drinks in a row: According to the National YRBS, 2013 report, 20.8% of school students had had five or more drinks of alcohol in one sitting at least one day and it was higher among the white male than female. It was higher among white and Hispanic students than black students. The practice of five or more drinks in a row was increased slightly from 1991-1999 (31.3% - 31.5%)), while it was decreased from 1999-2013 (31.5%- 20.8%). A similar ratio is also found among those who drank the largest number of drinks which was 10 or more in a row – male students higher than female, and white and Hispanic students higher than black students.²⁴

²⁴ Ibid., 19

Drove when drinking alcohol: One of the tragic findings of YRBS is the percentage of students who drive while drinking alcohol. Even though the percentage of drinking while driving is comparatively less than drinking other times it is still tragic because of its fatal nature. YRBS provides the following report:

Among the 64.3% of students nationwide who drove a car or other vehicle during the 30 days before the survey, 10.0% had driven a car or other vehicle one or more times when they had been drinking alcohol during the 30 days before the survey. The prevalence of having driven a care or other vehicle when they had been drinking alcohol was higher among male (12.0%) than female (7.8%) students; higher among white male (12.4%) and Hispanic male (14.5%) than white female (8.2%) and Hispanic female (8.4%) students, respectively...²⁵

Although some of the female students drink while driving male students are dominating in this area regardless of the culture. However, Hispanic male seems to be higher than the White male in this regard.

Among the US general population

Different patterns of drinking: Two main drinking patterns that create various problems are *binge drinking and heavy drinking*²⁶. According to the 2012 National Survey on Drug Use and Health (NSDUH), 7.2% of persons between the ages 12 -17, have been engaged in binge drinking and 1.3% of the same age group have been involved in heavy drinking in 2012 in the past one month.²⁷ In the same year, 13,662000 (39.5% of) persons between the ages 18-25 were binge drinkers (which includes 7,941000 men and 5721000 women), and 4386000 (12.7%) were heavy drinkers (which include 3016000 men and 1370000

²⁵ Ibid., 6.

²⁶ Binge drinking is a pattern of taking five or more alcoholic drinks on the same occasion on at least one day within a month. Heavy drinking is a habit of taking five or more on the same occasion on each of five days within a month. Detailed explanation on these concepts will be explained in the next chapter.

²⁷ “Substance abuse and Mental Health Services Administration (SAMHSA)”, 2012 National Survey on Drug Use and Health (NSDUH). Table 2.43B – Alcohol Use, Binge Alcohol Use, and Heavy Alcohol Use in the Past Month among Persons Aged 12 to 17, by Demographic Characteristics: Percentages, 2011 and 2012. Available at : <http://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs2012/NSDUH-DetTabs2012/HTML/NSDUH-DetTabsSect2peTabs43to84-2012.htm #Tab2.43B> (accessed June 24, 2015)

women).²⁸ Thus there were 44,224,000 (22.1%) binge drinkers (including 29,395,000 men and 14,829,000 women), and 12,309,000 (6.1%) heavy drinkers (including 9,275,000 men and 3,034,000 women) in the United States in 2012.²⁹

Alcohol related problems in United States: In 2012 about 17 million adults aged 18 and above were reported to have Alcohol Use Disorders (AUDs), which includes 11.2 million men and 5.7 million women. An estimate of 855,000 youth between the ages 12-17 had an AUD in the same year, which includes 444,000 females and 411,000 males. Alcohol consumption causes about 88,000 death every year and drunken driving accounted for 10,322 deaths in 2012. The study of 2012 estimates more than 10% of U.S. children living with alcohol related problems. Researchers estimate that each year between the ages of 18 and 24, 1825 college students die due to alcohol related injuries (including motor-vehicle accidents), 696,000 students are killed by another student who had drinking problem, and 97,000 students have suffered alcohol-related sexual assault. The occurrence of Fetal Alcohol Syndrome (FAS) in the United States in the recent years was estimated to be 2 to 7 cases per 1000 and still higher was Fetal Alcohol Spectrum Disorders (FASD) which was found to be 20 to 50 cases per 1000. About 48.2% of cirrhosis deaths were accounted to

²⁸ SAMHSA. 2012 National Survey on Drug Use and Health (NSDUH). Table 2.44A – Alcohol Use, Binge Alcohol Use, and Heavy Alcohol Use in the Past Month among Persons Aged 18 to 25, by Demographic Characteristics: Numbers in Thousands, 2011 and 2012. Available at : <http://www.samhsa.gov/data/sites/default/files/NSDUH-DefTabs2012/NSDUH-DefTabs2012/HTML/NSDUH-DefTabsSect2peTabs43to84-2012.htm#Tab2.44A> and Table 2.44B – Alcohol Use, Binge Alcohol Use, and Heavy Alcohol Use in the Past Month among Persons Aged 18 to 25, by Demographic Characteristics: Percentages, 2011 and 2012. Both available at : <http://www.samhsa.gov/data/sites/default/files/NSDUH-DefTabs2012/NSDUH-DefTabs2012/HTML/NSDUH-DefTabsSect2peTabs43to84-2012.htm#Tab2.44B> (accessed June 24, 2015).

²⁹ SAMHSA. 2012 National Survey on Drug Use and Health (NSDUH). Table 2.45A – Alcohol Use, Binge Alcohol Use, and Heavy Alcohol Use in the Past Month among Persons Aged 26 or Older, by Demographic Characteristics: Numbers in Thousands, 2011 and 2012. Available at : <http://www.samhsa.gov/data/sites/default/files/NSDUH-DefTabs2012/NSDUH-DefTabs2012/HTML/NSDUH-DefTabsSect2peTabs43to84-2012.htm#Tab2.45A> and Table 2.45B – Alcohol Use, Binge Alcohol Use, and Heavy Alcohol Use in the Past Month among Persons Aged 26 or Older, by Demographic Characteristics: Percentages, 2011 and 2012. Available at : <http://www.samhsa.gov/data/sites/default/files/NSDUH-DefTabs2012/NSDUH-DefTabs2012/HTML/NSDUH-DefTabsSect2peTabs43to84-2012.htm#Tab2.44B> (accessed June 24, 2015).

alcohol consumption in 2009. Moreover, alcohol abuse is found to be one of the main causes of liver disease and various types of cancer in the United States.³⁰

Ethnic Disparities in Alcohol Consumption: Drinking of alcohol varies according to the ethnicity of the people in the United States. Cultural background of the person plays a great role in the alcohol use. Table 4 presents variation by ethnicity and gender among the US adults.

Table 4. Drinking Status and Heavy Drinking for U.S. Ethnic Groups by Gender, 2001–2002

Ethnic Group	U.S. Population Current		Among Current Drinkers			
	Drinkers		Weekly Heavy Drinking		Daily Heavy Drinking	
	Male	Female	Male	Female	Male	Female
White [*]	74.27 (0.73)	65.10 (0.79)	18.51 (0.55)	13.85 (0.47)	30.74 (0.63)	23.73 (0.59)
Black [*]	62.62 (1.25)	45.92 (1.01)	19.88 (1.10)	12.67 (0.96)	25.81 (1.42)	19.02 (1.02)
Native American [*]	65.48 (3.50)	51.66 (3.23)	21.63 (3.52)	22.19 (3.75)	29.34 (3.32)	27.20 (3.77)
Asian [†]	61.51 (2.58)	36.11 (2.67)	10.83 (1.79)	8.24 (1.90)	18.84 (2.30)	19.77 (2.27)
Hispanic	69.99 (1.20)	49.52 (1.51)	13.76 (1.04)	8.81 (0.92)	40.48 (1.62)	24.19 (1.18)

NOTE: Data are percentage (standard error); ^{*}Non-Hispanic. [†]Includes Pacific Islanders.

SOURCE: National Institute on Alcohol Abuse and Alcoholism. *Alcohol use and alcohol use disorders in the United States: Main findings from the 2001–2002 National Epidemiologic Survey on Alcohol and Related Conditions* (NESARC). Bethesda, MD, National Institutes of Health, 2006.³¹

According to table 4, White and Hispanic men are predominant in the current drinking and Asian-American women are the lowest. While Hispanic men are the highest in the percentage of daily heavy drinking Asian-American and Black women are the lowest in

³⁰ National Institute on Alcohol Abuse and Alcoholism, “Alcohol Facts and Statistics”. <http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-facts-and-statistics> (accessed June 10, 2015).

³¹ This source is directly extracted from , Karen Charter and Raul Caetano, “Ethnicity and Health Disparities in Alcohol Research”, *National Institute on Alcohol Abuse and Alcoholism*. 2/8. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3887493/> (accessed June 28, 2015).

this regard. Native Americans of both genders have the highest prevalence of weekly heavy drinking whereas Asian-American and Hispanic women have the lowest rate in this occurrence.³² The report manifests the lowest level of Asian-American’s current and heavy drinking.

With regard to *alcohol use disorders*, Whites are more potent than Blacks, Hispanics and Asians to develop alcohol dependence in their life time although once the dependence occurs, Blacks and Hispanics are more likely than Whites for recurrence or persistence in alcohol dependence.³³ Thus the three ethnic groups, Whites, Blacks and Hispanics are vulnerable either in developing alcohol dependence or in its perseverance once acquired.

Table 5 – Drove Under the Influence of Illicit Drugs or Alcohol in the Past Year among Persons Aged 18 or Older, by Demographic Characteristics: Percentages, 2006 and 2007

Demographic Characteristic	DROVE UNDER THE INFLUENCE IN PAST YEAR					
	Illicit Drug		Alcohol		Illicit Drug or Alcohol	
	2006	2007	2006	2007	2006	2007
TOTAL	4.3	4.2	13.4	13.7	14.4	14.6
GENDER						
Male	6.2	6.0	18.0	18.2	19.2	19.4
Female	2.6	2.4	9.2	9.6	9.8	10.2
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	4.4	4.3	13.9	14.4	14.9	15.4
White	4.6	4.4	15.3	15.6	16.3	16.6
Black or African American	4.3	4.6	8.6	10.0	9.6	11.3
American Indian or Alaska Native	7.4	4.9	17.1	13.3	19.0	13.5
Native Hawaiian or Other Pacific Islander	4.2	3.2	10.4	*	11.1	*
Asian	1.8	1.1	6.7	7.0	7.3	7.2
Two or More Races	4.2 ^a	7.3	9.7 ^a	15.2	10.3 ^a	16.8
Hispanic or Latino	3.7	3.0	10.3	9.3	10.9	9.7
EDUCATION						
< High School	4.0	4.0	7.4	7.8	8.5	8.9
High School Graduate	4.7	4.3	12.1	11.3	13.2	12.4
Some College	5.6	5.5	16.2	16.5	17.2	17.6
College Graduate	2.9	2.8	16.2	17.4	16.7	17.8
CURRENT EMPLOYMENT						
Full-Time	4.7	4.7	17.4	18.0	18.3	19.0
Part-Time	5.3	5.5	14.1	14.1	15.3	15.2
Unemployed	10.9	8.7	16.7	16.8	19.6	18.5

³² Ibid.

³³ Ibid.

Table 5 – Drove Under the Influence of Illicit Drugs or Alcohol in the Past Year among Persons Aged 18 or Older, by Demographic Characteristics: Percentages, 2006 and 2007

Demographic Characteristic	DROVE UNDER THE INFLUENCE IN PAST YEAR					
	Illicit Drug		Alcohol		Illicit Drug or Alcohol	
	2006	2007	2006	2007	2006	2007
Other ¹	2.3	2.1	5.2	5.1	5.8	5.8

*Low precision; no estimate reported.

NOTE: Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, based on data from original questions not including methamphetamine items added in 2005 and 2006.

^a Difference between estimate and 2007 estimate is statistically significant at the 0.05 level.

^b Difference between estimate and 2007 estimate is statistically significant at the 0.01 level.

¹ The Other Employment category includes retired persons, disabled persons, homemakers, students, or other persons not in the labor force.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006 and 2007, table 7.96B

With regard to *alcohol consequences*, the report of Mulia et al. states that the social consequences and alcohol dependence are more probable among the Blacks and Hispanics than Whites at the no/low level of heavy drinking.³⁴ Very widely prevalent evil as a consequence of alcohol use is drunken driving or driving under influence (DUI) which is also associated with ethnicity. According to the adult data of 2007 NSDUH, Whites and Native Americans hold highest rate in DUI which are 15.6% and 13.3% respectively compared to the lower rates reported by other ethnic groups, such as Blacks (10.0%), Hispanics (9.3%), and Asians (7.0%). (See Table 5). Whites (15.3) and Native Americans (17.1) have the highest rate in 2006, too, compared to the rest according to the same report.³⁵

Alcohol related violence, including intimate partner violence (IPV), is another evil consequences of alcohol use found in the United States. The highest rate of male-to-female and female-to-male partner violence is prevalent among Black couples (23 and 30 percent),

³⁴ Nina Mulia, Yu Ye, Thomas K. Greenfield, and Sarah E. Zemore, Disparities in alcohol-related problems among White, Black, and Hispanic Americans. *Alcoholism: Clinical and Experimental Research*. 33, no. 4(2009):659 - 60. Available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2771773/> (accessed June 28).

³⁵ SAMHSA 2007. "National Survey on Drug Use and Health: Detailed Tables", miscellaneous, table 7.96B, 2008b. Available at: <http://oas.samhsa.gov/NSDUH/2k7NSDUH/tabs/Sect7peTabs59to115.htm>. (Accessed June 29, 2015)

and second to them being Hispanic couples (17 and 21 percent), followed by White couples (12 and 16 percent). Relatively, Asian American couples seem to have low rate in IPV.³⁶

The United States also witnesses a lot of medical and health problems as a consequence of alcohol consumption which is relative of ethnicity. One of the most common alcohol related disease, liver cirrhosis, is likely to endanger Hispanics and Blacks more than the Whites. This disease kills more Hispanics than any other ethnic group. Other alcohol related diseases, like esophageal cancer and pancreatic disease, are found more among Black men than White men. Moreover, Blacks and Native Americans are more at the risk of contracting fetal alcohol syndrome and fetal alcohol spectrum disorders. Regarding alcohol-related motor vehicle death and alcohol-attributed suicidal death, Native Americans are rated highest. Ethnicity also matters with regard to the utilization of alcohol treatment. While Hispanics are found to be using less specialty alcohol program than Whites, Blacks are found to be using less private physician for alcohol problems and attending Alcoholics Anonymous (AA). Hispanics are also low in attending AA program. However, regardless of the ethnicity, all those who attend receiver the equal benefit. Hence it is important that a cultural based treatment programs are organized in order to attend to the alcoholic problem of different ethnic groups.³⁷

The above discussions on the statistical analysis of alcohol use reveals the catastrophic situation of the United States related to alcohol use and its abysmal consequences. YRBS educates us with the understanding of the variance in the use of alcohol according to ethnicity and gender. Among the school students, Hispanics are found to be the leading

³⁶ Karen Charter and Raul Caetano, "Ethnicity and Health Disparities in Alcohol Research", *National Institute on Alcohol Abuse and Alcoholism*. 3/8. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3887493/> (accessed June 28, 2015).

³⁷ *Ibid.*, 3/8-4/8.

users of alcohol. The good news is that the percentage of the use has dropped considerably from 1991 to 2013. Among the current alcohol users of US general public Whites are greater in number than others. However, Native Americans are the highest in the weekly heavy drinking and Hispanics males and Native females are leading in the daily heavy drinking. Whites are more likely to develop alcohol use disorder. With regard to DUI, Whites and Native Americans are reported to be the highest in percentage, and Alcohol related violence is found most prevalent among Black couples. The US also faces a lot of medical problems caused by alcohol use. It not only deteriorates the health of the people, causing a rise in the mortality rate, but becomes a major factor for co-dependency in the family. It also causes greater expenditure for the nation. Treatment is not sought by everyone either for their alcohol related physical illness or for the alcohol dependence. This, in turn, affects the individual, the family and the society in more ways than one in the United States.

2. Alcoholism in the State of Texas

Among various drugs available alcohol is the primary drug of abuse in Texas. We have examined the prevalence of alcohol use and abuse among people of various age groups in the United States. Texas being part of the nation, its situation of alcohol consumption is not different.

a. Among the school students

As in the case national data, in the State of Texas, too, people of various According to the 2011 YRBS report, 73 percent of Texas high school students in grades 9–12 had ever drunk alcohol; 40 percent had drunk alcohol in the past month. In 2012, 58 percent of Texas secondary school students in grades 7–12 had ever used alcohol, and 25 percent had

consumed alcohol in the last month. As in the case of national alcohol consumption there is also the prevalence of heavy consumption of alcohol, and binge drinking in Texas, too. The 2011 YRBS reported that 24 percent of high school students had drunk five or more drinks in a row in the last month, and 22 percent of girls and 25 percent of boys were involved in binge drinking. In 2012, 12 percent of all secondary students drank five or more beers at one time, and 11 percent reported having involved in binge drinking of liquor.³⁸

The Texas Department of State Health Services (DSHS) conducted the 12th biennial statewide Texas School Survey of Substance Use among secondary school students in the spring of 2010. Table 6 presents part of the report of this survey. Comparative studies were made on the basis of gender, ethnicity and the performance in the studies. It also examined the difference in the rate of alcohol use on the basis of one's parental nurtured life.

According to the report, in 2010 the students who had used alcohol during their life time is 61.8 percent, which is lower compared to 63 percent in 2008 and 81 percent in 1990. Similar decrease also occurred in the past month use, namely, from 30.4 percent in 2008 to 28.9 percent in 2010. The binge drinking reported in 2010 (20.3 percent) was lower than the rate in 2008.³⁹

According to table 6, girls have the higher rate of lifetime alcohol use (62.7%) than boys (60.9%). However, the rates in the past month using is similar in both. Mexican Americans have the highest rate of lifetime and past month alcohol use compared to Whites and Blacks. Those who drank lifetime or past month are shown poorer grades than others. The

³⁸ ANE C. MAXWELL, "Substance Abuse Trends in Texas: June 2013", The University of Texas at Austin. <http://www.utexas.edu/research/cswr/gcattc/documents/CurrentTrendsJune2013.pdf> (accessed June 30, 2015).

³⁹ Liang Y. Liu, "Texas School Survey of Substance Use Among Students: Grades 7-12, 2010", Texas Department of State Health Services(DSHS), (Austin, TX, August 2012), 2. Available at <http://www.dshs.state.tx.us/mhsa-decision-support.aspx> (assessed July 1, 2015). Open the link and under 2010 click on [Texas School Survey of Substance Use Among Students, Grades 7-12](#) (PDF).

report does not show whether the poor grade was the cause or the effect of alcohol use. The survey also shows that the rate of the alcohol use of those who lived with their both parents were less than those who did not.

Table 6. Prevalence and recency of alcohol use by Texas secondary students based on various categories, 2010

Category	Ever used	Past month	Never
All	61.8%	29.0%	38.2%
Male	60.9%	29.1%	39.1%
Female	62.7%	28.9%	39.1%
Anglo American	58.5%	26.4%	41.5%
African American	59.5%	25.3%	40.5%
Mexican American	65.6%	32.4%	34.4%
Earned A's/B's	59.9%	26.7%	40.1%
Earned C's, D's or F's	72.0%	40.4%	28.0%
Those lived with both parents	57.0%	26.3%	43.0%
Not living with both parents	69.6%	33.4%	30.4%

Source: Liang Y. Liu, "Texas School Survey of Substance Use Among Students: Grades 7-12, 2010", Texas Department of State Health Services(DSHS), (Austin, TX, August 2012), 26- 44.

The survey also reveals that those students who were holding a job were more prone to drinking than those who did not have a job, probably because of the availability of money. However, the survey has not studied the reason for it. Moreover, those students whose parents had college education were less likely to drink alcohol than those whose parents had not had a college degree.⁴⁰

⁴⁰ Ibid., 8

Those students who were involved in drinking were also reported to have got into trouble either with their friends, parents or police, according the 2010 survey. Those who were absent in the class or those found with conduct problem were more likely to have involved in alcohol consumption. According to the students response to the questions of the survey, about 9 percent of the 9 through 12 grade students drove motor vehicle after having ‘a good bit to drink’ at least in the past year.⁴¹ Some of the Alcoholic Anonymous members I interviewed recently told me that they were out of school for many days because of their drinking problem. They had also trouble with their teachers and parents and two of them were even arrested by the police for drunken driving. One of the Adult Children of Alcohol members (ACA) told me her father did not do well in the class because of his heavy drinking habit.

DSHS conducted its fourteenth biennial Texas School Survey of Substance Use in 2014. About 33,464 students in grades 7-12 from 93 school districts across the State participated in it. This survey shows that there is a decrease in the alcohol use from 2012 to 2014, and from 2010 to 2014. While in 2014 the lifetime use was 50.5 percent, it was 57.5 in 2012 and 61.8 percent in 2010. Past month use also was decreased from 29.0% in 2010 to 25.1 percent in 2012, and 21.2 percent in 2014. Binge drinking was also decreased from 20.3 percent in 2010 to 18.0 percent in 2012, and 13.8 percent in 2014.⁴²

The State level of alcohol use in the schools is similar to that of national level. Every year there is decrease in alcohol use among high school students both in Texas as well as

⁴¹ Ibid., 10.

⁴² “Drug facts among Texas Youth 2014” in *Texas department of State Health Services*, Available at <http://www.dshs.state.tx.us/mhsa-decision-support.aspx> (accessed June 29). Under ‘2014’ click on Texas Drug Facts Among Youth 2014 (PDF).

in the Nation. Both in the United States as well as in the Texas, Hispanics are the highest in the past month and lifetime alcohol use compared to Anglos and African Americans. Female students have higher percentage in the lifetime drinking on the national and State level. However, in the past month drinking, male students have higher rate in Texas and female students have higher rate in the nation. Besides the demographic similarity and variance related to alcohol use in the nation and in the State, the less recurrence and the intensity of alcohol use in Texas is to be highlighted. For example, the national rates of lifetime alcohol use among the high school students in 2009 and 2011 were 72.5% and 70.8% respectively, whereas in Texas it was 61.8% in 2010. Similar variance can be seen in the past month use, in which, national rates in 2009 and 2011 were 41.8% and 38.7% respectively and in Texas it was only 28.9% in 2010. It is true in the case of binge drinking, too, wherein, national level was slightly higher in 2009 (24.2%) and 2011 (21.9%) than the State level (20.3%) in 2010. This does not underrate the existence of alcoholic problem in the State of Texas among the school students.

b. Among the college students

Public Policy and Research Institute (PPRI) conducted surveys on higher education students across Texas in 1997 and 2005 in order to examine the prevalence of alcohol and other drug use on college campus. Similar survey on 11,283 students was conducted in the Spring of 2013, too, by PPRI for the same purpose. Forty five institutions of colleges and universities participated in it. The survey analyzes the difference between 2005 and 2013 in the rate of substance use.⁴³

⁴³ PPRI, Texas A & M. "2013 Texas Survey of Substance Use Among College Students", September 4, 2013, <http://www.utexas.edu/research/cswr/gcattc/documents/2013CollegeSurvey.pdf> (accessed July 2, 2015).

The 2013 survey exhibits the reports of the participating students' usage of alcohol at different rates. Accordingly, 16 percentage of them never used alcohol, 53 percentage of them were light drinkers, 26 percent were moderate drinkers, 4 percent were heavy drinkers, and about half percent were problem drinkers. According to their report on gender basis about 43 percent male had five or more drinks and 38 percent female had four or more drinks in a single sitting in the 30 days preceding the survey. Many of them reported as having been drunk in the preceding 30 days.⁴⁴

The report also shows that alcohol use has affected their studies and performance in the class. Light drinkers had higher grade than moderate drinkers. The percentage of those who missed the class is larger among heavy drinkers or problem drinkers than among the moderate drinkers. According to their report it has also led them to multiple problems outside the classrooms such as argument with friends or roommates (nearly half of heavy drinkers), engaging in unplanned sex at least once during the academic year (25% of moderate drinkers and 56% of heavy drinkers), and engaging in unprotected sex (under 7% of light drinkers, 20% of moderate drinkers and 47% of heavy drinkers). The students also reported on hurting or injuring themselves as a result of alcohol consumption the rate of which is higher than what is caused by drug use. About 30% of heavy drinkers reported about their hurting or injuring themselves. The report reveals very clearly the potentially harmful behaviors of the alcohol users, especially the heavy drinkers.⁴⁵

Part of harmful behavior is drunken driving where they injure themselves or others. In 2005 about 29% of the participants reported that they drove after drinking whereas it was decreased to 25% according to the report of 2013 participants. About 60% of the students

⁴⁴ Ibid., 5.

⁴⁵ Ibid., 7-10

who met with automobile accident reported that they were the intoxicated driver in the accident.⁴⁶ It is a genuine admittance of the truth that drunk driving is mostly fatal and so alcohol abuse can lead to fatal accident.

Among those students who said they wanted to stop drinking many of them gave reasons for quitting, namely, fear of drinking and driving, and the high expense of drinking habit.⁴⁷ Since many of the students earn very little or no income they slowly feel the need to quit drinking. Moreover, when there is no means to buy alcohol they have no choice but make an effort to quit.

Drinking habit also affects their mental health. According to the report by the students it was learned that heavy drinkers are more likely to feel depressed, hopeless or worthless than light or moderate drinkers.⁴⁸ Although this finding is taken from the Texas Survey of Substance Use among College Students the mental health that is affected by alcoholism is applicable for all age groups anywhere in the country and even outside of the nation. The survey also depicts the self-awareness of the students regarding their alcohol related problem.

What is noteworthy in the above surveys conducted on high school and college students is the prevalence of alcohol problem among the students and in the campuses in Texas. The prevalence of heavy and binge drinking is a matter of concern for the society and in the school. Considering the age difference the higher rate of binge drinking in the college is not a surprise. While in the high school the binge drinking rates of boys and girls are 25% and 22% respectively according to 2011 report, the rates for male and female students in

⁴⁶ Ibid., 16.

⁴⁷ Ibid., 11.

⁴⁸ Ibid., 14

college are reported as 43% and 38% respectively according to the 2013 report. In both stages of education students who are engaged in alcohol use are reported to be absent more than others. In the colleges heavy or problem drinkers are reported to have missed the class more than other class of drinkers. As in the case of school students, many of the alcohol users, especially the heavy drinkers get into trouble with others in the college, too. The rate of driving under the influence is much higher in the college (about 25% in 2013) than in the school (9% in 2010). Although there is decline in each of these cases, alcohol use continues to be a problem among the students in the State of Texas.

c. Among adults in general (Ages 18 and above)

After having discussed specifically the alcohol use and behavior of the school and college students we shall examine the alcohol consumption and the related behavior of the Texan adult in general which includes also the college students. Over the past many years many surveys and studies have been made concerning the adults of different age groups in Texas. Comparisons were also made with the national data of the same age groups. We shall focus this discussion based on couple of those surveys.

The Texas Commission on Alcohol and Drug Abuse (TCADA) conducted surveys in 1988, 1993, 1996 and 2000 conducted statewide household surveys of alcohol and drug among Texas adults. The one conducted in 2000 was from July 2000 to March 2001, in which 10,227 adults were interviewed about their alcohol and other substance use.⁴⁹ Our present discussion shall be based on this survey conducted in 2000.

⁴⁹ Lynn Wallisch, "2000 Texas Survey of Substance Use Among Adults", *Texas Commission on Alcohol and drug Abuse*, (Austin, Texas: TCADA, July 2001), 5. www.dshs.state.tx.us/sa/research/adult/AdultHousehold.pdf (accessed June 30).

According to the survey 89.4% of Texan adults reported having used alcohol at some point in their lives, while 65.7% of them had drunk in the past year and 5.7% of them were current heavy drinkers.⁵⁰ About 50.3% of them drank in past month.⁵¹ The Table 7 pictures the prevalence of alcohol use from various angles during the past year.

Table 7: Prevalence of past year alcohol use, by demographic group: Texas adults, 2000

Alcohol in the past year								
All adults	Male	Female	Anglo	African American	Hispanic	Age 18-24	Age 25-34	Age 35+
65.7%	72.8%	59.2%	68.4%	57.4%	62.6%	76.0%	76.6%	58.9%
Heavy alcohol								
5.7%	9.7%	1.9%	5.7%	4.5%	6.2%	12.1%	7.4%	3.4%

Source: Lynn Wallisch, "2000 Texas Survey of Substance Use Among Adults", *Texas Commission on Alcohol and drug Abuse*, (Austin, Texas: TCADA, July 2001), 8.

According to table 7, the percentage of men using alcohol is significantly higher than women. It is true in the case of heavy drinking, too. Among the three ethnic groups in Texas, Anglos rate higher in using alcohol although Hispanics rate higher in heavy drinking. The ages between 18-24 seem to be the period when they more tend to drink than other times.

TCADA has also made a comparative study of the National and State prevalence of alcohol use. Accordingly, the rates of alcohol use among the adults in the past year were about 66 percentage both on the national and Texas State level. The table 8 shows very clearly that the rates of alcohol use in both national and Texas levels are very close. As one can see similar rate is maintained in the heavy drinking, too. The methodology used for collecting data might have caused the little variance seen at the table 8.

⁵⁰ Ibid., 7

⁵¹ Ibid., 38.

Table 8: Past year prevalence of alcohol use, by age group: National adults (1999) and Texas adults (2000)

		Age 18-24	Age 25-34	Age 35 and older	Total: All adults 18+
USA	Alcohol	74.6%	74.9%	61.%	65.6
	Heavy alcohol use	13.8%	7.6%	4.2%	6.1%
Texas	Alcohol	76.0%	76.6%	58.9%	65.7%
	Heavy alcohol use	12.1%	7.4	3.4%	5.7%

Source: Lynn Wallisch, “2000 Texas Survey of Substance Use Among Adults”, *Texas Commission on Alcohol and Drug Abuse*, (Austin, Texas: TCADA, July 2001), 56.

From the comparative study on all the four surveys done in the years 1988, 1993, 1996 and 2000, it was learned that although there is a little variance between the years, alcohol and heavy drinking remained stable between 1996 and 2000 especially among the age group of 35 and above. For all ages of adults the percentages of alcohol use were 66.8, 67.0, 64.4 and 65.7 during the years 1988, 1993, 1996 and 2000 respectively.⁵²

The survey conducted by TCADA in 2000 has reported some alcohol related problems in about 16 percent of adults, such as undesired excessive alcohol use, development of tolerance and withdrawal symptoms, personal problems caused by alcohol consumption, etc. During the same year, 10.6% of adults abused alcohol and 5.1% became dependent.⁵³

Demographic factors were also noticed in the survey. Adults younger than 25 are more likely to have alcohol problems than other age groups. Men are more prone to develop abuse or dependence of alcohol and drugs than women. African Americans are less likely to develop problem of alcohol abuse than Anglos and Hispanics. There is no significant

⁵² Ibid., 13.

⁵³ Ibid., 14

change in the alcohol problems between 1993 and 1996. However, there is a slight decrease from 1996 to 2000 among the total adults. There is a decrease from 15.4% (1996) to 11.5% (2000) in the Upper East Region of Texas under which is situated the city of Tyler. However, the alcohol problems among African Americans (11.8%) and Hispanics (16.5%) have been increased to 13.8% and 17.4% respectively during these years. The survey also showed that there is less alcohol related problems in rural areas than urban or suburban areas.⁵⁴

The survey has spelled out various alcohol-related problems, such as alcohol abuse (10.6%), alcohol dependence (5.1%), drinking more than intended (7.6%), tried but unable to cut down (3.3%), spent a lot of time (4.9%), hazardous use/neglected roles (6.2%), gave up important activities (1.7%), continued use despite problems (3.5%), tolerance (5.3%), withdrawal symptoms (0.9%), used to relieve withdrawal symptoms (1.0%), and felt dependent (1.0%).⁵⁵

Moreover, many of substance abusers are reported having mental health problem. Those with mental disorders more at risk of becoming alcohol abusers. According to the 2000 survey, 25.2% of alcohol abusers and 46.4% alcohol dependent had mental health problem. In the similar fashion, alcohol abuse can also lead to mental disorder. It was reported that 12.8% of individuals with mental health problem were substance abusers and 11.2% of mentally ill persons were already alcohol dependent ones.⁵⁶ All these findings of TCADA 2000 reveals the undeniable prevalence of the intense alcohol use and alcohol related problems in the State of Texas.

⁵⁴ Ibid., 15,19, 20.

⁵⁵ Ibid., 60.

⁵⁶ Ibid., 73.

We have a more recent resource that enlightens us with the prevalence of alcohol consumption and alcohol related problems in seven major Counties of Texas. It was done by the Texas Department of State Health Services (DSHS) in collaboration with the PPRI at Texas A&M University from April 1, 2007 to March 15, 2008. The survey was done regarding the substance use and related behaviors of 2, 461 adults of 18 and over in the Counties of Harris, Dallas, Bexar, Tarrant, Hidalgo, Travis, and El Paso.⁵⁷

Through this survey DSHS has done detailed study on adults 18 and above in those seven Counties regarding their alcohol use and binge drinking in the past month and during their lifetime. It also investigated on alcohol abusers and dependent. Comparative study was made between the three major ethnic groups, namely, Anglos, African Americans and Hispanics. The survey also focused on driving under the influence in the seven counties.

Following is the report on the major findings of the survey:

- In the 2007-2008 survey, 86.0 percent of adults aged 18 and over in seven major counties reported having drunk alcohol at least once in their lifetime and 50.3 percent reported past-month alcohol use.
- Lifetime use of alcohol among adults aged 18 to 25 in seven major counties was 76.6 percent, and past-month use of alcohol was 45.9 percent in that age group.
- About 15.0 percent of adults aged 18 and over (21.7 percent for those aged 18 to 25, and 13.7 percent for those over age 26) in seven major counties reported binge drinking in the past month.
- Men were about two times more likely than women to report binge drinking in different age groups.
- Among adults aged 18 to 25, Anglos (28.8 percent) reported the highest rates of binge drinking in the past month. However, among adults aged 26 and over, Hispanics (16.0 percent) had the highest rates of binge drinking.
- People's perceptions of risk of binge alcohol use were related to their actual rates of binge drinking. About 68.5 percent of adults aged 18 to 25 in seven major counties

⁵⁷ Texas Department of State Health Services, "Adult Survey of Substance Use and Related Risk Behaviors in Seven Major Counties", Aggregate Report 2007-2008, Public Policy and Research Institute at Texas A&M University, (Austin, Texas, 2007-2008).1. Available at <http://www.dshs.state.tx.us/mhsa-decision-support.aspx>. (accessed July 1, 2015). Under 'Additional Statewide Report' click on '2007-2008 Texas Adult Survey of Substance Use and Related Risk Behaviors in Seven Major Counties'.

perceived a great risk of consuming five or more alcoholic beverages at one setting, while 72.2 percent of adults aged 26 and over believed so.

- Some 15.8 percent of adults aged 18 to 25 in seven major counties were alcohol abusers or alcohol dependent.
- 23.4 percent of adults aged 18 to 25 in seven major counties reported ever driving under the influence of alcohol or riding with persons under influence of alcohol at least once during the past year. This rate was two times higher than that of adults aged 26 and over (9.8 percent).⁵⁸

There seems to be a correlation between the findings in those seven Counties and Texas as a whole. According to the findings on Texas as a whole men are found to be using alcohol and involved in heavy drinking more than women. They are more likely to develop abuse or dependence of alcohol than women. The findings on the seven Counties also report that men are about two times more prone to binge drinking than women. The binge drinking between the ages 18-20 in the seven Counties is reported to be much higher (21.7%) than those over the age 26 (13.7%), which is also a similar rate according to the report on Texas as a whole, according to which the heavy drinking of adults younger than 25 is 12.1% which is much higher than other age groups and they are more likely to have alcohol problems than other others. The report that shows that about 15.8% of adults aged 18 to 25 in seven major Counties had alcohol abuse or dependent problem also reinforces the correlation between the surveys conducted by TCADA and DSHS. However, it is to be admitted that there is a little variation, too, between the two in certain areas. For example, the lifetime alcohol use of all adults in Texas is 89.4% while in the seven Counties it is 86.0%. However, the past month use of all adults in both has the same rate, namely, 50.3%. Thus, TCADA and DSHS has given us a deeper understanding of the prevalence of alcohol

⁵⁸ Ibid., 4.

use and the related problems among the adults in the State of Texas which is almost similar to the report on the seven major Counties.

The above mentioned surveys on alcohol problem of adults in Texas bring out some common factors and problems in the nation as well as in the State: among all the users and abusers of alcohol the group of ages 18 -24 are the most vulnerable ones; men are higher in the rate of heavy consumption and abuse of alcohol; Hispanic population is higher in the rate of heavy alcohol consumption. Increase of alcohol related problems in Texas among African Americans and Hispanics from 1996 to 2000 is to be attended to with concern. Another attention capturing area is the higher alcohol related problems in urban areas than in rural areas of the State. What is noteworthy about the 2000 DSHS survey is verbalization of the various alcohol related problems that lead to self-destructive behaviors.

Today, in spite of the fact that the prohibition movements in the past have minimized the uncontrolled alcohol consumption and the associated problems, its use is heavier in some parts of the country. Although there are dry counties in the State and in the county, people transport liquor from wet-county to dry-county. The abuse of alcohol consumption affects the lives of the school and college students, families, communities, societies and the nation as a whole. Many are the people brought to the hospital due to motor vehicle accident caused by self or others. This causes a lot of concerns from various angles in the life of an individual as well as the community.

B. Multidimensional Concerns of Alcoholism

Alcoholism is surrounded by many factors. It touches every aspects of a person's life. It affects more than one individual. Because it is a destructive force, as seen in the above section, it is an agent of various concerns.

1. Familial and social concerns

Because *no man is an island*, every action of a person affects others in the family and society. It can cause financial burden to the family. Family and the society suffer on account of the alcoholic behavior of the individual. Heavy and binge drinking injure the self and others especially if driven under the influence. At the societal level it costs Americans well over \$100 billion every year. Family suffers in myriad of ways. Psychological and emotional sufferings the family undergo is often unimaginable. Often children are the worst victims. They suffer neglect and endangerment. They have no way of receiving help. In the city of Tyler there are so many groups of AA, ACA and Al Anon functioning. But there is not a single Al Teen group existing. When I enquired I learned that they are to be brought by their parents. But because parents themselves are alcoholics they do not care about such a need. It is a force that can destroy oneself and lead the members of the family to destroy themselves.

Heavy drinking affects the weak sections of the society very much. Often women become the victims of violence and sexual assault as a result of others drinking.⁵⁹ It shows how much alcohol consumption can affect the members of the society and it is indeed one of the significant social concerns of alcoholism. Why does a person allow oneself to be engaged in such a destructive element? Who is the cause for it? Is genetic inheritance the only factor of alcoholism? Does the society have anything to do with the development of one's alcoholism? Or the individual oneself is responsible for it? These are some of the concerns we may have on the social aspect of alcoholism. We will discuss in the next

⁵⁹ Alcohol Answers: Evidence-based Treatment & Support. "Psychological & Social Concerns",

<http://www.alcoholanswers.org/alcohol-education/health-topics/women-specific-issues/psychological-social-concerns.cfm> (accessed July 3, 2015).

chapter the various circumstances that lead to alcoholism. Often teens start drinking for an experiment, to relax or to get relieve tension caused by their interaction in the society. One's peer pressure can influence drinking.⁶⁰ Children at very early age learn this habit from their peers at school. Children also learn it from their parents. Imprudent reactions and dealings of the family members can worsen the alcoholic behavior of the alcoholic member.

Now if society has a role in the alcoholism/alcoholic behavior of a person does it have the responsibility to help such alcoholics? Can alcoholics be forced to receive help? This is another important area of social concerns we need to explore. In general, I believe, the society has a role in journeying with people with alcoholic problems in their treatment process. It is not only for the good of the individuals but also for the safety and the wellbeing of the society itself. But in doing so the society has to keep a boundary. Thus, alcoholism is a social and familial issue that needs to be dealt with care, compassion, patience and prudence.

2. Ethical and moral concerns

Alcoholism is surrounded by various ethical and moral issues. Its ethical issues can be seen from different perspectives such as, from the angle of intervention, treatment and policy making. There is also ethical concerns in the research process concerning alcoholism. For example, informed consent from the participants for alcohol related research is a challenge and it is an ethical issue. The candidates may not trust the researcher and may not be willing to give consent because of the nature of the subject. I had a real challenge to receive informed consent from the interviewees in the process of my research.

⁶⁰ Ibid.

While getting the consent, the whole process and its consequence, if any, should be revealed to them. Even though their information will be kept confidential they may hesitate to trust the researcher.

With regard to intervention, the question would be ‘how far can we intrude into others private matters?’ The ethical discussion in this case would be on the issue of crossing the boundary. There is also the ethical principle of autonomy taking precedence over other principles of beneficence (“do good and promote well-being) and non-maleficence (“do no harm”). Each person makes the personal choice to drink or not to drink. Those who take care of them, especially the elderly in a special facility, may be concerned about their drinking and their well-being. But the principle of autonomy takes precedence in the form of non-interference over other acts of concern and compassion. This is based on the individual’s ability to make the choice for oneself. Now the question is: “Does everyone who decides to drink have the ability to make the right choice?” It depends upon the person’s mental capacity. This brings in the question on the responsibility of the caregivers, whether they should limit the supply of alcohol to people entrusted to them, or whether they have the right to do so. Can they be paternalistic by imposing complete abstinence?⁶¹ These are some of ethical issues that challenge the society today.

There are also ethical issues around the treatment provided to the alcohol disorder patients. The caregivers are expected to follow certain ethical standards while treating those patients as in the case of treating patients of any other illness. Every medical professional and social worker is obliged to follow the moral principles based on the professional code of ethics, namely, autonomy, non-maleficence, beneficence, justice, fidelity, and veracity

⁶¹ Ethics of Intervention. “Legal, Ethical and Policy Issues”, 1-2. <http://agingincanada.ca/Seniors%20Alcohol/1g2.htm>. (accessed July 4, 2015).

or truthfulness. While caring for the alcohol use disorder patients one is obliged to focus on five main areas of ethical concerns: confidentiality, informed consent, the duty to care, respecting client self-determination (autonomy) and credentialing mechanisms (proper documentation).⁶² Although all the five ethical principles are equally important, special attention should be given to confidentiality without which patients may cease seeking help and treatment.

Ethical concerns of alcoholism also encompass the leadership responsibility and their effort to make sound alcohol policy. An international Conference was held in Dublin, Ireland from October 16-18, 2002, on the subject “Alcohol, Ethics and Society”. The Conference focused on the issues around the role of alcohol in society, giving particular attention on dialogue among stakeholders. Many eminent speakers in the conference addressed the ethical responsibility of the “leadership from government, business, parent groups and others”⁶³ in creating a strategy that includes “a balance between individual’s right to choose and the right of society to protect the community from harm”.⁶⁴

Although drinking is an individual choice everyone should be protected from harm by creating certain regulations in the use of alcohol, according to the Conference. People should be helped to develop a *responsible drinking*. But what is ‘responsible drinking’ and who decides what ‘responsible drinking’ means? These are some of the ethical questions the Conference challenged. It idealized a society of responsible drinking which is meant

⁶²“Module 9: Legal and Ethical Issues in Prevention and Treatment of Alcohol Use Disorders”, *National Institute on Alcohol Abuse and Alcoholism: Social Work Education for the Prevention and Treatment of Alcohol Use Disorders*. <http://pubs.niaaa.nih.gov/publications/Social/Module9Legal&EthicalIssues/Module9.htm>. (accessed July 5, 2015).

⁶³International Center for Alcohol Policies (Dublin, Ireland: National College of Ireland and International Center for Alcohol Policies, 16-18 October 2002). “Alcohol, Ethics & Society: An International Conference on Rights and Responsibilities – Daily Summary”, <http://www.icap.org/MeetingsNews/MeetingReports/AlcoholEthicsandSociety/tabid/204/Default.aspx> Click on Summary of Day 1 (accessed July 3).

⁶⁴ Ibid.

for pleasure while safeguarding the rights and wellbeing of the individuals. The government has the ethical role of regulating the individual rights, and alcohol industry has the obligation to ensure the protection of the community from any alcohol related harm.⁶⁵

The Conference also acknowledged the futility of alcohol prohibition in the past partly because of the lack of cultural and religious base and support. There is no religious ground to base upon the unethical aspect of alcohol consumption. Therefore, the main focus for policy makers should be educating the consumers on the responsible use of alcohol and the evil effects of its misuse. Such an education should be made as an integral part of school curriculum.⁶⁶

Partnership of alcohol industry and public health community plays a vital role in minimizing alcohol abuse. It calls for abstention of personal agendas and conflict of interest. For the success of the efforts of the partnership three things are to be respected – “a recognition of the benefits of moderate drinking, a focus on the reduction of problematic drinking, and the use of the best available science to determine the root causes of problems”.⁶⁷ Problematic drinking and the related behavior will be a matter of great ethical concern. Therefore, dealing with problematic drinking requires an in depth understanding of its root causes.

The Conference also recognized the need of the industry for good and appropriate advertising. Often commercials and advertisements on alcohol can lead to alcohol abuse. The advertisement should focus on education of the youngsters on drinking responsibly.⁶⁸ Although there are many groups outside of the individuals contributing the

⁶⁵ Ibid.

⁶⁶ Ibid.

⁶⁷“Alcohol, Ethics & Society: An International Conference on Rights and Responsibilities–Daily Summary”, Summary of Day 2.

⁶⁸ Ibid.

alcohol use, the individual responsibility cannot be underestimated. If alcoholism is considered an illness its morality cannot be in question. But if the illness of alcoholism is caused by the irresponsible use and abuse of the individual the moral question comes into play. This will be explored in the later chapter.

The use of alcohol in public areas, causing distortion and distraction to the public can also be an ethical concern. A paradigm for this would be drawn from an article from 2015 Teton Valley News according to which, public parks are mostly for the use of children. If people use those places for drinking alcohol which may lead to violence and other evil acts it is an immoral act of crossing the boundary. It can harm the children and the neighborhood. If people of high professions are involved in it, scandal can be another issue.⁶⁹ Now the morality of the habitual use of alcohol is a debatable issue that needs further scientific and psychological study.

There are also issues of forcing or persuading others to drink whether they are peers or family members. This can be a real violation of morality and ethics and it may rightly be called “alcohol molestation”. When such an action is habitual it will be hard for the victim to come out of it. Morality of actions under the influence needs detailed and meticulous study. The recovery process of alcoholism is integrated with formation of moral virtues.

3. Theological concerns

Human dignity based on the theological concept of *imago Dei*, is the birthright of every human person (see Gen. 1:26). Since alcoholism can destroy a person, I wonder how that destruction affects one’s sense of one’s own dignity. The aftermath behavior of alcoholism

⁶⁹ Marian R. Victor, “Alcohol in Parks of Great Moral Concern”, *Teton Valley News*(2015). http://www.tetonvalleynews.net/opinion/editorials/alcohol-in-parks-of-great-moral-concern/article_f0b73c8a-a588-11e3-8977-001a4bcf887a.html (accessed July 6, 2015).

can violate the dignity of the human person although it is unintentional by the alcoholic. When an act is done against another in the family, whether physical or emotional, under the influence of alcohol one is involuntarily insulting the *imago Dei* in the other and themselves, and thus disrespecting the dignity of the person.

Disrespecting or profaning the human dignity can be analyzed further by the understanding of Thomas Weinandy, OFM Cap, concerning the image of God. According to him, the image of God in which every person is created refers to the whole person: mind, body and soul. In order to respect the *imago Dei* in every person, each one is called to act in truth and love. Such an act should be done by the whole person and for the whole person. One is called to love the whole person of the other and of oneself. Any act against love is therefore a violation of human dignity and so against the *imago Dei* in others and in oneself.⁷⁰ Based on Weinandy's view on the unity of the whole person, any action against the body is also a violation of human dignity as it affects the entire person. Therefore any action against one's body, soul or mind is an act of destruction. Moreover, by attempting to violate the dignity of another person, one profanes one's own dignity in the process by the harm the violation inflicts on the social body of which everyone is a part. Thus, a person not only does harm to another, the person is committing self-destruction even further by a kind of double violation or sin (if not a triple violation) to self, to other, and to God in whose image all are created and to be, thereby, respected. This will be further explored in chapter four.

Through the abuse of alcohol, one's health is affected and thus such abuse is an act that violates the dignity of the human person even though it is unintentional by the

⁷⁰ Thomas G. Weinandy, "Reason, Faith and Obedience," *Logos*, 13.4 (Fall 2010): 139

alcoholic. When an act is done against another in the family, whether physical or emotional, under the influence of alcohol one is involuntarily insulting the *imago Dei* in the other and thus disrespecting the dignity of the other person. Further, addiction is a kind of enslavement to which one becomes a victim often without being aware of. Therefore, there is the need to be liberated from enslavement to an addiction in order to affirm and re-assert the dignity inherent in one's very being. Such a liberation or recovery process should value the *imago Dei* within us and envision the fullness of being human as an existential reality inherent to everyone.

4. Ministerial concerns

As mentioned earlier, problem of alcoholism is one of the challenges many of the ministers encounter with. There is a tendency for the ministers and others to condemn it, calling it an evil. However, a closer analysis of this reality helps us to be more compassionate than condemning. However, there are people who abuse alcohol deliberately. Youngsters misuse it in the schools. So there is the need to educate them and motivate them. Often ministers may be called upon to deal with it. How will they be able to handle it unless they themselves have the tools for it?

Thus there are two ministerial concerns to be recognized. On the one hand, ministers should be well-informed regarding the issue itself so as to deal appropriately with cases of alcohol abuse and alcoholism. They should also be familiarized well on various recovery programs and processes. On the other hand, the intervention of the ministers themselves should be well-articulated. All the medical staff and others who care for people with alcohol related problems and diseases should be aware of the self-destruction caused by alcoholism. They should also be well-educated on how to deal with them ethically. Above

all, there is a dire need for all the caregivers to be compassionate and understanding toward the alcoholics, the abusers and their family members.

Conclusion

From my experience in the past and in my ministry I have learned that alcoholism and alcohol abuse is an unending problem, for the individual, family and the society. Even though the percentage rate of alcoholism had diminished today comparing to the past the power of this self-destructive force is still alive in the United States, and in a similar density in the State of Texas, too. The problem has a little variation according to ethnicity, culture and gender. Therefore, understanding the culture and background of the person is very important in dealing with them.

This chapter presents three categories of people who need help. First of all, the *alcoholics* who are *self-destructors* need help in more ways than one in order to be healed of their illness. They should be treated with compassion, understanding and acceptance. Secondly, the *family of alcoholics*, who can also be *self-destructors*, also need help. If they are properly helped they can regulate their lives more meaningfully with the bitter and painful experiences they have gone through. Thirdly, *ministers/caregivers* are, indeed, the *escorts* of the self-destructors. They are called to accompany the alcohol-related self-destructors in the journeys of their healing process. The escorts need to know their roles and rules. The next chapter will engage in a deeper understanding of alcohol problems, its meaning, and the root cause.

Chapter Two

Multidimensional Reality of Alcoholism

The above discussions apprise us of the destructive nature inherent in alcohol abuse and alcoholism as experienced and endured by people in the United States, which are similar to that of people in Texas. This chapter will probe into the meaning and root causes of alcoholism.

A. Alcoholism: A Destructive Agent

1. *What is Alcohol?*

In order to understand the true meaning and nature of alcoholism and alcohol abuse it is necessary to comprehend the concept and the origin of alcohol. We have learned that alcohol is one of the psychoactive substances that gives immediate sensations of pleasure or relief and can be very tempting but eventually affect multiple dimensions of one's life. It is a legal substance that induces sleep and mental relaxation, and is easily available on the market.

The term alcohol is derived from the Arabic word, *al-koh'l*, denoting the black powder of purified antimony which was used as an early form of eyeliner. The term was used subsequently to mean purification and, then in the English language, distillation of wine and other liquors. There are several alcohols such as methyl alcohol, isopropyl alcohol and ethyl alcohol, among which ethyl alcohol or ethanol is the primary active ingredient used in beverage alcohol, and is "produced by the fermentation of sugars by yeasts."¹

¹ *Wikipedia: The Free Encyclopedia*, "Ethanol". <https://en.wikipedia.org/wiki/Ethanol> (assessed September 24, 2015).

Among various psychoactive drugs and intoxicants, ethanol is the most widely used drug. Ethanol-containing drinks are used all over the world by vast numbers of people except those who practice Islamic religion. Although beer, mead and wine were the common alcoholic drinks produced by fermentation for thousands of years other more powerful alcoholic beverages were created with distillation, a process discovered around 800 A.D. by Arab scientists.² Distillation is a process of collecting and condensing in a coil the evaporation of the boiled fermented product when heated.³ Even though this process was discovered primarily for medical purpose powerful distilled alcoholic beverages, such as brandy, rum, whiskeys and vodka, were made available around 1500 A.D. These beverages contain generally 40-50% ethanol whereas alcohol produced through fermentation does not contain higher than 14% ethanol.⁴ Hence wine and beer which are products of fermentation are lighter and less powerful drinks than beverages created by distillation.

Alcohol produces varieties of effects on the user. It produces ‘rewarding effect’ in that the use of alcohol at parties and social events can reduce anxiety and promote confidence. Alcohol-induced amnesia can be a relief in times of depression and when one is enraged and disturbed with traumatic memories. However, large quantities of alcohol consumed can lead to development of psychological and physiological dependence.⁵ As a depressant drug it affects various functions of the central nervous system, including memory,

² Peter Meyers and Richard Isralowitz, *Alcohol*, in “Health and Medical Issues Today”, (Santa Barbara, CA: Greenwood, 2011), 3, eBook collection: www.abc-clio.com. (accessed October 4, 2015).

³ Wayne Poley, Gary Lea and Gail Vibe. *Alcoholism: A Treatment Manual*, (New York: Gardner Press, Inc., 1979), 17.

⁴ Peter Meyers and Richard Isralowitz, 3.

⁵ Griffith Edwards, E. Jane Marshall, and Christopher C. Cook. *The Treatment of Drinking Problems: A Guide for the Helping Professions*. 4th ed. (Cambridge, UK: Cambridge University Press, 2003). 41, eBook Collection (EBSCOhost), (accessed November 4, 2014). 41-42.

perception, reasoning, judgement etc. At high dose consumption, it can even depress respiratory functions, leading to deadly effect. Ethanol can have irritant and toxic effect to various organs of the body, including the pancreas, esophagus, and liver.⁶

Ethanol intoxication poisons the body and the brain, causing about 600,000 patients to be brought to hospital emergency services each year in the United States. The term intoxication itself has the root word *toxic*, meaning poisonous. Hence intoxication is the process of getting poisoned.⁷ Alcohol is “a drug which has important pharmacological and toxic effects, both upon the mind and upon almost every organ and system in the human body.”⁸ It is considered to be a sedative *drug* when used heavily but a stimulant to nerve tissues if taken in small amounts. Its stimulating effects, and the pleasure and excitement it gives encourage people to drink. But when stimulation gives way to the sedative effect as a result of large intake the drinker begins to lose the pleasure it produced and an average drinker stops drinking at that point. With the toxic effect of alcohol the normal drinker gets nauseated and begins to feel physically and mentally impaired.⁹

Alcohol is also considered to be a kind of *food* to the extent that it is a source of calories which gives a boost of energy as soon as the person drinks it. However, these calories are empty with very little vitamins, minerals and amino acids. Alcohol alone cannot support normal daily functioning. Moderate consumption yields pleasure and excitement, but heavy drinking brings penalties that outweigh the benefits. Large amounts of drinking make it hard for the cells to draw and use nutrients from other foods.¹⁰

⁶ Peter Meyers and Richard Isralowitz, 4-6.

⁷ *Ibid.*, 9

⁸ Griffith Edwards, E. Jane Marshall, and Christopher C. Cook. 4th ed., 30.

⁹ James R. Milam and Katherine Ketcham. *Under the Influence: A Guide to the Myths and Realities of Alcoholism*. (New York: Bantam Books, 1983).

¹⁰ *Ibid.*, 28-29.

The above discussions inform us that alcohol is one of the drugs widely used all over the world. It is the only drug that contains calories and so is considered a food although it has no or very little nutrient value. Alcohol contains minerals that are harmful to one's body and brain. In moderation, it may provide pleasure, stimulation and relaxation with inhibitions lowered. But in excess it can slow the activity of the central nervous system and regress one's ability for normal functioning.

2. What is Alcoholism?

The introductory chapter provides basic information regarding alcoholism, alcohol abuse and addiction, and how they are related to one another. Accordingly we realize that alcoholism is one form of addiction. This section details the meaning and implications of alcoholism and related behaviors. Alcoholism is considered to be a disease where one lacks control over drinking and drinks to excess despite adverse consequences.¹¹ According to the National Council on Alcoholism and Drug Dependence (NCADD), "alcoholism is a primary chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations."¹²

The book *Under the Influence* states the common understanding of alcoholism as "a true physiological disease which transforms its victims, leaving them with little or no control over their behavior."¹³ Pertti Alasuutari, on the other hand, views it in a psychological perspective as he states, "Alcoholism is seen as a disease of the will and so it presupposes the modern notion of person as a desiring subject."¹⁴ The book, *Alcoholics*

¹¹ Alcohol Self-Help News, "Alcohol Characteristics and Effects", posted on April 1, 2007.

<https://alcoholselfhelpnews.wordpress.com/2007/04/01/alcohol-characteristics-and-effects/> (accessed October 2, 2015)

¹² Peter Meyers and Richard Isralowitz, 22.

¹³ James R. Milam and Katherine Ketcham, 6.

¹⁴ Pertti Alasuutari. *Desire and Craving: A Cultural Theory of Alcoholism.*(Albany: State University of New York Press, 1992),6.

Anonymous, claims that “the actual or potential alcoholic, with hardly an exception, will be absolutely unable to stop drinking on the basis of self-knowledge.”¹⁵

While trying to define the term ‘alcoholic’ Howard Clinebell brings out some of the conditions that make a person an alcoholic. He defines an alcoholic as “anyone whose drinking interferes frequently or continuously with any of his important life adjustments and interpersonal relationships.”¹⁶ This relationship can be social or familial. When these relationships are affected on account of his drinking he could be an alcoholic. His drinking could affect his job, and he could even lose his job. Similarly E. M Jellinek defines alcoholism to be “any use of alcoholic beverages that causes any damage to the individual or society or both.”¹⁷ For Jellinek the damage is not just to relationship but to the whole sphere of one’s life as well as that of society.

The above definitions and views bring out some of the salient features of alcoholism. First of all, it is a disease. For some authors it is physiological disease while for others it is psychological or both. When a person is born he may have the alcoholic prone gene in his system. But as habit worsens, his will to control may be weakened and the psychological aspect of the disease is formed in him. That is why Alasuutari considers alcoholism as a weakness or disease of the will where one is not able to stop because of the craving or strong desire for it. According to him, a normal person drinks for relaxation while an alcoholic drinks because of his craving for it.¹⁸ Unlike some sudden diseases like fever, sore throat or jaundice, alcoholism is a chronic disease which is persistent and reoccurring.

¹⁵ Alcoholics Anonymous. *The Big Book*. (New York City: Alcoholic Anonymous World Services, 2001), 39.

¹⁶ Howard J. Clinebell, Jr. *Understanding and Counseling the Alcoholic*, (New York: Abingdon Press, 1968), 19.

¹⁷ E. M. Jellinek, *The disease Concept of Alcoholism* (New Haven: Hillhouse Press, 1960), 35.

¹⁸ Pertti Alasuutari, 2.

Like diabetes and cancer it may be controlled with external help but cannot be cured completely. “Once an alcoholic, always an alcoholic.”

Secondly, as an illness the individual has no control over one’s drinking. Despite the adverse consequences and painful experiences one undergoes one is not able to stop using alcohol without outside help. Thirdly, it is a disease which progresses as time passes by. Forth, many factors contribute to its development including one’s genetic factors, psychosocial situations and environment. Fifth, alcoholism causes great damage to the person, leading to negative transformation to the whole person. It also affects relationships in a myriad of ways.

It is also important to note that the use of alcohol is not the problem or the disease. Drinking alcohol is only the expression or symptom of the problem. The disease is the strong tendency or the state where one is not able to control one’s intake of alcohol. This is a state where we have “developed a dependency on them (alcohol/addictive drugs), meaning that we can’t permanently discontinue their use without severe withdrawal symptoms.”¹⁹ A few years ago I began to suffer from hypoglycemia. Soon after eating food my sugar level would rise very high and within half an hour it would drop very fast. After many tests I was diagnosed with insulinoma, an illness caused by a tumor inside the pancreas, which caused too much insulin. Thus the actual problem or disease was not hypoglycemia but insulinoma and that was what needed to be treated. When insulinoma was cured hypoglycemia disappeared. In the same way the inordinate use of alcohol is the symptom, not the disease. Therefore, when addressing the alcoholism issue the focus should be not on the use of alcohol but the disease itself and its cause.

¹⁹ Pax and Chris Prentis, *The Alcoholism and Addiction Cure* (Los Angeles, California: Power Press, 2008), 16

The following delineates three main facets of alcoholism which are dependence, tolerance and addiction:

a. *Alcohol dependence and addiction*

Alcohol dependence is a “previous psychiatric diagnosis in which an individual is physically or psychologically dependent upon drinking alcohol.”²⁰ If a person continues to abuse alcohol, it can lead to alcohol dependence. One can be dependent on alcohol use physically and psychologically. Psychological dependence arises from the reward system of the brain which stimulates continued use of alcohol.²¹ In other words, when a person drinks alcohol it can produce a reward which may be a relief from depression or anxiety, or a sense of freedom, happiness or confidence, which further encourages and stimulates the individual to drink more often. Sometimes alcohol can be used to ‘numb’ traumatic experiences, such as childhood sexual abuse and the like. In such cases alcohol-induced amnesia is quite rewarding. This can stimulate higher quantities of alcohol consumption which can lead to physical dependence.²² However, it is to be noted that not everyone who uses alcohol becomes a victim of alcohol dependence.

Alcohol dependence has many features. An alcohol dependent person will have the need to drink more in order to be intoxicated, or to reduce stress and anxiety or to attain sleep. Such a person uses alcohol in larger amounts than what was desired, and any effort to cut down or control alcohol is usually unsuccessful. When alcohol use is reduced or stopped the individual experiences a withdrawal syndrome. Preoccupation with alcohol use diverts the person from one’s normal activities.²³ Although an ordinary drinker uses alcohol

²⁰ *Wikipedia*. “Alcohol Dependence”, modified September 20, 2015.

https://en.wikipedia.org/wiki/Alcohol_dependence (accessed October 20, 2015).

²¹ Griffith Edwards, E. Jane Marshall, and Christopher C. Cook. 4th ed., 41.

²² *Ibid.*, 42.

²³ Peter Meyers and Richard Isralowitz, 22-23.

occasionally at social events, as they become dependent their motivation moves to a relief or avoidance of withdrawal syndrome. As they progress in their dependence it does not make any difference whether it is a weekend or a weekday, or the nature of the company they drink with. In the advanced state of alcohol dependence the priority for the individual becomes alcohol intake. Money which was once used for various necessities of the family is now used primarily for alcohol. Children who were given top priority are now ignored.²⁴ One of the AA members I have interviewed told me that most of the income he had earned from his job, was used when he began to drink.

The progress of alcoholism or alcohol dependence is marked by the presence of *withdrawal symptoms (withdrawal syndromes)* which happens when a person tries to reduce or stop drinking. In the beginning stage of dependence the symptoms are mild and less frequent, but as the disease advances the symptoms become more severe and more frequent. There are numerous symptoms among which four are to be highlighted. The first one is *tremor*. A person who exhibits this symptom suffers shaking of different parts of the body (hands, face, etc.) at different times of the day. The second major symptom is *nausea* on account of which the individual vomits one's breakfast most of the days. The third important symptom is *sweating* with which the patient wakes up at early hours of morning. The fourth key symptom is *mood changes* wherein a dependent individual expresses feelings such as anxiety, fear and depression.²⁵ One of my AA interviewees told me that once he attended a retreat after which he tried to stop drinking. During that time he experienced severe shaking of his hands as he was holding coffee cup or even a book. Another one told me that due to pressure from his family he tried to control drinking many

²⁴ Griffith Edwards, E. Jane Marshall, and Christopher C. Cook. 4th ed., 50-51.

²⁵ Ibid., 52-53.

times but never succeeded. Every time he tried he would vomit in the morning after eating. I have also seen alcoholics looking very ferocious and agitated seeing people around them. Many alcoholics are reclusive. These are some of the withdrawal symptoms many alcoholics suffer.

b. *Tolerance*

“Tolerance is defined as the decrease in sensitivity to the effects of alcohol that occur as a result of previous exposure to it.”²⁶ When a person is dependent on alcohol one begins to tolerate its effect. Therefore in order to have the effect of drinking one needs to increase intake. An alcohol dependent person who has a high tolerance to alcohol is able to work and do other business while drinking. However, this does not exclude the impairment of the functioning of the person.²⁷ Even though with alcohol tolerance one may be able to perform certain things well one may be impaired in performing other things.²⁸ One of my interviewees told me that he used to work after drinking heavily but he was forgetful and not very productive at work.

Tolerance “is a physiological-psychological response to the habitual use of any addicting chemical substance, such as nicotine, alcohol or heroin.”²⁹ Tolerance is developed after chronic alcohol consumption. An alcohol dependent person may have the capacity for large quantities of alcohol intake without showing any sign of intoxication because of one’s habitual use. Such a person with a high blood alcohol level may be able to perform even complex tasks which a normal person with the same quantity of alcohol intake will not be able to perform without being fully impaired. This is called “functional

²⁶ Ibid., 42.

²⁷ Ibid., 51-52.

²⁸ *National Institute on Alcohol Abuse and Alcoholism* No. 28 PH 356 April 1995 “Alcohol and Tolerance”, Updated: October, 2000, <http://pubs.niaaa.nih.gov/publications/aa28.htm> (accessed October 22, 2015).

²⁹ Wayne Poley, Gary Lea and Gail Vibe, 21.

tolerance.”³⁰ In other words, a person with alcohol tolerance will be able drink large quantities of alcohol and still appear to be normal because his/her central nervous system has adapted to the repeated intake of alcohol. Severity of tolerance may increase as alcohol dependency advances.³¹ In short, alcohol tolerance develops over time and over several drinking sessions and, in turn, tolerance leads to heavy and increased intake of alcohol.

According to James Milam and Katherine Ketcham, tolerance is present in both alcoholics and non-alcoholics. The difference is in the degree of tolerance. According to them, non-alcoholics will have low level of tolerance while alcoholics exhibit greater tolerance. Thus a non-alcoholic may have the first drink of alcohol and experience euphoria and relaxation. With the first and limited quantity of drink his physical and psychological functioning may improve with better memory, concentration and creative thinking. However, with additional intake his performance may drop and become impaired, showing his limited tolerance. On the other hand, the alcoholic experiences improved functioning with additional drinking. His performance deteriorates when he stops drinking. It shows the greater tolerance of alcoholics.³²

I have seen many people unable to function properly unless they have a couple of drinks. But even people with a high tolerance will have impaired performance when they cross their tolerance level. Tolerance is a sign that one is an alcoholic who requires help and healing.

³⁰ “Alcohol and Tolerance” in NIAAA No. 28 PH 356 April 1995

³¹ Wayne Poley, Gary Lea and Gail Vibe, 21.

³² James R. Milam and Katherine Ketcham, 55-59.

c. *Addiction*

Everyone looks for happiness in life and most people try to find it in certain objects. But the experience of happiness in some objects lasts for a while and then disappears. Addiction in general can be viewed as “an attempt to control and fulfill this desire for happiness.”³³ Experience shows that such an attempt can be very deceptive. When a person is addicted one is in bondage because addiction is a compulsive behavior which curtails the freedom of the person.

Addiction is the result of a strong attachment to objects. These objects can be any number of things, material or immaterial, such as images, fantasies, persons, relationships etc. For the attachment to become an addiction one has to act on it. Therefore behavior is very key in addiction.³⁴ A person who is attached to a particular drug begins to use it. When the act of using the drug becomes compulsive and habitual it becomes an addiction. Similarly, when a person becomes attached to alcohol he begins to use it habitually and even abuse it, and thus gets addicted to it and becomes an alcoholic.

Our culture offers us a false sense of security. It invites us to find security in three false gods, namely, possessions, power and human relations. When a person is attached to any or all of these objects one becomes a slave to it. In the process of acquiring these false gods our freedom is impaired and addiction to these objects begins. When acquisition of money and wealth makes us worry too much our freedom is lost. The more money we get, the more we desire money. Thus with the increase of tolerance to wealth we become addicted to it. In the process of acquiring power one looks for autonomy, but when it makes a person

³³ Craig Nakken. *The Addictive Personality: Understanding the Addictive Process and Compulsive Behavior*. (Center City, Minnesota: Hazelden, 1988). 1.

³⁴ Gerald G. May. *Addiction and Grace: Love and Spirituality in the Healing of Addictions*. (New York, NY: Harper Collins, 1991). 25.

egotistical and selfish one worships the idol of one's will and thus addiction to power begins. Although relationships can help us to feel our personal worth, value and affirmation it can sometimes make us too dependent or possessive. Here again our freedom is compromised and we become addicted to relationships.³⁵

The incarcerating nature of addiction can be articulated from the emotion involved in addiction. That is why Craig Nakken considers addiction as “an emotional relationship with an object or event, through which addicts try to meet their needs for intimacy.”³⁶ So, when addiction is formed out of emotional attachment or relationship, intellect is kept aside. Thus, when a person addicted to alcohol feels angry or frustrated he turns to alcohol which he is emotionally attached to in order to engender control and normalcy. But that is not the healthy normalcy a person experiences because his relationship with an object, according to Nakken is “pathological.”³⁷ That is to say, an addict is having an abnormal relationship with an object.

In short, addiction comprises of compulsive behavior resulting from one's emotional attachment to an object, which impairs one's freedom, making one a slave to it. Dependency and bondage are equivalent terms. Hence when a person is dependent on alcohol one is addicted to it, one is in a tolerant stage, and so one has become an alcoholic.

3. Stages of addiction and alcoholism

Any addiction, including alcoholism, does not take its full-fledged form all at once. It goes through a series of experiences and stages, affecting individuals and people around them, before it reaches its peak. James Milam and Katherine Ketcham describe three stages

³⁵ Ibid., 32-33.

³⁶ Craig Nakken, 8.

³⁷ Ibid., 10.

of alcoholism, and E.M Jellinek presents four phases of alcoholism as the progression of alcoholic disease. Craig Nakken expounds three stages of addiction in general which are quite pertaining to alcoholism as well. As we analyze those stages and phases we can see that they overlap in some aspects and parallel in other areas. Let us make a comparative analysis on these different stages.

First stage: According to James Milam and Katherine Ketcham, this stage is marked by having control over drinking and enjoying its stimulating effects without losing the ability to function normally. At this stage the symptom is not easily noticeable by others. These authors call it *the early, adaptive stage*.³⁸ Thus alcoholism begins as a thief, eating up the person without hurting him, and moves on very smoothly until the person realizes that he is trapped. Once he is trapped he loses control over it. It is the chicanery of alcoholism. This adaptive stage goes parallel to E. M Jellinek's first phase of alcoholism, namely, *prealcoholic phase*, in which the individual has not started abusing alcohol but is socially motivated to it and has grown in metabolic tolerance to alcohol.³⁹ In this first stage/phase the person does not get drunk.

Second stage: Milam and Ketcham call the second stage as *the middle stage*, which is characterized by the beginning of the loss of control over drinking, *physical dependence*, *craving* and *loss of control*. When a person reaches the stage of physical dependence he experiences the withdrawal syndrome when he stops drinking since he cannot function normally without alcohol. The withdrawal syndrome has two phases: *acute withdrawal syndrome*, which begins as soon as the person withdraws from alcohol and may last up to

³⁸ James R. Milam and Katherine Ketcham, 47-48, 50, 57, 98-100.

³⁹ Peter Meyers and Richard Isralowitz, 34.

a few days, and *the protracted withdrawal syndrome*, which may last for months to years.⁴⁰ Several patients have shared with me about their withdrawal syndrome manifested through nervousness, insomnia, impairment of memory, hallucinations and even convulsions when they stopped drinking. This middle stage is also characterized by a craving for a drink, as well as loss of control. Some of my interviewees who had such a craving preferred drink to food. Because of their lack of control they would drink in the company of anybody or nobody. The middle stage of Milam and Ketcham overlaps the second and third phases of Jellinek. His second phase, *prodromal phase*, is marked by alcohol abuse, habitual drinking and chronic hangovers. His third phase called, *crucial phase*, is characterized by alcohol dependence where a person makes futile attempts to stop drinking and becomes paranoid.⁴¹ In fact, from the second phase onwards people begin to suffer the effects of alcohol abuse. At dependent stage their efforts to evade drinking become unsuccessful.

Nakken's first stage of addiction, called, *internal change*, aligns with Ketcham's middle stage and Jellinek's second and third phases where they talk about the guilt feeling and dependency the alcoholic experiences. Besides the experience of guilt feeling and dependency Nakken's internal change is also marked by permanent changes of personality. Changes occur when a person does not develop proper relationships. There are four categories of natural relationships, namely, family and friends, spiritual higher power, self, and community. Through these groups of natural relationship we learn to give and take. In this stage an alcoholic begins to be cut off from those natural relationships whereby one develops only taking and not giving. As part of the internal change the addict develops

⁴⁰ James R. Milam and Katherine Ketcham, 62-64

⁴¹ Peter Meyers and Richard Isralowitz, 34.

shame, uneasiness and guilt feeling, restlessness and denial of reality.⁴² This is the stage where alcoholics slowly distance themselves from their family and from God.

Nakken's second stage of addiction, called, *lifestyle change*, also comes under the second stage of alcoholism where there is lack of control over the drinking behavior, and change of mood and personality as stated by Milam and Ketcham. According to Nakken this stage is marked by formation of addictive behavior where there is betrayal of self and others. Being reclusive and having attachment only to objects, they begin to manipulate others. The addict also experiences a spiritual deadening at this point since he has lost touch with his spirit and that of others. This is the stage where the addicts (alcoholics) begin to separate themselves from the spiritual realm. Once they have reached this stage they move inexorably to the last stage of total destruction unless help is provided. As they keep drinking they become isolated from their family and friends.⁴³ They feel lonely most of the time. I have heard of people stealing money to buy liquor and then lying about it. Thus family relationships become strained. I have also seen alcoholics who were once very devoted Catholics, virtually stop going to church.

Third stage: Milam and Ketcham call it *the late, deteriorative stage*. At this stage alcoholics suffer greatly or die either by the damage of their vital organs, or by suicide or accidents.⁴⁴

The fourth phase of Jellinek, called, *severe alcoholism or chronic phase*,⁴⁵ comes under this stage, where he talks about the fatal illness caused by alcohol use. In fact, a person in the second stage has already started to deteriorate. Deterioration is the destructive stage of the whole person. It destroys the person physically as the person begins to suffer from the

⁴² Craig Nakken, 20-35.

⁴³ Ibid., 37-55.

⁴⁴ Milam and Ketcham, 81-92.

⁴⁵ Peter Meyers and Richard Isralowitz

deadly diseases. It destroys the person mentally and emotionally, making him suffer depression, hallucinations, etc. The person's spiritual life is at stake as he is almost cut off from the spiritual world.

Nakken's third stage, called, *life breakdown*, has the similar nature where addiction takes total control over the self. The addict's behavior threatens one's life as well as family relationships and he cannot quit without some sort of intervention. He goes through some disastrous welters in life such as emotional breakdown, discomfort in unfamiliar things, total withdrawal from others, and suicidal thoughts because of the ceaseless pain and shame felt.⁴⁶ This is the deteriorative stage as Milam and Ketcham call, where people "hit bottom."⁴⁷

The above discussions enlighten us with the realization of how alcoholism is formed and progressed. An alcoholic goes through different stages of addiction before he hits bottom from which it is hard to come out of without true help. It is, therefore, a deadly disease.

4. Types of alcoholism

Based on the nature and the effect of drinking there are five types of alcoholism as identified by E. M. Jellinek. The first one is *alpha alcoholism* which is characterized by psychological dependence to relieve physical or emotional pain. There is no physiological addiction in this type. Marital conflict intensifies this type of problem drinking. The second type, *beta alcoholism*, causes physiological diseases such as gastritis, liver cirrhosis, polyneuropathy, withdrawal or other addictive manifestations, but without dependence. This is mostly prevalent among socially and economically disadvantaged groups. The third

⁴⁶ Nakken, 55-63.

⁴⁷ Howard J. Clinebell, Jr., 27.

one, which is called *gamma alcoholism*, is characterized by development of tolerance, physical dependence, and presence of withdrawal symptoms, craving and loss of control. It is also called “steady alcoholism.” Most of the US AA members are gamma alcoholics. The fourth type, *delta alcoholism*, is manifested in an inability to abstain from alcohol and resulting in a near constant state of inebriation. The fifth type, *epsilon alcoholism*, is characterized by binge drinking which is a pattern of taking five or more drinks by men, or four or more by women, in one session or within a short period of time. Then the individual abstains between binges. According to Jellinek, it is possible that a person moves from one type to another at any period of one’s life.⁴⁸

In addition to these types of alcoholism, Milam and Ketcham identify three categories of drinkers according to the nature and state of their drinking:

- *Problem Drinker*: A person who is not an alcoholic but whose alcohol use creates psychological and social problems for himself and/or others.
- *Heavy Drinker*: Anyone who drinks frequently or in large amounts. A heavy drinker may be a problem drinker, an alcoholic, or a normal drinker with a high tolerance for alcohol.....
- *Recovered Alcoholic*: the alcoholic who maintains continuous, total abstinence from alcohol and substitute drugs and who has returned to a normal life style.⁴⁹

The first two categories, problem drinkers and heavy drinkers are different from alcoholics. Although they are possible candidates to be alcoholics they are not necessarily alcoholics. A problem drinker creates problem for himself and/or for others but he may not be an alcoholic. He can be a heavy drinker as well. On the other hand an alcoholic is usually a heavy drinker and can be a problem drinker, too. A person in the second stage of alcoholism starts drinking heavily, consuming more than two or three per day. It is important not to

⁴⁸ Howard J. Clinebell, 25-26.

⁴⁹ James Milam and Katherine Ketcham, 189.

confuse an alcoholic with a problem drinker and heavy drinker. A recovered alcoholic is the one who has experienced transformation and healing from alcoholism.

B. The roots of alcoholism

Every illness has its own root cause. Sometimes it may be hard for a physician to diagnose the cause of a patient's illness. Certain illnesses develop gradually. Some illnesses, like diabetes, could be hereditary. Alcoholism is one of such illnesses that progresses gradually and is caused and developed by various factors and circumstances. Many of the authors attribute its cause to genetics whereas some others feature various environmental determinants, such as culture and religion, availability, occupation, family experience of heavy drinking, stress and life events, etc. Each person's drinking habit may have unique determinants. It is important to recognize the cause(s) of each alcoholic case for an effective intervention and treatment. Before we examine the roots of alcoholism let us explore the factors that contribute to drinking.

1. Factors of alcohol consumption

Not everyone who drinks regularly or in excess becomes an alcoholic. Hence, there must be certain factors that lead a person to become an alcoholic. However, there are a wide range of circumstances and factors that incite people to drink. Let us examine some of them.

a. Politico-economic factors

Political manipulation can make a considerable difference in the use of alcohol. For example, reducing the real price of alcohol and making it more available by reducing the restrictions of its supply can increase its overall use by the population. Changes in the taxation, licensing laws and trade agreements on alcohol supply can also affect its

consumption in the given society.⁵⁰ The reduced price of alcohol will raise its demand not only for the heavy drinkers but for normal and regular drinkers. It will encourage people to drink more often than usual. Lack of national efforts for public education campaigns to address this complex and intriguing issue inadvertently can promote and perpetuate alcohol consumption. Public laws on alcohol have the ability to control the distribution and use of alcohol. When the supply of alcohol is increased and its price is decreased for political reasons alcohol consumption can increase considerably. While alcohol consumption diminished during the prohibition in the United States (1920-1933) it increased when the law was removed.

The economy of the nation can increase the availability and the consumption of alcohol. This is evident from the fact that “rapid socio-economic changes in Eastern Europe led to increased availability of alcohol, increased consumption and increased problems during the early 1990s.”⁵¹ Thus better economic situations of a nation can lead to higher rate of alcoholic-related problems because of its increased use. The economy of the individuals can also create a similar situation. “Basically, people will consume more beverage alcohol to the extent that they have money available for it, and this increased consumption in a population will result in a greater incidence of alcohol-related problems.”⁵² There are people who find ways of getting alcohol even in the midst of their poor economic situations. I have also seen people who borrow money from their friends to buy alcohol and get into troubles.

b. Socio-cultural factors

⁵⁰ Griffith Edwards, E. Jane Marshall, and Christopher C. Cook. 4th ed., 18.

⁵¹ Ibid.

⁵² Wayne Poley, Gary Lea and Gail Vibe, 33.

Availability is one of the main social concerns of alcohol use and abuse. As we have seen above, when alcohol is easily available in the neighborhood or at a short distance, and is produced in large amounts the alcohol use will be high. The vulnerability of alcohol problems will be at great risk when the access to the alcohol supply is very easy and the opportunity for its use is great.⁵³ Sometimes, for a person who lives in a "dry" county/city (where alcohol is not sold) the nearest "wet" county/city may be just a few miles away, which makes alcohol easily accessible to the individual.

Certain social customs and religious attitudes toward drinking are also some of the socio-cultural determinants of alcohol use. For example, "many individuals in North American society associate alcohol use with special occasions and ceremonies such as marriages, births, and graduations, or with recreational periods such as weekends and holiday seasons."⁵⁴ Naturally such occasional drinking will be welcomed and accepted while drinking beyond the customary practice will be condemned and demoralized.

Regarding religious attitudes, Islamic cultures practice total abstinence. Although Jewish cultures generally accept moderate drinking they associate negative connotations to certain aberrant drinking like public and inordinate drinking.⁵⁵ Therefore in spite the high rate of drinking among the Jewish community, problem drinking is very low because of religious and cultural constraints. Many of the Protestant communities discourage alcohol use. Catholics use wine for worship purposes and tolerate moderate alcohol use. Apart from the attitude of religious cultures toward alcohol use, one's abstention from religious practice can be a pathway to alcohol use and abuse. This is ascertained by Griffith

⁵³ Gerald LeDain, *Final Report of the Commission of Inquiry into the Non-Medical Use of Drugs*. (Ottawa: Queen's Printer, 1973), 33.

⁵⁴ Wayne Poley, Gary Lea and Gail Vibe, 34.

⁵⁵ Griffith Edwards, E. Jane Marshall, and Christopher C. Cook. 4th ed., 19.

Edwards and his companions as they point out that “alcoholics are less likely to be involved in religious practices...religious observances correlate with lower rates of drinking problems...religiosity and attendance at religious services are associated with more moderate alcohol consumption.”⁵⁶ That is to say, apart from the stand point of a faith community regarding alcohol use, those who are faithful in their religious practices are less likely to have alcoholic problems. My experience shows that almost ninety percent of patients coming to the hospital with alcohol related diseases are people who have separated themselves from the church.

Culture can influence the pattern and frequency of drinking which in turn reveals the consequence of such drinking patterns. In France, for example, wine was used as part of the daily meals which sowed seeds for some chronic medical problems for such users, such as liver cirrhosis and certain cancers. Moreover, in some urban areas of UK and North America, many of the working-class men use alcohol away from their family and in large quantities, leading to accidents, marriage problems and family divisions.⁵⁷ Thus the liberal attitude of certain cultures and the deviant drinking patterns of certain societies can increase alcohol related problems.

Use of alcohol based on occupational environment is yet another aspect of the sociological factors. Many people begin to drink for job related reasons when there is a “frequent absence from home, lack of supervision, long and irregular hours, social and peer pressures to drink (e.g. business lunches) and high stresses or hazards in the workplace.”⁵⁸ One of my ACA interviewees told me that her husband started drinking heavily while

⁵⁶ Ibid.

⁵⁷ Ibid. 19-20

⁵⁸ Ibid. 20.

working in the Newspaper industry where there was a lot of drinking. . Frequent absence from home can deprive them of the companionship of their loved ones.

Family culture also plays a great role in creating the seeds for alcohol use. Children can be influenced in the use of alcohol by their parent's heavy drinking. Common risk factors in this area are "heavy drinking in the family and peer group, the use of alcohol to deal with anger, boredom in the family and peer group, abusive and inconsistent parenting, chaotic home environment, and domestic and sexual abuse."⁵⁹ When children feel bored in the family one of the areas where they look for preoccupation, pleasure and diversion is in drinking alcohol.

c. Psychological factors

Besides politico-economic and socio-cultural factors there are also other factors such as psychological and biological factors that stimulate alcohol use. But according to many authors the latter factors are partly responsible for the development of alcoholism. However, since psychological factors have the effect of reward-properties many tend to use alcohol even without being predisposed to alcoholism. These reward-properties include tension and anxiety relief, social interaction with others and promoting confidence.⁶⁰ Therefore people who go through depression, tension and loneliness in life tend to take refuge in alcohol even though many of them may not get addicted to it. However, the following section will reveal the truth that psychological factors can be part of the root cause of alcoholism as viewed by some authors.

Even some of the former factors explained above can also be part of the determinants of alcoholism according to some authors.

⁵⁹ Peter Meyers and Richard Isralowitz, 29.

⁶⁰ Wayne Poley, Gary Lea and Gail Vibe, 36-37.

2. *The root cause of alcoholism?*

It is hard to state a particular root cause for alcoholism. There are several combinations of circumstances that might lead to alcoholism in a person. Alcoholics and non-alcoholics start drinking in the same way and for the same reasons. Both change their drinking habits amidst life changing situations, such as death in the family, divorce or loss of job. However, at some point their drinking habit deviates. While the non-alcoholic drinks less, the alcoholic drinks more and unceasingly, and becomes dependent on alcohol.⁶¹

Most of the factors mentioned above could be part of the circumstances leading to alcoholism. According to some authors like James Milam and Katherine Ketcham genetics is the main cause for alcoholism while Wayne Poley, Gary Lea, Gail Vibe, Griffith Edwards, Jane Marshall, Christopher Cook, Howard Clinebell, R. J. Williams and many others refute the consignment of alcoholism solely to the category of genetics. According to the latter category of authors, alcoholism can be the result of various factors including genetics. There can be more than one factor in the development of alcoholism in a person. Let us analyze the important factors of alcoholism opined by various authors.

Biochemistry

Biochemistry of the brain is one of the biological factors of alcoholism. Poley, Lea, and Vibe explain it this way:

Some chemicals produced in the brain, referred to as neurohormones, are involved in the transmission of neuroimpulses, particularly those related to emotional expression, and may also be related to the consumption of alcohol. Researchers in this area have been able to successfully manipulate alcohol consumption by inducing chemical changes which have also led to changes in the neurohormone content of the brain. Other researchers have directly assayed neurohormone content of the brain and found this to be correlated with alcohol consumption.⁶²

⁶¹ James Milam and Katherine Ketcham, 32-33.

⁶² Wayne Poley, Gary Lea and Gail Vibe, 40.

Most of this research has been tested on animals. According to this theory, the particular chemicals produced in the brain called, neurohormones, are related to the alcohol consumption and may be one of the factors of alcoholism. People who become alcoholics by such biochemical means might not have gone through any traumatic or frustrating events in their early lives. However, they usually develop a strong predilection for alcohol which will progress slowly, leading to excessive and inordinate use of alcohol.

Among various authors who have presented the causes of alcoholism, Howard Clinebell's is noteworthy. According to him, "alcoholism is, at least to a degree, a 'cryptogenic' disease – a disease of which the basic roots or causes are hidden."⁶³ He claims that it is hard to point at a single factor as the cause of alcoholism. He presents three levels in which combination of various factors of alcoholism will operate. Let us analyze the various factors based on those *three levels*.

Functions of causative factors under three levels:

Level one: The soil of addiction:

There are certain factors that make people vulnerable to alcoholism or prepare the soil for addiction in people.⁶⁴ In other words, certain factors make individuals predisposed to addiction.

a. Alcohol drinking as the cause: According to this school of thought, drinking alcohol itself is the cause for developing alcoholism. According to Robert Fleming as quoted by Lupica Benedict and requited by Howard, "Any normal human being can get caught in the vicious downward spiral of alcohol and addiction, if he drinks enough liquor over a long

⁶³ Howard J. Clinebell, 42.

⁶⁴ Ibid., 43.

enough period of time.”⁶⁵ That is to say, a person who drinks frequently due to social or peer pressures or for other reasons eventually will become alcoholic. This theory is not well accepted by many authors. Clinebell presents the statistics of three main religious groups which practice abstinence, based on a nationwide survey sponsored by the State University of Iowa. Accordingly, the percentage rates of alcoholism among Protestants, Roman Catholics and Jews are 37, 11 and 10 respectively. This finding contradicts the alcohol use theory since 90% of American Jews drink while the percent of alcoholism and drinking pathologies among them are only 10%.⁶⁶ Hence the drinking habit does not predispose a person to alcoholism. Quoting E. M. Jellinek’s statement, Clinebell writes:

Repetition alone won’t produce addiction. It only comes when there is a motive for repeating. Alcohol is not habit-forming in the sense that a drug like morphine is. Rather than calling alcohol a habit-forming drug, it is more accurate to say that it is a substance that lends itself to those who form compulsive habits easily. The alcoholic reaction is atypical, not universal. It is the reaction of a minority of people, not a property of alcohol.⁶⁷

Jellinek’s statement reveals that alcohol does not have the capacity to form habit or addiction in the user. Instead, it has “certain pharmacological properties”⁶⁸ which puts the user at risk if the user has “addiction-prone personalities.”⁶⁹ In other words, there must be something else that prepares the soil for addiction tendency in the person.

b. Heredity: Heredity or genetics, is a physiological explanation of alcoholism many authors settle with although it is not an exclusive factor. Howard Clinebell makes a comparative study on the hereditary factor of alcoholism. He brings our attention to

⁶⁵ Lupica Benedict, “A New Dawn for Alcoholics,” *Healthways*, IV (May 1950), 39, quoted in Howard J. Clinebell, 43.

⁶⁶ Howard J. Clinebell, 44.

⁶⁷ E. M. Jellinek, Lecture at the Yale Summer School of Alcohol Studies, July, 1949, quoted in Howard J. Clinebell, 44.

⁶⁸ Howard J. Clinebell, 44

⁶⁹ *Ibid.*

Jellinek who, based on his studies on 4,372 alcoholics, found that 52% of them had alcoholic parents. His findings showed that while the expectancy of alcoholism among adult population at large is roughly only 4%, normal expectancy of alcoholism among children of alcoholic parents is between 20 and 30 percent.⁷⁰ Thus Jellinek argues that genetics is a major factor that predisposes a person for alcoholism.

Let us also analyze the views of other authors before we come back to Clinebell's opinion. Edwards, Marshall, and Cook advocate the genetic influence of alcoholism and affirm that genetic influence can predispose a person to alcohol dependence and drinking problems. However, they also acknowledge that "a behavior such as alcohol consumption cannot be totally understood on the basis of either genes or the environment alone, but only as a product of the interaction between a variety of genetic and environmental influences."⁷¹ They affirm a widely accepted interpretation that no single factor can form alcoholism. Besides the genetic factor there are various environmental factors that influence alcohol consumption. An interaction of all these factors can lead a person to alcoholism. Thus the genes inherited from one's alcoholic parents can prepare the soil for alcoholism in the child.

Charles Lieber, chief of the research program on liver disease and nutrition at the Bronx Veterans Administration Hospital, states that in alcoholics, even in their early stages, the liver mitochondria (which are organelles that function in energy production) are abnormal and have very low capacity to change acetaldehyde (the immediate byproduct of alcohol metabolism) into acetate. This evidences that an alcoholic's cells are already altered prior

⁷⁰ Ibid., 47.

⁷¹ Griffith Edwards, E. Jane Marshall, and Christopher C. Cook. 4th ed., 23.

to one's heavy drinking habit.⁷² Since in the children of alcoholics such metabolic abnormality already exists before they start heavy drinking they are physiologically and genetically predisposed to addiction

Milam and Ketchum believe that "professionals and researchers..... are committed to the common misconception that alcoholism is caused by social, cultural, and psychological factors."⁷³ These authors do not believe that any other factors other than genetics are true root causes of alcoholism and so accepting other factors would be fallacious ideas. In order to establish and ascertain their theory they present the views of some of the proponents of hereditary theory of alcoholism, such as Charles Lieber, Marc Schuckit and Donald Goodwin. Goodwin's studies with alcoholics and non-alcoholics show that "children of alcoholics do have higher risk of becoming alcoholics themselves.....despite having no exposure to their alcoholic parent after the first weeks of life.....The children of non-alcoholic parents, on the other hand, showed relatively low rates of alcoholism even if reared by alcoholic foster parents."⁷⁴ His studies indicate that even if the children of alcoholics raised by non-alcoholic parents they are prone to be alcoholics should they start drinking.

Poley, Lea, and Vibe point to the studies that Goodwin, et al have made on the estimates of the percentage of the children of alcoholic parents in comparison with the children of non-alcoholic parents. Accordingly, "on the average, approximately 25% of the fathers and brothers of alcoholics will likewise be alcoholic, compared to an incidence in the general population of from 3% to 5%."⁷⁵ Goodwin's findings seem to be very close to that of

⁷² Charles Lieber, "The Metabolism of Alcohol," *Scientific American* 234, no. 3 (March 1976): 32.

⁷³ James Milam and Katherine Ketcham, 39.

⁷⁴ *Ibid.*, 40.

⁷⁵ Poley, Lea, and Vibe, 39.

Jellinek's. However, these studies do not establish that alcoholic parents will inevitably beget alcoholics nor does it exclude the low percentage of alcoholics produced by some non-alcoholic parents. There are so many non-alcoholics around us whose parents are alcoholics. Moreover, many alcoholic parents have both alcoholic and non-alcoholic children

Goodwin's findings make a difference between problem drinking and alcoholism, as we have seen earlier. Accordingly, problem drinking is caused by various problems individuals face daily. Hence it has multiple causes such as psychological, social, and biological and so on whereas, alcoholism is mostly hereditary. Because of their inherited physical susceptibility, alcoholics get addicted if they drink. They are controlled by physiological factors. Hence no psychological method of treatment will be effective for them.⁷⁶

William Miller and Kathleen Carroll present some adoption studies made in Scandinavia to understand the genetic influence of alcoholism. The studies sought to find out whether alcohol and drug dependence of the adoptee is caused by one's biological parents or the adoptive parents. For this purpose the investigators characterized adoptees, and their adoptive and biological parents for the presence and absence of alcoholism. They then tested the correlation between child and parental/adoptive parent's alcoholism. The studies showed that alcoholism in the biological parents was more strongly related to alcoholism in the adoptees than alcoholism in the adoptive parents.⁷⁷ This validates the genetic possibility of alcoholism.

⁷⁶ James Milam and Katherine Ketcham, 41-42.

⁷⁷ William R. Miller, and Kathleen M. Carroll, 68-69

Miller and Carroll argue the precedence of the genetic factors of alcoholism by pointing at the Twin Studies on Alcohol and Drug Dependence which determine if pairs of identical twins are more concordant for a disorder than pairs of non-identical twins. Twin studies articulate that identical twins have all their genes in common (while fraternal twins have an average of only half of their genes in common). This higher concordance in identical twins indicates genetic heritability. According to adult twin studies of alcohol and drug dependence, alcoholism has a heritability of 52%. This shows a greater role of environmental factors in initiating and continuing the alcohol use while the precedent genetic factors take among those who move from use to dependence.⁷⁸

The hereditary theory also shows that the fetus of an alcoholic mother can become addicted while it is still in the womb. Hence, “when the baby is born and the umbilical cord supplying alcohol is severed, the newborn child may experience withdrawal symptoms.”⁷⁹ Thus, the prenatal influence elucidates the harmful effect of the pregnant mother’s alcoholism for her child. The child’s addiction tendency may be activated by the very first drink it takes later in life.

Peter Meyers and Richard Isralowitz who have compiled the ideas of various authors regarding the hereditary factor of alcoholism describe the process of hereditary transmission of alcoholism. “In children of alcoholics, the rate at which alcohol is metabolized decreases after a so-called primer drink. Such individuals will have to drink more to obtain the desired effect, and are at risk for alcohol abuse.”⁸⁰ This explains why some people without a long duration of drinking become dependent on alcohol while some

⁷⁸ Ibid. 69-70.

⁷⁹ James Milam and Katherine Ketcham, 42.

⁸⁰ Peter L. Meyers and Richard E. Isralowitz, 276

others even with heavy and longer periods of drinking can have control over their drinking.

The authors continue to explain the blood-alcohol function, and its tolerance and reward propriety:

Children of alcoholics exhibit more sensitization to alcohol as blood-alcohol level rises and more tolerance as blood-alcohol level falls. Alcohol is more rewarding because the pleasurable, excitatory aspects of initial intoxication is increased (in other words, they get drunk easily), and the feelings of anxiety and depression that can come on as blood-alcohol levels drop are reduced compared to children of non-alcoholics.⁸¹

Thus, the reward experience is much higher among children of alcoholics when they get intoxicated in comparison with children of non-alcoholic parents.

In spite of the many protagonists of the hereditary theory of alcoholism as we have seen above, Howard Clinebell sees a drawback in strict hereditary interpretation. In order to advocate his claim Clinebell cites the example of Anne Roe's study on a group of 36 children of alcoholic parents and a separate control group of children of normal parents. Roe found that after both groups had been raised by non-alcoholic foster parents no child in either group was found to be alcoholic. Only three of the children used alcohol regularly. From this finding she believes that only a few, if any, children of alcoholics would become alcohol dependents.⁸² However, the fact that the given number of alcoholic parents did not produce alcoholic children does not or should not eliminate the possibility of the hereditary factor. As Goodwin states, alcoholic parents do not necessarily produce alcoholic children. But, if there are alcoholics whose parents are normal, what are the other factors that contribute to alcoholism?

Chris Prentiss, an addiction therapist and the father of an alcoholic and drug addict, agrees that genetic tendencies predispose a person to becoming dependent on alcohol but

⁸¹ Ibid.

⁸² Howard Clinebell, Jr. 47-48.

they are not to be considered the actual cause of alcoholism. According to him there are only four causes of alcoholism, which exist in the inner recesses of one's mind and body. They are: chemical imbalance, unresolved events from the past, beliefs one holds that are inconsistent with what is true, and inability to cope with current conditions.⁸³ Prentiss, thus, takes us to the physiological and psychological aspects of the root of alcoholism. And yet Clinebell does not jettison the hereditary factor of alcoholism. He believes that there is transmission of alcoholism from parent to child but it is more social and psychological rather than biological. That leads us to the next interpretation of the root cause of alcoholism many authors advocate.

c. Family and psychosocial vulnerability: During psychological development persons form behavioral patterns or personality. One's personality can be unhealthy if the experience one goes through in life is unpleasant. Sometimes traumatic experiences can lead to unhealthy personality traits that result in addictive behavior. Mayers and Isralowitz see such harmful effects in trauma cases as they cite, "Experience of trauma, and expectation of punishment, attack, or catastrophe, lead to self-medication. A large percentage of veterans treated in the U.S. Department of Veterans Affairs system for alcoholism have a co-occurring condition of posttraumatic stress disorder."⁸⁴ People who go through traumas sometimes use alcohol to relax themselves and reduce fear and stress. Thus, traumatic experience can prepare the soil for alcoholism in a person.

Howard Clinebell goes further to one's family situations. He believes that alcoholics come from dysfunctional families. They are sick even before they become alcoholic. Dysfunctional families can produce children with various abnormalities like alcoholism.

⁸³ Pax and Chris Prentis, 145-146.

⁸⁴ Peter L. Myers and Richard E. Isralowitz, 28.

Howard states that there are certain basic psychological needs which, if fulfilled at home, will help the child to be satisfied in its life and grow in healthy relationship with others. But if those needs are not met at home it will lead to emotional malnutrition, immaturity and interpersonal inadequacy.⁸⁵ He conveys the findings of Dorothy Walter Baruch which are presented in her book, called, *New Ways in Discipline, You and Your Child Today*. In her book she states that some basic needs that every person should satisfy at home are affection expressed through body-warmth, touch and kind look, a sense of belonging and being wanted, a sense of being united with others, recognition from others, and acceptance and understanding from others.⁸⁶ When a person does not have these basic needs met at home the soil of addiction is prepared in the person.

Writing about the importance of attention for children at home, Hugh Missildine states, “A child develops his sense of being a worthwhile, capable, important and unique individual from the attention given him by his parents.”⁸⁷ Attention is an important emotional nutrition. A person develops one’s self-esteem and self-worth from the attention received from his childhood. One can feel unimportant when one is neglected and abandoned in one’s early life. Lack of self-worth and self-esteem can lead to development of depression and inferiority complex. Thus, a person becomes very vulnerable to any addiction.

Clinebell conveys the interviews of seventy six persons with alcohol problems. The study shows that most of these people had the existence of emotional malnutrition due to lack of basic psychological needs being met. The study also reveals that the root cause of

⁸⁵ Howard Clinebell, Jr., 48.

⁸⁶ Dorothy Walter Baruch, *New Ways in Discipline, You and Your Child Today*, (New York: McGraw-Hill Book Company, 1949), quoted in Howard Clinebell, 49.

⁸⁷ W. Hugh Missildine, *Your Inner Child of the Past*, (New York: Simon and Schuster, 1982), 27.

such malnutrition came from the unhealthy and broken atmosphere created at home due to parental alcoholism, drug addiction, divorce (also emotional divorce by way of constant dissension), psychotic parents, or death of a parent when the child was under age.⁸⁸ Obviously, the psychosocial vulnerability of a person is created by the unhealthy behavior or episode in the family, leading to alcoholic disorder. One of such behaviors can be the alcoholism of the parents. Many children of such families experience depression and loneliness.

Craig Nakken also believes that early unhealthy family experience can lead to addictive relationship. Writing about addictive personality he states:

If you were raised in a family where closeness was not a reality, you are much more prone to form an addictive relationship, for two reasons: first, you were taught to distance yourself from people, not connect with them; second, growing up in this type of family left you with a deep, lonely emptiness that you've wanted to have filled. Addiction offers the illusion of such fulfillment. If you were raised in a family where people were treated as objects rather than as people, you have already been taught addictive logic. In this case, recovery is not a return to a healthier self, but a need to develop a new personality.⁸⁹

The lonely emptiness that Nakken mentions is the lack of basic needs a person requires in order to be satisfied at home at an early age. Growing up in an unhealthy family forms an addictive personality in a person. Accordingly, a person tries to fill that emptiness with alcoholic and other addictive behaviors.

Edwards, Marshall, and Cook convey similar thought about the development of alcoholism "as a result of early experiences and relationships."⁹⁰ People who have gone through unhealthy and broken relationships in the family have "a tendency to use alcohol to deal with stress, anxiety, depression or other problems."⁹¹ These three authors seem to

⁸⁸ Howard Clinebell, 49.

⁸⁹ Craig Nakken, 27.

⁹⁰ Griffith Edwards, E. Jane Marshall, and Christopher C. Cook. 4th ed., 24.

⁹¹ Ibid.

agree with Clinebell who states that an alcoholic family creates an unhealthy atmosphere which infects the children with stress, anxiety and depression. Such children often try to deal with those psychological disorders through the medium of alcohol.

Clinebell further describes certain attitudes and behaviors alcoholic parents exhibit which cause emotional deprivation of a child's personality. He explains four behaviors of alcoholic parents, namely, "authoritarianism, success-worship, moralism, and overt rejection,"⁹² all of which deprive the child of its basic needs. For example, "authoritarianism denies fulfillment of the child's need for unqualified love by making acceptance contingent on obedience."⁹³ Success-worshipping behavior of the parent and moralism will lead children to please their parents always by being successful and good according to their parents' standard, while failing to be attentive to their own needs. Victims of these parental behaviors develop low self-esteem, emotional immaturity and loneliness, besides various other unhealthy behaviors.⁹⁴ According to many authors such victims turn out to be alcoholics.

The sociologists, William and Joan McCord, comment, "The typical alcoholic, as a child, underwent a variety of experiences that heightened inner stress, intensified his desire for love, and produced a distorted self-image."⁹⁵ Many children who grow without having such needs met develop low self-image which, according to many sociologists and psychologists, becomes an important factor for alcoholism. The McCord's found this fact quite convincing through the findings of their studies on 650 boys. They were led to believe that the early frustrations of the dependency desires of the individuals at home, led to high

⁹² Howard J. Clinebell, Jr. 50.

⁹³ Ibid.

⁹⁴ Ibid., 50-54.

⁹⁵ William McCord and Joan McCord, *Origins of Alcoholism*, (Stanford, California: Stanford University Press, 1960), viii.

stress levels which were channeled through alcoholism.⁹⁶ Dependency desires of the children unmet, lead to alcohol abuse. Alcohol is used as an instrument to solve guilt, low self-esteem, and interpersonal isolation.⁹⁷

Miller and Carroll explain the role of social networks of extended families and friends in promoting or discouraging alcoholic behaviors. The members of a social network can influence one another in using alcohol and other substances. It can also support the victims of these addictions. Families facing conflicting relationships can have addiction problems while better interaction and relationships among its members can protect against addiction.⁹⁸ Sometimes, families' futile attempt to control the alcoholic behavior can perpetuate and intensify the member's behavior. Thus family experience is an important factor that determines the alcoholic behavior of the individuals.

d. Environmental: According to Harry Haroutunian, the physician director of the Betty Ford Center, environmental factors have a great role to play in the formation of alcoholism. He argues that "someone who has inherited the genes and grows up in a healthy environment with little or no exposure to drugs and alcohol, may never manifest the disease.....Conversely, someone with very little genetic contributionwho grows up living over a bar in an inner city, next to a crack house, and hanging out with an gang that's manufacturing [drugs] has a pretty good chance of developing the disease of addiction primarily because of his environment."⁹⁹ Haroutunian stresses the environmental factors in the development of the disease in comparison to genetic factors. Accordingly, a person

⁹⁶ Ibid., 151-152.

⁹⁷ Howard J. Clinebell, Jr., 58.

⁹⁸ William R. Miller and Kathleen M. Carroll, 167-171.

⁹⁹ Harry Haroutunian, *Being Sober: A Step-by-Step Guide to Getting to, Getting through, and Living in Recovery* (New York, NY: Rodale Inc., 2013), 6-7.

who is exposed to an unhealthy environment of alcoholism and other addictions can become an alcoholic whether he has inherited addiction genes or not.

As discussed above, the various physiological, familial and psychological factors prepare the seeds of addiction in a person, according to Clinebell . We cannot point to a singular root cause for alcoholism. According to the above discussions alcoholism of the parents does not necessarily cause alcoholism of the children, but it can create an unhealthy atmosphere in the family which will make the children vulnerable to alcoholism. However, the proponents of genetics believe that the children of alcoholics possess the gene that has the capacity to make a person an alcoholic if one is exposed to alcohol. Therefore, such a person can begin to be alcohol dependent after the first drink. Now the question is: why is it that not all the children of alcoholics become alcoholics, and not all the children of alcoholics who are brought up in an unhealthy home situation turn out to be alcohol dependent? This should take us to the second level presented by Clinebell.

Level two: Factors leading only a few to alcoholism.

Many children of alcoholics are not alcoholics. Most of them are brought up in similar situations at home. But only a few turn out to be alcoholics. Clinebell tries to justify this difference by presenting the following reasons:

a. Availability: Just as availability is one of the factors for alcohol use and abuse, so it is with alcoholism. He gives the example of the prohibition movement, as pointed out by E. M. Jellinek, which dropped the per capita rate of alcohol consumption by twenty two percent during the years of prohibition in 1915-19 compared to the period 1910-14. During the years 1920-30 there was a substantial drop in the rate of chronic alcoholism.¹⁰⁰ It shows

¹⁰⁰ Howard J. Clinebell, Jr., 60.

that even people who are prone to become alcoholics do not become so because of its absence. Even though it is not their choice the unavailability forces their abstinence and thus they do not acquire this terrible disease. There are children of alcoholics, who live in dry counties. Since alcohol is not easily accessible to them they are forced to abstain from it. Many of them will not travel far to get it. But if they become alcoholics they do whatever is necessary to obtain the substance no matter the distance or cost. Easy availability of alcohol promotes use and abuse of alcohol.

b. Attractiveness: Another factor for some people becoming alcoholics is “the manner in which social attitudes [determine] the desirability or attractiveness of using alcohol as a means of personality adjustment.”¹⁰¹ Society or culture can teach people a healthy attitude toward alcohol which will prevent abuse of alcohol. Jewish children, for example, are taught that alcohol is another food to like or dislike. Thus they are given the right attitude and the proper role of alcohol in their early childhood days. Such early formation controls their later behavior, according to many sociologists. Hence they do not abuse it or use it for violence in their later years.¹⁰² This seems to explain the low rate of alcoholism among Jews in spite of their wider use of alcohol. Therefore, right attitudes formed by the community or culture can help individuals to use alcohol in a responsible way even if they are raised in alcoholic family atmospheres.

c. Attitude of the social classes: Some classes in American society make certain restrictions regarding alcohol related behavior. For example, upper classes in US society may not condemn the use of alcohol as morally evil. However, they have a tendency to condemn antisocial behavior which is commonly penalized in the alcoholic. Thus those who belong

¹⁰¹ Ibid.

¹⁰² Ibid., 60-61.

to the upper classes and are influenced by its decorum, tend to have a neutral attitude toward drinking and tend to keep themselves away from any aggressive behavior. On the other hand, those who belong to the lower classes which do not condemn aggressive behavior as often after drinking, have a tendency to express violence and aggression openly.¹⁰³ Thus it appears that alcoholic behaviors are less controlled among the lower classes of people.

The above discussions elucidate that a key factor that leads some to alcoholism, is the availability and attractiveness of alcohol in the given community or culture. People who are born of alcoholic parents and who have gone through adverse life situations may not turn into alcoholics if alcohol is not made available to them or if a good attitude toward alcohol is cultivated in them. Such people may also refrain from an alcohol disorder if the particular society has laws that penalize unaccepted alcoholic behavior.

The study of Clinebell and that of other similar minded authors, however, does not seem to encompass the whole spectrum of the alcoholic development of some among alcoholic children. The above factors work well when we compare people from one community or culture from another. But often we find the disparity among children born of the same parents where one may become alcoholic and others do not. I have interviewed a couple of AA members who said that in their families some siblings became alcoholics while other siblings who were raised in the same home did not, even though alcohol was available to all of them equally. Not all of them experienced depression to the same degree and some of them were able to manage the situation in a healthy way without taking refuge in alcoholism. Therefore, the hypothesis would be, people who have the ability to manage

¹⁰³ Ibid. 63-64.

the psychological neglect of their childhood in a healthy way are able to avoid alcoholism. Twin studies on alcohol and drug dependence as described by Miller and Carroll also explain the disparity of alcohol related behavior among children born of the same parents since not all of them get the genes from their parents equally.

So what is the position of heredity or genetics in relationship to alcoholism? In fact, one of the above mentioned interviewees told me that she started to drink when she was a teenager. She said that she was not even aware of her father's drinking at that time and he did not create any problem at home as a result of his drinking. She became aware of his drinking only when she became an adult. But her heavy drinking started when her parents got divorced. This shows that emotional distress can intensify the drinking but the basic cause lies beyond that.

One of my friend's brother has four children who went through depression and other emotional anguish as a result of their father's alcoholism. Although all of them are currently emotionally unstable, only one of them has turned out to be an alcoholic. Here is a family where all the children born of an alcoholic father have gone through the same unhealthy family atmosphere, have suffered accordingly, and yet all but one are normal. All these explain the role of genetics in making children of alcoholic parents vulnerable to alcoholism. It also reveals that genetics play a role in transmitting the disease. But they may not be transmitted to all the children or to the same degree. It can be explained through an analogy. Most of the seeds that fall on the good soil sprout well but some of them do not for various reasons. Most of the seeds that fall on unsoiled land do not sprout but some do. So is the relationship between alcoholism and genetics.

Level three: Factors which perpetuate the addiction

The third question makes us wonder why an alcoholic keeps drinking unendingly and is unable to stop without external help.¹⁰⁴ Clinebell proposes two factors.

- a. *Physiological factors*: According to Clinebell the physiological factors that perpetuate the drinking habit could be “depletion of chlorides in the blood, faulty elimination of certain waste products produced in the metabolism of alcohol, lack of vitamins in the brain, or some upsetting of the enzyme balance.”¹⁰⁵ One or more of these physiological factors can cause a craving for alcohol which may ultimately make the drinking habit perpetual.
- b. *Psychological factors*: Since the alcoholic’s drinking is compulsive he becomes a slave to his drives and it is almost impossible for him to stop. Since using alcohol is a solution to all his problems he has already organized his life around this activity.¹⁰⁶ Hence his alcoholic behavior will continue until external help is provided. Unless he is able to see clearly another solution he will continue to use alcohol. Self-will alone is insufficient. This is where a support group and therapeutic treatment come into play.

Since alcoholism is an illness it has both physiological and psychological dimensions. Physiological factors make a person physically sick and psychological factors make a person a slave to their compulsions. Unless both areas are given attention one will continue in the addiction. Usually it goes on until the alcoholic “hits bottom”.

The above discussions on the roots of alcoholism reveal to us that it is a complicated issue. It is hard to state one simple factor as the root cause of alcoholism. A combination of factors should be acknowledged in trying to seek the causes of alcoholism. We have

¹⁰⁴ Ibid., 68.

¹⁰⁵ Ibid. 69.

¹⁰⁶ Ibid.

seen that biological, genetic, familial and psychosocial factors are important contributors to the development of alcoholism. Experience shows that the genetic factor, in combination with other factors, plays a great role in producing alcoholics. A spiritually and religiously bereft life can also be another determinant. All these factors can boost and intensify the process of alcoholism. Availability can be a great promotor for alcoholism. Because of this multifactorial nature of the root of alcoholism, it is important to investigate the actual cause(s) of alcoholism on an individual basis, in order to provide personal help and support.

Conclusion

This chapter presents an awareness of the meaning of alcohol as a combination of chemical, drug and food factors. As food alcohol provides calories that boost one's energy although it has no vitamin content. It has certain amnesic effects that help a person to forget certain painful events in life and thus one is able to maintain normalcy for a short term. However, it is also accompanied by certain harmful effects that can affect the normal functioning of a person.

This chapter also dealt with the meaning, stages and types of alcoholism. It is a widely accepted fact that alcoholism is a disease which progresses over the course of time unless timely help is sought. An alcoholic is one who has no control over one's drinking and is dependent on alcohol. He has a high tolerance to alcohol, and is more likely to become an alcoholic the more tolerance he obtains. Alcoholism like any addiction moves through three stages, the last being a breakdown. This is where one "hits bottom." We have also seen that there are different categories of alcohol users. Besides alcoholic, heavy drinkers and problem drinkers are noteworthy because all of them can be problems to oneself, to family and to society.

Another important area which this chapter covered was the root cause of alcohol use/abuse and alcoholism. There are many circumstances that lead one to use alcohol. But not all who use/abuse alcohol are addicted to it. Virtually most of the authors advocate the remarkable role of genetics in the development of alcoholism. However, there are sociological, psychological, biological and economic factors that contribute to the formation of alcoholism. As many authors point out, the cause of alcoholism is a complex one, and many factors interplay in the formation of alcoholism.

Chapter three

Ramifications of Alcoholism

A study of alcoholism needs to demonstrate some of its implied effects. Since alcoholics generally beget alcoholic children the impact of the disease of alcoholism on the generations of family related to the disease is expounding. The emotional immaturity created in the alcoholic family also prepares the ground for alcoholic abuse and other unhealthy behaviors. Thus, the causes of alcoholism reflect some of its corollaries.

The repercussions of alcoholism and alcohol abuse are alarming and are representative in various dimensions. The American Medical Association's findings regarding this disease are startling. "Exclusive of pediatric and geriatric beds, 50 percent of all hospital admissions are related to chemical abuse."¹ Among these chemical abuses alcohol abuse is a major one. The consequences may vary depending upon the frequency and quantity of its use. A problem drinker can do more harm to others than a heavy drinker. When it comes to the personal life of a drinker every incident of alcohol abuse brings harm to the drinker. Tragically alcoholism affects the user and the family, and society. Therefore, this chapter will deal with the destructive force of alcoholism on the user, on the society and on the family.

A. Effect on the alcoholic/alcohol abuser

Whether one is an alcoholic or alcohol abuser the drinking habit affects the health of the person – physical as well as psychological. It affects one's behavior and interpersonal relationship with others. It can also change one's attitude toward God and one's outlook

¹ Dennis L. Breo, "Ex-first lady's struggle with alcohol symbolic," *American Medical News* 28, no. 10 (March 1985), 2.

on life, affecting the person spiritually. Let us now examine the aftermath of alcohol abuse in the biological, psychological, spiritual and behavioral lives of the user.

1. Biological/Medical problems

One of the major causes of death today is coronary disease. Heavy drinking is associated with *cardiovascular problems*. Heavy drinking, especially binge drinking, can lead to Arrhythmias, which is disturbances of the normal heart rhythm. Sudden coronary death is often associated with heavy drinking even among people with no pre-existing heart disease.² Although it is commonly said that moderate use of alcohol may help to maintain normal functions of the heart, excessive drinking can be a major factor for a heart attack. One of the explanations for the association between heart disease and alcohol consumption is that “the accumulation of fats in the liver results in their high secretion rate into the bloodstream producing hyperlipemia (elevated blood fat levels), and this condition is an established major predisposing factor in heart attacks.”³ Studies have also shown that alcohol can thin the heart’s muscular wall and make it floppy, causing the heart to over-expand and pump weakly. This will eventually cause heart failure.⁴ Hospitalization due to heart disease caused by heavy use of alcohol is almost a regular occurrence.

Another health-related problem of abusive drinking is *liver disease* which causes a higher rate of mortality for heavy drinkers than for general population.⁵ Cirrhosis of the liver is considered to be one of the top ten causes of death in the United States and 10% of

² E. Jane Marshall, Keith Humphreys and David M. Ball. *Treatment of Drinking Problems: A Guide for the Helping Professions*, 5th ed. (New York: Cambridge University Press, 2010), 54-55.

³ Wayne Poley, Gary Lea and Gail Vibe, 25-26.

⁴ Harry Haroutunian, *Being Sober: A Step-by-Step Guide to Getting to, Getting through, and Living in Recovery*, (New York, NY: Rodale Inc., 2013), 10.

⁵ Robert E. Mann, et al., “Cirrhosis Mortality in Ontario: effects of alcohol consumption and Alcoholics Anonymous participation,” *Society for the Study of Addiction* 100 (June 2005) 1669.

alcoholic patients are believed to have developed it.⁶ Heavy alcohol use is one of the main factors for elevated liver enzymes which causes fatty liver disease and this eventually leads to cirrhosis, causing possible internal bleeding. Thus a patient may end up in a grotesque form of death, which is death by bleeding out through mouth.⁷

Alcoholism can also *affect the brain and central nervous system*. Heavy and habitual use of alcohol can cause malnutrition resulting in “progressive damage to the central nervous system with lesions occurring in the brain.”⁸ Often alcoholics cannot remember anything that is done under its influence. Sometimes the alcoholic cannot remember what he had for breakfast or lunch. This is called “cognitive impairment.”⁹ Alcoholism causes atypical executive functioning and deficits in decision-making.¹⁰ Thus, it can impair the regular functioning of a professional. It can be a major problem for working professionals like doctors, police officers, professors, clergy, etc. in dealing with their daily matters concerning their profession. “Cognitive dysfunction, or an inability to think clearly, renders even brilliant men and women unable to figure out a grocery list or count their change when shopping.”¹¹ Just like the brains of Alzheimer’s patients, an alcoholic’s brain also shrinks.¹² This will reduce the capacity of brain to function normally. Depending upon the amount of alcohol consumed and the level of tolerance it can affect one’s attention, self-control and speech ability. A high dosage can cause hypoglycaemia, seizures, and even death.¹³

⁶ Wayne Poley, Gary Lea and Gail Vibe, 25.

⁷ Harry Haroutunian, 9.

⁸ Wayne Poley, Gary Lea and Gail Vibe, 26.

⁹ Eric Newhouse, *Alcohol: Cradle to Grave*, (Center City, Minnesota: Hazelden Foundation, 2001), 162.

¹⁰ Anita Cservenka, Megan M. Herting, and Bonnie J. Ngel, “Atypical frontal lobe activity during verbal working memory in youth with a family history of alcoholism,” *Drug and Alcohol Dependence*, 123 (2012), 98.

¹¹ Harry Haroutunian, 10.

¹² Ibid.9.

¹³ E. Jane Marshall, Keith Humphreys and David M. Ball. *Treatment of Drinking Problems: A Guide for the Helping Professions*, 5th ed. 22.

Thus, we see that the three main organs of the human body - heart, liver and brain- can be affected by inordinate alcohol consumption. Alcohol can cause various other health problems such as inflammation of the stomach lining, producing an erosive gastritis, depression of respiration,¹⁴ pneumonia, bronchitis, tuberculosis,¹⁵ joint pain,¹⁶ and development of shrunken testicles, reduced testosterone levels, and even impotence.¹⁷ One of the AA interviewees told me that she had alcoholic insomnia and so has sleeping problems.

Thus, we learn that alcohol abuse can make one's life miserable. It decreases life expectancy and is one of the major killers of the world. Even if one does not become an alcoholic, heavy and habitual drinking can cause a lot of medical complications. I have learned from my ministry experience that many hospitalized patients are, at some point, victims of alcoholism.

2. Psychological/Emotional problems.

Alcoholics are physically and emotionally sick. Therefore, they often need the support of another person, which is usually an unhealthy relationship known as *dependency*. As Cathleen Brooks states, "the alcoholic is the neediest person emotionally in the family."¹⁸ His needy state makes him gain control in the family, which is exercised by way of noise, violence, manipulation and even by use of guilt.¹⁹ Many who attend AA meetings realize and recognize their unhealthy controlling tendency.

¹⁴ Ibid.

¹⁵ Wayne Poley, Gary Lea and Gail Vibe, 27.

¹⁶ Harry Haroutunian, 10.

¹⁷ Morris Kokin, Ian Walker, *Women Married to Alcoholics*, (New York: William Morrow and Company, Inc, 1989), 85.

¹⁸ Sara H. Martin, *Healing for Adult Children of Alcoholics*, (Nashville, Tennessee: Broadman Press, 1988), 39.

¹⁹ Ibid. 41.

Often an alcoholic is an *egotist*. He thinks only of himself. His needs and his happiness are what he cares for. He is the center of his own life.²⁰ He will not be interested in the life and happiness of others. For the same reason he will not care about others' pains and sufferings incurred by his behavior.

Alcoholics often develop a sense of *fear and low self-worth* which can lead to a greater need for control. Dennis Wholey writes, "The profile of practicing – or drinking – alcoholic includes anger, worry, depression, and self-pity. A drinking alcoholic is called an egomaniac with an inferiority complex."²¹ I know an alcoholic who gets worried over a minor change in life. Such people can have anxiety attacks and are easily depressed.

Epidemiological studies show that alcoholics or those with alcohol use disorder are likely to develop a *mental health disorder* and vice versa. Such people, as stated in the earlier chapter, are likely to suffer hallucinations, delirium and delusions. Those who go through hallucination, experience a false feeling of seeing something or somebody in front of them or in their room or while they drive. Experiencing delirium is a state of being out of contact with reality and becoming disoriented to person, place and time.²² For example, a person may think he is talking with his wife at home although he is in fact sitting in his office at work.

An alcoholic can also go through *pathological intoxication*. That means that after heavy drinking the individual can be suddenly violent, forgetting the circumstances and situation. Such individuals can be very dangerous. They may attack and kill others.²³ Often, we find people getting into arguments after becoming intoxicated, and subsequently

²⁰ Ibid., 16-17.

²¹ Dennis Wholey, *Becoming Your Own Parent*, (New York: Doubleday, 1988), 145.

²² E. Jane Marshall, Keith Humphreys and David M. Ball. *Treatment of Drinking Problems: A Guide for the Helping Professions*, 5th ed. 73-75.

²³ Ibid., 79.

committing violent acts. There are people who experience sudden mood swings – sometime very jolly and the next moment very aggressive.²⁴ Once when I visited an alcoholic patient he was very cheerful in the beginning. In a couple of minutes, for no reason, he began to be upset and sad. This was a mood swing case.

A heavy drinker can go through *depressive illness* which is different from the experience of being depressed. Depressive illness lasts at least two weeks during which time the person experiences loss of energy, fatigue, diminished self-confidence, disturbed sleep, and diminished interest in sexual activities.²⁵ I have seen the home of a young alcoholic who was living alone. He never cleaned his house, and rarely washed his clothes.

Alcoholics also suffer the risk of *suicide*. Factors resulting from alcoholism such as stressful life, isolation, lack of social support, unemployment, anxiety, depression, medical problems, and personality disorders lead to suicidal tendencies.²⁶ One of my AI Anon interviewees told me that her husband had attempted suicide twice because of his depression.

Thus, the alcoholic can develop certain psychosomatic problems such as low self-esteem, depression, anxiety attacks, fear, guilt feelings, anger and resentment, mood swings, and self-pity. Because of his feelings of guilt and inferiority complex he isolates himself from others. Being emotionally and psychologically sick he is incapacitated to function normally.

²⁴ Morris Kokin, Ian Walker, 85-86.

²⁵ E. Jane Marshall, Keith Humphreys and David M. Ball. *Treatment of Drinking Problems: A Guide for the Helping Professions*, 5th ed. 81.

²⁶ *Ibid.*, 84.

3. Spiritual impacts

Alcoholism affects the spiritual life of the person in various ways. First of all, an alcoholic has to deal with certain regret, boredom and a sense of not belonging. Because his relationship with his family and society is lost he does not feel a sense of belonging. For a spiritual person, God is the center of his life, but for an alcoholic, God is often beyond his reach. He has isolated himself from God and His creations. Life has become an endless cycle of drinking. He goes through a spiritual emptiness in life whereby he begins to lose true faith and hope. Frustrated as he is he asks, “why me God?”; “maybe my family would be better off without me.” He is aware of his lack of integrity in life and the suffering he inflicts on those he loves but he cannot stop.²⁷ He is going through the darkness of life and the *shadow of death*.

As the person keeps drinking he increasingly becomes spiritually bankrupt. Then he looks for an answer not in the true source but “in substances and in alternative religions.”²⁸ The more a person looks for an answer, meaning and comfort in those “false gods” the more frustrated and spiritually bankrupt one becomes because drinking puts the true God on the back burner.

Many of the AA interviewees told me that one of the problems they had was an inability to forgive. There are layers of resentments within them. This naturally affects their relationship with God as well. Some of them also find it difficult to forgive themselves because of their past imprudent behaviors. This becomes an obstacle for them to experience wholeness in life. Thus, an alcoholic is deprived of the true peace and wholeness which God alone can give.

²⁷Harry Haroutunian, 12.

²⁸Eric Newhouse, 38.

4. Alcoholic behavior and its various facets of impact on self.

Alcoholism creates atypical behavior which distorts various areas of one's life. For example, the drinking behavior of a university student not only affects him but it can also distort the whole class. Consequently, in the long run he may be expelled from the institution. Individuals as well as the society can experience handicap when "an educational or training opportunity is partly wasted or totally lost."²⁹

Another tragic consequence of alcoholic behavior is automobile accidents that lead to injury, arrest, imprisonment and even death. This is because drinking can impair our sound thinking, attention, and co-ordination of the mind. As Jane Marshall et al state, "Ingestion of alcohol causes diminished co-ordination and balance, slower reaction times and impaired attention, perception and judgment, all of which increases the risk of accidental injury."³⁰ Imprisonment affects one's reputation. One can be a drunk driver without being an alcoholic. "The bulk of drunk-driving offenses are committed by the generality of the driving population rather than 'alcoholics'..."³¹ However, the blood alcohol content of the person as well as one's history of offenses can determine whether a person is an alcoholic or not. Thus, "the higher the measured blood alcohol content at arrest, and the greater the number of previous offences, the more likely that someone arrested for drunk-driving is alcohol dependent."³²

Drinking can also cause one to be a victim of theft and rape. "A grossly intoxicated person will easily fall prey to having their pockets turned out, or be deprived of capacity to

²⁹ Griffith Edwards, E. Jane Marshall, and Christopher C. Cook. 4th ed., 90.

³⁰ E. Jane Marshall, Keith Humphreys and David M. Ball. *Treatment of Drinking Problems: A Guide for the Helping Professions*, 5th ed. 63.

³¹ Ibid., 47.

³² Ibid.

resist rape or other forms of violence.”³³ Eric Newhouse shares the story of Tammera Nauts who after having had heavy dose of whiskey, blacked out and was raped. She did not tell anyone and experienced the shame of having put herself in that position.³⁴

Drinking causes a variety of losses such as loss of employment, money, friends, family and so on. Regarding the many losses Kokin and Walder write:

Just as there is no such thing as alcoholism without consequences, there is no such thing as alcoholism without losses:.....In some cases there is loss of employment, money, property, and other material possessions; in other cases there is loss of friends, family; sometimes there is loss of communication, intimacy, and sharing of feelings; and other times there is loss of hope and finally loss of self, loss of life.³⁵

One of the major losses that an alcoholic faces is in the area of finances. Drinking habit can make a person poor even without his awareness. Jane Marshal et al describe the financial loss of the drinker as follows:

To maintain a major drinking habit is expensive and large additional sums are often spent without the drinker knowing how the money has gone – rounds purchased for friends, dinks grandly offered to strangers, meals out and taxis home, coins and bills that fall unnoticed as key are fumbled for, massive cigarette consumption, gambling and so on.The financial balance is determined not only by the cost of the drinking and associated spending, but also by whether drinking affects the inflow of cash. Demotion, sickness and unemployment add to the stringencies.³⁶

Many alcoholics become debtors and even bankrupt because of their drinking expenses. Often when they drink they are lavish. Many people who drink also get addicted to smoking and gambling, thus emptying their pockets. Being alcoholics, they lose their job and the love of their family and friends, resulting with the like-minded drinkers as their only friends.

³³ Ibid., 46.

³⁴ Eric Newhouse, 38.

³⁵ Morris Kokin and Lan Walder, 97.

³⁶ E. Jane Marshall, Keith Humphreys and David M. Ball. *Treatment of Drinking Problems: A Guide for the Helping Professions*, 5th ed. 47.

Some of the characteristics and unhealthy behaviors shared by AA interviewees: Some of them had sex outside of marriage. Many of them talked regretfully about spending lavishly on alcohol, getting tickets for violating traffic rules, crushing cars and getting arrested, possessing false security in alcohol, being hateful of others, coming home late, spending less time with family and thus giving family less importance, being irresponsible with their families, and being imprudent (not balancing oneself, not avoiding certain occasion to drink, etc.). Thus, alcoholism affect the whole person: physically, emotionally, spiritually, and in every sphere of one's life. Continuing in the same state is a way of embracing total destruction of oneself.

B. Effect on Society and the Public

Alcoholism affects society in myriad of ways. As an irresponsible person, an alcoholic may not fulfill his major obligations at work, school or at home. Thus, he can neglect his own children, perform poorly at work, and absent himself from work and other places of obligation. His drunk-driving can cause motor accidents and thus bring about chaos in the society.³⁷

The alcoholic's poor performance at work is regularly caused by "functional impairment"³⁸ incurred by the alcohol use. This can have a fatal effect on the public especially when the drinkers are those who hold positions such as pilots, commercial ship operators, air traffic controllers, and nuclear power plant operators. If they drink on the previous night of their work their performance can be impaired.³⁹ "In senior positions in industry or the armed services, in the diplomatic service or in the legal profession, drunken

³⁷ Peter Myers and Richard Isralowitz, 23.

³⁸ Griffith Edwards, E. Jane Marshall, and Christopher C. Cook. 4th ed., 83.

³⁹ Eric Newhouse, 159.

indiscretion, irascibility or bad judgement at a crucial meeting may be the major problems.”⁴⁰ When people in great responsible professions have their driving license forfeited, or others, like medical professionals, lose their right to practice because of their alcoholic behavior the public can be greatly affected.⁴¹ Such happenings can cause public scandal and affect the confidence of co-workers in the profession. The repercussions will be similar when clergy behave in similar fashion.

Alcoholism can also cost the society tremendously because of their workplace performance. “The U.S. Department of Labor reports that substance abuse costs American businesses more than \$100 billion a year. It is said that 500 million workdays are lost each year to alcoholism.”⁴² The poor performance at work and the innumerable absences diminish the quality and standard of the products. Alcoholism also contributes to larger medical costs since the majority of hospital admissions nationally are due to alcohol related illness or accidents. “Some national statistics indicate that alcohol is involved in 66 percent of fatal accidents, 70 percent of homicides, and 37 percent of suicides.”⁴³ Other areas of medical- and non-medical-related costs incurred by alcoholism include substance abuse treatment, foster care costs, counseling children on domestic violence, welfare costs, mental illness treatment (alcoholism can cause mental illness), funding developmental disability centers, vocational rehab, special education (alcohol- and drug-free educational program for students), court costs, corrections departments, treating the effects of fetal alcohol syndrome, social welfare, teen drinking costs, and other uncalculated costs.⁴⁴ All these swallow up a lion’s share of the American revenue.

⁴⁰ Griffith Edwards, E. Jane Marshall, and Christopher C. Cook. 4th ed., 84

⁴¹ Ibid., 81.

⁴² Eric Newhouse, 157.

⁴³ Ibid., 161.

⁴⁴ Ibid., 186-201.

Just as an alcoholic can be a victim of rape, violence and theft, the innocent public can also be the victims of such evils by the alcoholics. In some areas it is difficult to move freely because of the fear of such dangers. According to the Dominion Bureau of Statistics, in 1969, out of 4,057 males who committed serious offenses 29% were found to have serious drinking problems out of whom 33% were involved in murders, 38% in attempted murders, 54% in manslaughters, 39% in rapes, and 42% in other sexual offenses.⁴⁵ Such behaviors are not uncommon even in some workplaces. I have heard of a man who was recently fired from a hospital because of his violent attack on one of his colleagues. He was drunk at that time.

Substandard housing facilities are another repercussion of drinking problems. Alcoholics usually do not keep their houses neat and tidy either inside or outside. Low income caused by drinking habits can also contribute to shabby-looking houses.⁴⁶ Such an unwelcoming atmosphere and appearance can create unpleasant and bad relationship with the neighbors.

The financial loss caused by drinking can lead a person to become homeless or a vagrant. Such vagrants sleeping on public streets or railways are social problems. Although not all homeless are alcoholics, many of them became homeless because of their drinking behavior.

Other problems resulting from drinking include travelling on public transport without a ticket, failing to pay for the meal, urinating in the subway, and disinhibition and release of violent or sexually violent behavior.⁴⁷ Thus, alcoholism is responsible for the many

⁴⁵ Wayne, Gary, and Gail, 29-30.

⁴⁶ Griffith Edwards, E. Jane Marshall, and Christopher C. Cook. 4th ed., 85

⁴⁷ Ibid., 88.

social complications in the United States. It affects one's professional obligation, industrial and medical costs, and creates turmoil in the communities through drunken driving and violent acts. It also creates vagrants and poverty in society.

C. Effect on the Family

Drinking problems are essentially embedded in a constant cycle of family interactions. Alcoholic behavior of the family member influences the interaction and behavior of the spouse, which, in turn, will affect the behavior of the alcoholic member. This cycle of actions and reactions goes on endlessly until an intervention occurs. In this section I will deal with two main themes: the type of family alcoholic(s) comprised of, namely, the dysfunctional family, and alcoholic's impact on the family members, especially on the spouse. Repercussions on the children will be dealt in detail in the last section.

1. Formation of dysfunctional family

Alcoholism creates dysfunctional families. "These families contain good people controlled by a destructive chemical, alcohol, which dictates what is possible and what happens."⁴⁸ Alcoholics are generally good people who are characterized by unhealthy behaviors, which create an unhealthy atmosphere at home.

Features of a dysfunctional family.

Common features of a dysfunctional family are frequent criticism, physical, sexual or verbal abuse, denial, feelings of fear, anger and guilt,⁴⁹ suicidal attempt and tendencies, prevalence of certain eating disorders like anorexia bulimia, and other mental illness.⁵⁰ Spousal abuse, both verbal and physical, is common in many of the dysfunctional families,

⁴⁸ Patty McConnell, *Adult Children of Alcoholics: A Workbook for Healing*, (New York, NY: Harper and Row, 1986), 26.

⁴⁹ *Ibid.*, 27-28

⁵⁰ Sara H. Martin, 35.

destroying peace and creating feeling of fear, suicidal tendencies, and various mental disorders among family members.

They regularly do not treat one another with respect and dignity. The norm created in such families is struggle, chaos, confusion and pain. No lasting relationship exists in such families.⁵¹

Alcoholism was seen in the past as something immoral, weak-willed or evil. Hence it creates a feeling of shame and embarrassment among the family members. Therefore, the members of the family are taught to be reticent and secretive. These families are characterized by lying, hiding and less communication.⁵²

Avoidance is very characteristic of dysfunctional families. The spouses lack the skill of open communication.⁵³ On account of this behavior there are often a lot of misunderstandings and the members are often judged rather than accepted or understood. They regularly put on a mask.⁵⁴

There are unrealistic expectations in dysfunctional families. Members are expected to fill in roles not assumed by the alcoholic, yet they are not valued as persons. The rule is “you should do this”, or “be such a person.” There is no place for self-esteem. Female members are regularly devalued. Children are expected to take roles beyond their abilities.⁵⁵

Life in the dysfunctional family is “inconsistent, unpredictable, arbitrary, and chaotic.”⁵⁶ A child may ask his Dad for something at night but the following morning his

⁵¹ Dennis Wholey, 175-176.

⁵² Sara H. Martin, 53-54.

⁵³ Ibid., 56.

⁵⁴ Ibid., 56-57

⁵⁵ Ibid., 59-61.

⁵⁶ Herbert L. Gravitz and Julie D. Bowden, *Recovery: A Guide for Adult Children of Alcoholics*, (New York, NY: Simon and Schuster, Inc., 1987), 9.

father would have no idea about it or may not agree to give what he had promised to give the previous night when he was drunk. Thus there is little consistency in the family. Alcoholic members are unpredictable in that the members have no idea how the alcoholic member is going to act at the next moment. Because of the arbitrariness of the alcoholic member the rules in the house change from day to day. One day the son may be permitted to stay up late at night and the next day he may have to go to bed at 9 p.m. Because of the other three behaviors chaos follows quite naturally. Members are confused and the behaviors become very strange and eccentric.

2. Impact on family and spousal relationships.

Having seen the characteristics of the dysfunctional families as a background, let us now examine how alcoholism affects the family relationship and behaviors, with a particular focus on the spouse of the alcoholic. One of the members of the family who is affected greatly is the spouse, by becoming, what we call, *codependent*.

What is codependency?

Codependency is one of the evil effects of alcoholism that brings about unhealthy relationship in the family. It is a complication that makes the spouse and other members dependent on the alcoholic. According to Robert Subby, codependency is “an emotional, psychological, and behavioral condition that develops as result of an individual’s prolonged exposure to, and practice of, a set of oppressive rules – rules which prevent the open expression of feeling as well as the direct discussion of personal and interpersonal problems.”⁵⁷ Robert Subby and John Friel write about codependency thus:

Originally, it was used to describe the person or persons whose lives were affected as a result of their being involved with someone who was chemically dependent.

⁵⁷ Robert Subby, “Inside the Chemically Dependent Marriage: Denial and Manipulation,” in *Co-Dependency, an Emerging Issue* (Hollywood, FL: Health communications, 1984), 26.

The co-dependent spouse or child or lover of someone who was chemically dependent was seen as having developed a pattern of coping with life that was not healthy, as a reaction to someone else's drug or alcohol abuse.⁵⁸

Thus, co-dependency is an unhealthy way of coping with the alcoholic member. Anyone in the family can be a co-dependent.

Is codependency a disease? Many argue that a codependent person wants to marry an alcoholic. They want alcoholics to be around them in an unhealthy way and that will make them happy. Hence, this is an illness as in the case of an alcohol dependent. Codependency is progressive and reveals itself to be an illness. The sicker the alcoholic member is the deeper the reaction of the codependent will be. Moreover, codependency becomes habitual like many self-destructive behaviors. This is another reason to call it an illness.⁵⁹

Kokin and Walker call co-dependency a disease "because it has a clearly identifiable onset (the point at which the individual's life is not working), it has a definable course (the continued deterioration of the individual, emotionally and mentally), and if it is not treated, there is a predictable outcome (death)."⁶⁰ A codependent cannot function normally because he or she is sick. Unless help is sought, such a person's situation will get worse even to the point of death, according to these authors. As sick people, they suffer from being "alcohol hostages."⁶¹ They are under the control of alcoholics and their behaviors. Codependents are obsessed with controlling the alcoholic persons and are "controlled by others who are themselves dependent on or controlled by forces such as alcoholism, compulsive behavior, or chronic illness."⁶²

⁵⁸ Robert Subby and John Friel, "Co-Dependency: A Paradoxical Dependency," in *Co-Dependency, an Emerging Issue*, 31.

⁵⁹ Melody Beattie, *Codependent No More: How to Stop Controlling Others and Start Caring for Yourself*, (New York, NY: Harper & Row, 1987), 32 & 34.

⁶⁰ Morris Kokin and Lan Walder, 54.

⁶¹ *Ibid.*, 64.

⁶² Timmen L. Cermak, *A Time to Heal: The Road to Recovery for Adult Children of Alcoholics*, (Los Angeles, CA: Jeremy P. Tarcher, INC., 1988), 112.

Characteristics of codependency

The characteristics of codependency are reflections of what the codependents suffer and the unhealthy and self-destructive behaviors they exhibit. Here are some of the common signs presented by Timmen Cermak:

- Excessive pride in self-control
- Basing self-esteem on getting others to be in a relationship with you.
- Feeling responsible for meeting other people's needs even to the exclusion of meeting your own.
- Excessive use of denial, especially of your own needs and feelings.
- Sacrificing your own identity for the sake of intimacy.
- Changing who you are to please others.
- Low self-worth.
- Being driven by compulsions.
- Substance abuse.
- Trying to control others with love or anger.
- Sacrificing your true self to keep the façade of your false self-intact.
- Stress-related medical illnesses.⁶³

Some of these elements appear to be far beyond the normal setting. Codependents do not have an identity of their own. They exist and have self-worth only in relation to the wellbeing of their alcoholic members. For this reason, they *sacrifice everything* even their own health in order to please and take care of the needs of the other. They neglect to care for their physical, emotional and spiritual needs. Thus, codependents *lack self-care*. They avoid saying no to others, fearing it would displease them. They feel anxious and guilty when the other person has a problem and when the help provided is not effective they feel angry and nervous.

Their *low self-esteem* induces them to feel unworthy of self-care. For this reason they feel inferior before others. This can be due to their home background, too. Some of them

⁶³ Ibid.113

may be coming from “troubled, repressed, or dysfunctional families.”⁶⁴ One of my codependent interviewees told me that she felt powerless before others because of her low self-esteem. She was uncomfortable with some of her actions, fearing those actions might displease others.

Codependents’ behaviors are always *driven by compulsions*. They feel obligated to keep the unity of the family that is divided by the alcoholic member, and to protect the alcoholic member from shame and guilt. Sometimes they even feel compelled to drink.⁶⁵

A codependent person always *depends on others* for happiness.⁶⁶ If one loses the other person one experiences withdrawal syndrome. An Al Anon member who was so dependent on her husband began to experience withdrawal syndrome when he passed away. Thereafter, she shut herself off from the outside world. Besides being dependent they also live in *denial*. They deny their own problems and lie to themselves.⁶⁷

They tend to have *poor communication skills*. Their communication is often marked by blaming, coercing, begging, advising and incongruity.⁶⁸

They *lack trust*. They neither trust themselves nor others. However, they tend to trust those who are untrustworthy. They struggle with their trust and faith in God, and think that God has abandoned them.⁶⁹ Most of my Al Anon interviewees had feelings of abandonment by God and so they found life meaningless and felt isolated from God. They tend to have *weak boundaries*.⁷⁰ So, they often let others hurt them and are often anxious

⁶⁴ Melody Beattie, 38.

⁶⁵ Timmen L. Cermak, 118.

⁶⁶ Melody Beattie, 40

⁶⁷ Ibid.

⁶⁸ Ibid., 41-42.

⁶⁹ Ibid., 43.

⁷⁰ Ibid., 42-43.

to know others' secrets. Thus they cross the boundaries of others and let others trespass into theirs.

Many codependents deal with *anger issues*. They feel angry, scared and hurt as they are living with angry people. As a result they repress their anger. Many of them harbor resentment and bitterness.⁷¹ A lot of them burst out later when they can no longer hold on to their bitter feelings.

Sexual problems are another characteristic of the codependent. Since they usually act as caretakers of their spouses they often give in to sex when they do not desire. Since they do not want to say 'no' to their alcoholic spouse they would do anything to satisfy the other even when they are angry at their spouses. Often they also have sexual fantasies with others. As a result they cannot provide true love to their partners and are unable to have true intimacy.⁷²

Just as alcoholics are irresponsible people, codependents are also *extremely irresponsible*.⁷³ They do not care about their health or the needs of others. An Al Anon interviewee regretfully shared with me her past life of not caring for her children as she was so immersed in satisfying and pleasing her husband. Consequently all three of her children became drug addicts.

Codependents are often *chronically alert* because of the threatening character and *unpredictability* of their alcoholic members and their mood swings. Family members can expect danger at any moment of the day. This leads them to lose touch with their own feelings, needs and desires.⁷⁴ *Becoming reformers* at home is typical of codependents. In

⁷¹ Ibid., 43-44.

⁷² Ibid., 44.

⁷³ Ibid.

⁷⁴ John Bradshaw, *Home Coming: Reclaiming and Healing Your Inner Child* (New York, NY: Bantam Book, 1990), 8-9.

their effort to get the alcoholic member to stop, they magnify energy only to find themselves in a failure.⁷⁵

They often *become isolated*. As alcoholics make themselves socially isolated so too the codependents. Usually, they suffer the loneliness much more than the alcoholics.⁷⁶ An Al Anon member said that she felt terribly lonely when her husband was out drinking with his friends.

All these characteristics reveal the sufferings that codependents endure. Although the entire family suffers the illness of codependency, the spouses or the partners are on the frontline as the codependent reactors. In many cases it is the wife who suffers greatly.

Characteristics common to wives: There are certain patterns of behavior that the wives of alcoholics commonly exhibit. They are *covering up* the mistakes of their husbands from their children and their bosses, *taking over* the abandoned responsibilities of their husband, and *blaming themselves* for the alcoholism of their husbands.⁷⁷

Alcoholism and spousal relationship: Alcoholism affects the spouse very deeply, so, too, their relationship. The concrete realities of the threatening behavior and irresponsibility of the alcoholics can result in *divorce*.⁷⁸ If they do not get divorced there is a constant battle, destroying peace and unity at home. Moreover, drinking also *affects the conjugal relationship* in marriage life. As Pertti Alasuutari writes, “If drinking is heavy, it does not symbolize conjugal togetherness.”⁷⁹ With the intolerable smell and abusive behavior of

⁷⁵ Sara H. Martin, 20.

⁷⁶ Ibid.

⁷⁷ Morris Kokin and Lan Walker, 35.

⁷⁸ E. Jane Marshall, Keith Humphreys and David M. Ball. *Treatment of Drinking Problems: A Guide for the Helping Professions*, 5th ed. 40.

⁷⁹ Pertti Alasuutari, *Desire and Craving: A Cultural Theory of Alcoholism*, (Albany, NY: State University of New York Press, 1992), 79.

their alcoholic partners, the spouses may feel an aversion toward them. All these affect their conjugal relationship.

When the husband is the drinker: Relationship and behavior in a family can be affected differently depending upon who the drinker is. If the husband is the drinker, often the family chooses to be socially isolated mainly as a security and protective strategy. No guest is welcomed into the home. If this strategy fails the wife gets worried and feels hopeless. She attempts to persuade him to get help but if he refuses the marriage may break up or she may develop a strategy called circumvention which is a way of avoiding him, such as pretending to be sleeping when he comes home at night.⁸⁰

Robert Rychtarik and Neil McGillicuddy, professors at the State University of New York, have learned in their studies that women with alcoholic partners are at greater risk for trauma, depression and other stress-related disorders. They state that “The depression and marital distress experienced by women with a partner with alcoholism appear directly related to stress, burden, or extent of problems brought on by their partner’s drinking.”⁸¹ A person’s alcoholic behavior is not limited to drinking. Insalubrious behaviors which are often the aftermath of drinking is what distorts and destroys the life of the wife. Many co-dependent wives of the alcoholics take depression medicine to normalize their daily functions. At times her depression becomes so acute that she chooses suicide as an option.

In order to deal with these stresses and tensions the wife often develops a certain coping style. There are three main components in this coping style, namely, engagement, tolerance and withdrawal. *Engagement* is a way of trying to stop his drinking habit through

⁸⁰ Griffith Edwards, E. Jane Marshall, and Christopher C. Cook. 4th ed., 72.

⁸¹ Robert G.Rychtarik and Neil B. McGillicuddy, “Coping Skills Training and 12-Step Facilitation for Women Whose Partner Has Alcoholism: Effects on Depression, the Partner’s Drinking, and Partner Physical Violence.” *Journal of Consulting and Clinical Psychology* 73, no. 2 (2005), 249.

assertiveness, taking control, emotional responses or offering of help. For example, the wife may scold him, or threaten him of committing suicide or leaving him. She may seek some help from a professional as well. *Tolerance* is a way of accepting his behavior and spoiling him by doing everything for him when he is drunk. It is a way of enabling. *Withdrawal* is a way of avoiding and having minimal contact with him, similar to circumvention.⁸² All these are unhealthy expressions of the co-dependent's coping style. They are not only ineffective for the alcoholic but can make his condition worse. For example, engagement and tolerance will aggravate the person and promote him to drink more. An alcoholic does not tolerate scolding and threatening. It only worsens his drinking habit.

The male partner's drinking behavior is considered to be a serious risk factor for Intimate Partner Violence (IPV) in the family. The occurrences of women admissions at emergency rooms and various clinics reflect the close connections between the male partner's drinking and IPV. Studies reveal that the connection between drinking and IPV are found mainly among couples that are antagonistic, martially dissonant, and verbally abusive.⁸³ Women without jobs outside the home, often feel helpless and are forced to bear with men's abuses and violence.

When the wife is the problem drinker: In families where the wife has a drinking problem the husband may not experience as much physical abuse as wife does. However, the husband can develop fear of social disapprobation and of ignominy brought to the family by his wife's alcoholic behavior. He often feels disgusted with her behavior. All these can

⁸² Griffith Edwards, E. Jane Marshall, and Christopher C. Cook. 4th ed., 73.

⁸³ William Fals-Stewart, Kenneth E. Leonard, and Gary R. Birchler, "The Occurrence of Male-to-Female Intimate Partner Violence on Days of Men's Drining: The Moderating Effects of Antisocial Personality Disorder," *Journal of Consulting and Clinical Psychology* 73, no. 2 (2005): 239.

lead to violence. If he has a stressful and demanding job he may find it difficult to manage the double demands, both at home and at work. Welfare of the children may be one of his serious concerns. If divorce takes place between them usually it is economically less challenging for a man than for a woman to live without the other.⁸⁴ Robert Ackerman, a founding board member of the National Association for Children of Alcoholics, presents the findings of Carol Williams' (1983) studies with 100 families. Her findings state that when wife/mother is the alcoholic the neglect of child care is very high and family stability is very low compared to when man/father is the alcoholic at home. However, child abuse is found more when the father is the alcoholic than when mother is.⁸⁵

One of my Al Anon interviewees told me that his alcoholic wife has talked about divorce many times when she was drunk. Her behavior affected him psychologically with feelings of anger, resentment, violence and hatred. He even had thoughts of suicide but did not want to do it for the sake of his children. It affected him spiritually in that he got frustrated with God since he assumed his prayers were not answered. Another man said he "tried to fix her" only to find things got worse. Still another interviewee said that he tried to be indifferent to her but it elicited from her the desire for his attention and when not received she would get frustrated. Another man blamed himself, thinking that he ruined her life. He developed low self-esteem, an inferiority complex and guilt feeling because of her accusation of him.

When both the partners are alcoholics: Usually alcoholics are attracted to other alcoholics and they regularly marry. Their common interest will be drinking. The husband's drinking

⁸⁴ Griffith Edwards, E. Jane Marshall, and Christopher C. Cook. 4th ed., 75-76..

⁸⁵ Robert J. Ackerman, *Let Go and Grow: Recovery for Adult Children*, (Deerfield Beach, Florida: Health Communications, Inc., 1987) 49-50.

behaviors cause stress for the wife and she starts drinking. Her behavior worsens his drinking and the cycle continues.⁸⁶

When both the parents are alcoholics child care is very low and child abuse is very high compared to families with a single alcoholic parent, according to findings of Carol Williams.⁸⁷ When both alcoholics go through the same problem, they regularly do not suffer alone like the single alcoholic member. Moreover, their coping style in dealing with their problem is drinking.

Financial insecurity: Usually the alcoholic family is financially unstable. As the alcoholic member consumes the family financial resources the family becomes poorer. This will increase the tension of the whole family and deprive them of their basic needs, such as, medical care, the children's education and even food and shelter.

In sum the impact of alcoholism on the family is very destructive. It forms dysfunctional families where members do not grow emotionally. Domestic violence is a common phenomenon. Non-alcoholic members become codependents. Family can be torn apart and disintegrated.

D. Alcoholism and Adult Children of Alcoholics (ACA).

Let me begin this section with a story extracted from the workbook of ACA.

“My parents were alcoholics, and they never came to any of my school functions,” Abby said. “I was always told ‘may be’ or ‘we’ll see.’ The last time I invited my mother to anything, I asked her to come to a Camp Fire Girls mother-daughter dinner. The meal was to be served at my girlfriend’s house right next door. Mom had told me she would come, and I was so excited she was finally going to do something with me.

“That evening as the mothers arrived I watched the clock; Mom was late. I ran home to remind her and to tell her we were waiting for her. We had worked hard on the meal and were anxious to serve our mothers the finished product. When I walked in the door, Mom was at the kitchen table drinking beer. She said she was

⁸⁶ Griffith Edwards, E. Jane Marshall, and Christopher C. Cook. 4th ed., 76.

⁸⁷ Robert J. Ackerman, *Let Go and Grow: Recovery for Adult Children*, 50.

too tired to go. I begged and pleaded, but nothing changed. I returned to the party and told everyone she was sick, then went home because all I could do was cry.

“I quit the Camp Fire Girls and never again joined anything that involved parents.”⁸⁸

This moving story illustrates the intensity of the suffering of the alcoholic’s children and the impact of alcoholism on their lives as they grow up. The remainder of this chapter will discuss the social, psychological, emotional, and spiritual profile of the Adult Children of the Alcoholics.

1. Who are Adult Children of Alcoholics (ACA)?

ACA are grown up persons who had the similar experience of Abby in their childhood. According to Dennis Wholey, ““Adult Children” is a diagnosis of a wounded child, not a life-style.”⁸⁹ The wounded child is the real self who carries the hurts along with it, gets contaminated and becomes sick. The sick child then exhibits its illness through various unhealthy habits and behaviors. Herbert Gravitz and Julie Bowden state, “Children of alcoholics have acquired biological and psychological vulnerabilities that follow them into adulthood and which, if not addressed, can become a permanent disability. It is as though the child has been wounded and was never properly treated....it carries over into adulthood as a chronic health problem.”⁹⁰ ACA are those who often go through chronic health problems and their wounded self is in darkness.

2. The childhood experience of the ACA and its impact.

Childhood experience of the ACA and its impact cover all the spheres of their lives, including physical, psychological, relational, and educational levels. I delineate those levels below:

⁸⁸ Patty McConnell, 122.

⁸⁹ Dennis Wholey, 104.

⁹⁰ Herbert L. Gravitz and Julie D. Bowden, 15.

a. *Childhood experiences and Physical impact:* ACA are usually super-irresponsible toward themselves, toward self-care. This is what the ACA learned and experienced during their childhood days. “In the alcoholic home, the child’s physical health can be ignored or given inadequate care because of problems in the home: lack of financial resources, lack of both parents getting involved in the child’s health needs, lack of the ability of the alcoholic parent to broaden his scope of concern beyond himself, and so forth.”⁹¹ Hence ACA do not care for their physical needs. Their lack of self-care includes insufficient meals, less sleep, exercise or recreation, neglect of medication, etc. As a result they often suffer from headaches, ulcers from stress and colitis. Many of them develop eating disorders, causing heart disease and diabetes. Some of them become addicted to substances, especially smoking.⁹²

b. *Childhood experiences, and Psychological and Behavioral vicissitudes:* Growing up in an alcoholic family, the children of alcoholics (COAs) experience mostly pain and hurt. Let us examine some of their painful experiences and the later repercussions.

Trust issues: The story of Abby depicts how untrustworthy the alcoholic parents can be. Since alcoholics are not honest and the atmosphere is very fearful the children lose their trust. They experience abuse, erratic parental behavior and violation of promise. Here is the story of an ACA who learned she couldn’t trust her alcoholic mother while growing up:

One night when I came home from a date, my mother was standing at the front door with her arms folded tightly across her chest. She had been drinking and was wild and furious. Eventually I learned that she’d been reading a bunch of letters I’d just written but hadn’t mailed. She twisted everything around and accused me of terrible things. That was the night I determined I couldn’t trust her or anyone else.....⁹³

⁹¹ Sara H. Martin, 131.

⁹² Ibid., 129-134.

⁹³ Patty McConnell, 56.

From their early experiences these children learn that trusting their parents means getting hurt and, therefore, it is inapt to trust. One man told me that he used to tell his alcoholic father a lot of his personal issues which his father later talked about in public after a drink. He decided he could no longer trust his father. Greg from Minnesota who used to have dreams about his father, which woke him up in terror, states, “I came to understand that the dream was the result of decreasing trust in those I depended upon, because of the increasing problem of alcoholism in our home.”⁹⁴

Learning that their parents are untrustworthy ACA learn to *distrust everybody* and so develop the surviving pattern around *control issues*. Since no one can be trusted they think they have to control the whole situation. Troubles are embraced “when children of alcoholics control their bodies with bulimia, anorexia, overeating, or compulsive exercise, and try to use these excesses to improve their appearance, get attention, or gain emotional comfort.”⁹⁵ Since ACA do not trust others they *do not share their authority* with anybody either. ⁹⁶ They also develop “relationship anorexia”⁹⁷ which is to withhold nurturing the relationship by building a wall around their lives to protect themselves from pain. This leads one to be an introvert.

Self-blaming, shame and guilt: Parents of ACA (often the father) get angry and yell for no apparent reason. Consequently, children develop self-blame. They feel accountable for the drinking behavior of their parents.⁹⁸

⁹⁴ Greg W., “I learned to trust again,” *The Forum: The Monthly Magazine of Al-Anon Family Groups Sharing Recovery, Unity, and Service*, (Virginia Beach, VA: Al-Anon Family Group Headquarters, Inc., February 2015) 3.

⁹⁵ Patty McConnell, 129.

⁹⁶ John Bradshaw, 12.

⁹⁷ *Strengthening My Recovery* (Torrance, CA: Adult Children of Alcoholics World Service Organization, 2013) 108.

⁹⁸ Thalia, “I blamed myself for my dad’s drinking – until Alateen,” *The Forum: The Monthly Magazine of Al-Anon Family Groups Sharing Recovery, Unity, and Service*, (Virginia Beach, VA: Al-Anon Family Group Headquarters, Inc., February 2015) 24.

COAs were taught that whatever happened at home was their fault, so they developed a sense of guilt.⁹⁹ “If I were to do better things it would not have happened this way.” This is the kind of thought children of alcoholics develop while growing up. Moreover, criticisms and humiliations from the parents caused shame or embarrassment for the children.¹⁰⁰ Certain angry and dreadful words of the parents cause shame and guilt which badly ruin the sense of self and self-worth.¹⁰¹

They regularly will compare their situation with other normal homes and wish they were raised in a normal home.

In taking upon themselves the blame for the drinking problem of their parents, children develop a sense of *guilt* as they grow into adulthood.¹⁰² They also encounter guilt feelings when they stand up for themselves. It comes from their childhood experience when they were not allowed to ask when they needed something.¹⁰³ They were despised or humiliated or blamed at their pleading. ACA feel guilty to speak up at work.¹⁰⁴ They always think they are wrong. So they are afraid to speak up as well. They often develop an *inferiority complex*.

ACA also develop the unhealthy tendency to be *self-critical*.¹⁰⁵ Coming from the alcoholic family where all blame was projected on them ACA mythicize that had they been doing differently the whole world would have been a better place to live in. They also adopt

⁹⁹ Janet Geringer Woititz, *Struggle for Intimacy*, (Pompano Beach, FL: Health Communications, Inc., 1985)39.

¹⁰⁰ Griffith Edwards, E. Jane Marshall, and Christopher C. Cook. 4th ed., 78.

¹⁰¹ *Strengthening My Recovery*, (Torrance, CA: Adult Children of Alcoholics World Services Organization, Inc., 2013) 170 & 230.

¹⁰² Patty McConnell, 28.

¹⁰³ *Adult children of Alcoholics*, (Torrance, CA: Adult Children of Alcoholics World Service organization, 2006) 15.

¹⁰⁴ *Strengthening My Recovery*, 92, 71.

¹⁰⁵ Dennis Wholey, 138.

self-condemnation for not doing the right thing. Moreover, they *feel angry at their parents* for everything that is wrong in their lives.¹⁰⁶

From the experience of guilt and shame in the family ACA can develop *daydreaming and fantasies*.¹⁰⁷ They fantasize about a better home, good friendship, and great appreciation and admiration from others. As a result they live in a dreamland. “Many adult children use fantasy, daydreaming and “splitting off” to avoid being in the moment.”¹⁰⁸ Being shamed by their abusive parents ACA also *judge themselves harshly* and cultivate *low self-esteem*.¹⁰⁹ From humiliation and being yelled at ACA develop the self-destructive behavior of *eating disorders* such as bulimia, anorexia, overeating and other abuses of their bodies.¹¹⁰

Repression of feelings, False-identity and Denial: COAs grow up in families surrounded by an atmosphere of anger and violence. However, they learn not to express it because expressing it does only harm. In some families they are also taught not to be angry. They are also afraid of angry people because expressing anger can enrage others. Therefore, they repress their anger.¹¹¹ One of my ACA interviewees shared with me his story: “When I was young my father used to come at night fully drunk and yell at my mother. One day in anger he threw away some of the home furniture including some of my textbooks. In an angry tone when I asked my father ‘how could you do that’, he said ‘you are not supposed to talk to me that way.’ After that incidence I never had the courage to express my anger.” COAs harbor repressed anger as they grow up.

¹⁰⁶ *Strengthening My Recovery*, 313.

¹⁰⁷ *Strengthening My Recovery*, 43.

¹⁰⁸ *Adult children of Alcoholics*, 253.

¹⁰⁹ *Ibid.*, 15, & *Strengthening My Recovery*, 283.

¹¹⁰ Patty McConnell, 105.

¹¹¹ Janet Geringer Woititz, 36.

Sadness is another feeling that is not expressed in an alcoholic family. Members are not allowed to cry and express their sadness or grief. They are afraid that tears might smother them, and so they avoid them.¹¹² Naturally tears are repressed. Thus COAs stay “emotionally intoxicated and numb”¹¹³ and they carry this repressed feeling with them as they grow up.

Since COAs cannot express their feelings they learn to adjust to the situation and make whatever changes are needed in their lives. They attain their self-identity from the distorted and gangrenous parental behaviors and redundancies, and thus develop a false-self. Self-esteem is shriveled, and mistakes are forbidden. Striving to survive in this unhealthy atmosphere they form their own identity characterized by this unhealthy experience. This becomes the real world for them.¹¹⁴ Thus children adopt a false self, leaving the true self behind.

Repressed and suppressed anger lead to *rage, suicidal thoughts and inability to have good relationship* for ACA. Their lack of ability and freedom to express anger turns into *depression*.¹¹⁵ Since anger is repressed it bursts out later through rage and violent reactions. One such ACA gets violent dreams about his deceased alcoholic father occasionally. His suppressed feelings are very active inwardly. Suppressing anger can lead to suicidal tendencies as well. Repressed anger also leads them to a life of *fantasy, daydreaming, denial of reality, isolating oneself and being agreeable* to everything.¹¹⁶ They tend to be peace loving people and as a result they agree with everything and avoid offending others.

¹¹²Patty McConnell, 138.

¹¹³ *Strengthening My Recovery*, (Torrance, CA: Adult Children of Alcoholics World Services Organization, Inc., 2013) 85.

¹¹⁴ Patty McConnell, 26.

¹¹⁵ Janet G. Woititz, 36.

¹¹⁶ Patty McConnell, 78.

There are also other *physical and emotional effects* of repressed anger, such as headaches, digestive tract disorders, hypertension, and depression. *Hypochondria and anxiety attacks* as well as smoking, excess sleep and overworking can be other expressions of anger within.¹¹⁷ For the ACA, childhood fear and inability to express sadness and tears lead to *self-pity and depression*,¹¹⁸ It is common for the ACA to look for sympathy and affection from others. From depressed pain, anger, fear, and sadness ACA learn to strive for *excessive and obsessive love and acceptance*,¹¹⁹ and they also can go through feelings of *depression, panic disorders, hyperactivity or sloth*.¹²⁰ Therefore unfulfilled joy and unexpressed sadness can result in craving for undue love and acceptance from others.

Secrecy, No openness: In alcoholic homes there tends to be no openness. Everything is kept secret. Members tend to not share or discuss any event in the family with one another.¹²¹ The “family secret” is protected by masks and overly careful dialogue. Besides not sharing among themselves COAs are afraid and ashamed to talk about their home situation to outsiders. As a result, they learn to *be very private and dishonest* as they grow up.

Experience of Abuse: Various types of abuse are common phenomena in alcoholic families. It can be physical, sexual, verbal, mental or emotional abuse. Some girls are sexually abused by their fathers and even by their relatives and friends of their parents. One

ACA member recalls:

One night my parents came back from the tavern drunk. They let a friend stay overnight on the couch because he was too drunk to walk home. In the middle of the night, I was awakened as the man removed my pajama bottoms. He was whispering that I was pretty and that he liked me. His words slurred and his hands touched me. I kept trying to get away.....In the darkness, the man kept threatening me. He warned me not to make noise. Then he tried to penetrate me. I got away and

¹¹⁷ Ibid., 123 & 116.

¹¹⁸ Ibid., 138.

¹¹⁹ Dennis Wholey, 102.

¹²⁰ *Adult children of Alcoholics*, 17.

¹²¹ Sara H. Martin, 73-74.

ran into the living room to hide. He came after me whispering my name and almost found me..... When he got to the other side of the room I crawled into my parents' room and tried to wake my mother. She pushed me away, drunk herself, and told me to go back to bed. I felt I had no choice but to crawl quietly back to my hiding place, but when I heard the man snoring on the couch, I crawled out of the room and slipped into bed with my sister. Today I get sick whenever anyone with liquor on his breath tried to kiss me.¹²²

This is part of the agonizing experiences of the COA. In such homes children feel very *insecure*. When boundary lines are crossed and parental roles are reversed (children play the role of the parents since parents are irresponsible) emotional chaos takes place and insecure is felt.¹²³

From such abusive experiences ACA turn to the self-destructive behaviors of *self-punishment*, such as self-mutilation, repeated attempts of suicide, and self-destructive abusive relationship.¹²⁴ These are acts that ACA use as a means to survive. Often they find joy in self-punitive acts.

Parental abuse can also cause various *addictions* as well as *mental illness* which may lead to blatant criminal behavior.¹²⁵ Hence it is possible that abused children can become future offenders. Many of the criminals may have an abusive background.

Abandonment and Neglect: COAs experience emotional and physical abandonment. Sometimes abuse and abandonment coexist. One of my friends told me that when he was a child his father, fully drunk, came to kiss him, which he hated. His rejection of the kiss infuriated his father and he started beating my friend. He had to stay outside of his house that night. For the first time in his life he felt rejection. Sara Martin reaffirms Cathleen Brooks' opinion that emotional abandonment is worse and more devastating than physical

¹²² Patty McConnell, 106-107.

¹²³ Sara H. Martin, 39.

¹²⁴ Jane Middleton-Moz and Lorie Dwinell, *After the Tears: Reclaiming the Personal Losses of Childhood*, (Pompano Beach, FL: Health Communications, Inc., 1986) 34-35.

¹²⁵ Dennis Wholey, 35.

abandonment. Since alcoholic parents have no time and energy to care for their children, children experience rejection and abandonment.¹²⁶

Being abandoned COAs feel worthless, valueless and unloved. As a result of their abandonment experience, later as adults they can develop *low self-worth*. Sharon Wegscheider-Cruse describes self-worth as “believing in the value of yourself. Self-worth is understanding, accepting, and loving yourself in order to have the courage to make choices and changes to protect the self. Self-worth is *the* basic personal need.”¹²⁷ This is what COAs are denied of.

As adults their early experience of abandonment turns into rage of which some of them become addicted to the feeling of rage, known as *rageaholics*.¹²⁸ Their past experience of low self-worth expresses itself through overly responsible behavior, workaholism, alcoholism, drug dependency, and food addiction.¹²⁹ So people who formed low self-worth or low self-esteem tend to develop one or more of these pathologies.

Lack of spontaneity: COAs are not raised as free children. They cannot play about, speak up, or feel like a child. There tends to be no spontaneity in the life of a child in an alcoholic family.¹³⁰ Life is taken too seriously and so there are prohibitions for playing and having fun. The unpredictability of the alcoholic member’s behavior always inhibits spontaneity.¹³¹ Children in such an atmosphere do not have free choice, but rather have to live by the mood and emotions of the parents. According to Claudia Back, the three primary

¹²⁶ Sara H. Martin, 36.

¹²⁷ Dennis Wholey, 103.

¹²⁸ John Bradshaw, 22.

¹²⁹ Dennis Wholey, 106-106.

¹³⁰ Janet G. Woititz, 7.

¹³¹ Sara H. Martin, 66-68.

rules in an alcoholic family are, “Don’t talk, don’t trust, don’t feel.”¹³² Thus COAs tend to lack true freedom at home.

As a result later in their lives as ACA they form certain unhealthy personalities and behaviors such as *difficulty relaxing and having fun*,¹³³ *taking themselves too seriously*,¹³⁴ *lacking socializing skill*,¹³⁵ and *becoming a workaholic*.¹³⁶ Having lacked a relaxing childhood ACA tend to become overly serious in all their undertakings and always busy with their work.

Learning to be manipulative: Often alcoholic parent engages in inconsistent roles because of their mood swings. He/she behaves in one way when sober and another way when drunk, still a different way during hangover days. When children approach them for certain favors they have to gauge the time when the parent exhibits a good mood. This teaches them to be manipulative as they grow old. Thus COAs learn to manipulate the situation to get their work done.¹³⁷ This leads to formulate the habit of *manipulation game*, and *inconsistency personality* as they become adults.¹³⁸

Stress of the children: COAs go through a lot of stress as a result of the insalubrious behavior of their parents. They handle the stress through **denial, regression, withdrawal** and impulsive **acting out**.¹³⁹ These children, later as adults, can exhibit personality disorders. Robert Ackerman lists 10 characteristics of those who are vulnerable to stress:

- Overly sensitive and shy
- Moody, irritable
- Lonely, not able to make friends easily

¹³² Herbert L Gravitz and Julie D. Bowden, 21.

¹³³ Robert Ackerman, *Let Go and Grow: Recovery for Adult Children*, 9.

¹³⁴ *Ibid.*, 9-10

¹³⁵ Janet G. Woltitz, 89 & 92.

¹³⁶ Sara H. Martin, 67.

¹³⁷ Robert J. Ackerman, *Let Go and Grow: Recovery for Adult Children*, 31-32.

¹³⁸ *Ibid.*, 32.

¹³⁹ *Ibid.*, 35-36.

- Easily angered
- Constantly complaining
- Withdrawn and preoccupied
- Frequently sick without organic cause
- Secretive, non-communicative
- Belligerent
- Prone to frequent nightmares¹⁴⁰

Most of the ACA I interviewed exhibit one or more of these traits.

Experience of crisis and powerlessness: Many COAs experience crisis mainly because of the awareness that they are not able to control their immediate environment. Even though they employ every means available to bring forth order to their environment, it often remains in chaos. Thus they feel powerless over the situation.¹⁴¹ An ACA told me that he tried in various ways to stop his father's drinking, such as taking him for retreat, medical treatment, and finally fighting with him. But everything was futile. Finally he realized his powerlessness.

From PostTraumatic Stress Disorder (PTSD): It is quite common that ACA go through PTSD. What is PTSD? "PTSD is a condition of the body and mind in which a person stores the memory of a violent attack or life-threatening event."¹⁴² Many abused children go through some violent attacks in their life. As these are stored in their mind they are expressed through some unhealthy behaviors and personalities. One of those personalities or symptoms is being *hypervigilance*.¹⁴³ They are *chronically alert*¹⁴⁴ to their surroundings. It is a scar caused by the life-threatening event in the past. Because they are afraid and suspicious of everything and everybody they tend to be always cautious and watchful.

¹⁴⁰ Ibid., 34.

¹⁴¹ Ibid., 38-39.

¹⁴² *Strengthening My Recovery*, 243.

¹⁴³ Ibid., 104

¹⁴⁴ John Bradshaw, 8.

PTSD patients often suffer eating disorder if they had experienced lack of food, compulsive shopping for past experience of lack of clothing, and manipulation to get around if they were terrified of being alone in the past.¹⁴⁵ People who are hyper-vigilant also regularly suffer “hypertension, migraine headaches, and gastrointestinal ailments.”¹⁴⁶

Another symptom of PTSD is *re-experiencing the trauma*, which includes immediate anger in the presence of an intoxicated person, fear when someone is angry at you, extreme defensiveness toward criticism, and so on.¹⁴⁷ It can haunt you wherever you live.

A third symptom is *psychic numbing*. This is an experience where a person has no feelings during times of stress. Such a person will have problems with intimacy and sexuality.¹⁴⁸

Other characteristics and behavioral changes of ACA as a result of parental alcoholism.

Choosing the familiar pain: ACA choose not what they want but what they are familiar with. As a result, peace and joy are foreign to them. What is familiar for them are self-destructive emotions, namely, pain, fear, guilt, isolation, self-hatred, control and so on. ACA tend to return to those familiar experiences through alcoholism, violence and intimacy problems.¹⁴⁹

Living in fear: Because of the experience of uncertainty and inconsistency of parental behavior in the past ACA constantly experience fear of: angry people, parents, authority, being abandoned, confrontation and being what they are.¹⁵⁰ They tend to be afraid of

¹⁴⁵ *Strengthening My Recovery*, 26.

¹⁴⁶ Timmen L. Cermak, 99.

¹⁴⁷ *Ibid.*, 88.

¹⁴⁸ *Ibid.*, 92-93.

¹⁴⁹ *Ibid.*, 102.

¹⁵⁰ Patty McConnell, 27-28; Sara H. Martin, 21; *Adult children of Alcoholics*, 10-11.

expressing their feelings and opinions. Many of them transfer their parent's behavior to people in authority.

Ignorance of keeping boundaries: ACA were not taught to keep boundaries and so they are ignorant of them. "All boundaries remind us that the feelings, behaviors, and attitudes of others are separate from our own."¹⁵¹ A person who keeps boundaries knows how to separate their feelings and attitude from that of others but ACA are not trained to do that.¹⁵² They let others intrude into their lives. Many of them get involved into others' business without being invited to.

Difficulty in continuing a relationship to the end: This is a carry-over of childhood experience. Alcoholic parents rarely complete a project they begin because of their preoccupation with alcohol. ACA continue the same demeanor even in their relationships.¹⁵³ They begin a relationship but may discontinue it before it becomes an intimate one.

Lying: The parental behavior of inconsistency in words and actions, and denial of their problem tend to induce the CoA to negate the truth and later form the character of dishonesty and lying.¹⁵⁴

Overreacting or acting out: Violent, abusive and other reactive behaviors of the parents persuade CoA later in life to be "reactors rather than actors"¹⁵⁵ in events over which they have no control. It is the repetition or reenactment of past experiences (violent or nurturing). It can be expressed through violence (taking the role of the abusive father), nurturing and helping others who are abused (taking the role of the victim of abuse), or

¹⁵¹ *Adult children of Alcoholics*, 346.

¹⁵² Janet G. Woititz, 46-47.

¹⁵³ Janet G. Woititz, 28-29; Janet G. Woititz, 86-87; Robert J. Ackerman, 6-7.

¹⁵⁴ Janet G. Woititz, 30-31.

¹⁵⁵ *Strengthening my Recovery*, 366.

through inappropriately rebellious behavior, for example, walking off from a business meeting when others give feedback. Sometimes, it can be *acting out*, by way of self-punishing as we were punished in the past.¹⁵⁶

People-pleasers and approval-seekers: From childhood experience ACA learn to please others as a condition to be loved and get others' approval. Hence ACA sacrifice anything to please others.

Super responsible or super irresponsible: ACA tend to take the role of an adult person as a child. In their adult life there is the tendency to manifest roles in extremes – either over responsible or too irresponsible.¹⁵⁷ Either they want to do it all or not do it at all. By being overly responsible they *lack self-care*, and through irresponsibility they feel that they are too weak to do anything.

Para-alcoholics: Having endured the ineffable agony from their parents ACA dream about a normal way of life with their children. Ironically, many of them become alcoholics and repeat their parental behavior.¹⁵⁸

Become rebellious: Usually ACA either conform with or rebel against the parental behavior.¹⁵⁹ Having experienced with the alcoholic parent, the child may become an alcoholic and that is conformity. Or the ACA will criticize and reject the alcoholic, and therefore identify in rebellion.

Impact of divorce and separation: Leading up to relational separation and divorce there is often a process called, *polarization*. It is a period when the spouses begin to withdraw and threaten each other with divorce. If this period is very long, children may live in extended

¹⁵⁶ John Bradshaw, 14-15.

¹⁵⁷ *Ibid.*, 47.

¹⁵⁸ *Adult children of Alcoholics*, 13; *Strengthening my Recovery*, 103.

¹⁵⁹ Dennis Wholey, 177.

anxiety and fear. Consequently, they have the double trauma of being children of alcoholics and the children of divorced parents. If divorce takes place quickly the inability to adjust to the new situation can be very traumatic. With the occurrence of divorce young children usually suffer the lack of parenting and likewise feel a relief of being away from the alcoholic problem.¹⁶⁰ Young children, however, feel the complete loss of security. The experience of being the children of divorced parents causes a deep wound in ACA. Later the cycle of divorce may be repeated in their own lives.

Impact from the mother as the alcoholic: When mother is the alcoholic the *mother-child bond* is harmed, creating *more emotional and behavioral problems* for the children.¹⁶¹ Later as an adult, bonding becomes difficult.

Impact of parents' fighting: As a result of witnessing the constant combat between parents, children suffer "*loss of sleep, feelings of hopelessness, and alienation from the family and from themselves.*"¹⁶² As ACA they have less connection with their parents and develop an *aversion, antipathy and disrespect* toward them. Moreover, if both parents are alcoholics children have a *greater genetic attraction to alcohol* and they *tend to become an alcoholic more rapidly.*¹⁶³

c. *Interpersonal and marital relationship level:* As stated above ACA have difficulty in entering into an intimate relationship or to build up a steady and lasting relationship with anyone.

¹⁶⁰ Roberert J. Ackerman, *Children of Alcoholics: A Guide for Parents, Educators and Therapists*, 2nd ed. (New York, NY: Simon & Schuster, 1987), 31-33.

¹⁶¹ *Ibid.*, 54.

¹⁶² Roberert J. Ackerman, *Children of Alcoholics: A Guide for Parents, Educators and Therapists*, 55.

¹⁶³ Herbert L. Gravitz and Julie D. Bowden, 12.

Many ACA tend to exhibit narcissistic disorders, a condition resulting from being deprived of unconditional love and respect.¹⁶⁴ Every child has the right to receive unconditional love and respect from their parents. Jane Middleton-Moz and Lorie Dwinell call it a “*human bill of rights*.”¹⁶⁵ Having been denied of these “rights,” ACA develop an insatiable craving for love, attention and affection. Narcissistically disordered persons are disappointed in one relationship after another, and tend to get addicted (to sex, love, money and other material things). Consequently they use their own children to meet their narcissistic needs.¹⁶⁶ Many ACA seek in their partners their unmet needs of total and unconditional love, and experience addictive relationships, and when they are denied of such needs they feel depressed and suicidal. They do not realize that those childhood ‘rights’ are not attainable in a friendship or marriage.¹⁶⁷ ACA mirror the kind of intimate relationships that they learned from their parental relationship. Because they witnessed their parents constantly fighting their normal way of intimacy consists in fighting.

The ACA tend to have a *false sense of intimacy*, believing that intimacy is just having sex with the other person, doing things for the other person, and taking care of the other person. They may lay on the same bed together and still may be quite far away from having affection for each other.¹⁶⁸ They tend not to realize that the main component of intimacy is having true affection for each other and that affection is to be expressed through emotion and feeling. Echoing the parental dysfunctional relationship ACA exhibit *emotional*

¹⁶⁴ John Bradshaw, 11.

¹⁶⁵ Jane Middleton-Moz and Lorie Dwinell, 32.

¹⁶⁶ John Bradshaw, 11-12.

¹⁶⁷ Jane Middleton-Moz and Lorie Dwinell, 33-34.

¹⁶⁸ *Strengthening My Recovery*, 71.

distancing in their relational life, operating this distancing through argument, criticism, and workaholism.¹⁶⁹

Incest is very common in the dysfunction of the ACA's family who in turn often lose their ability to trust. When they experience it they have no one to tell because they believe no one will believe them. So they lose the sense of trust. Naturally their marriage relationships suffer from failing to trust their partner. It is common for incest victims to prefer same sex relationships.¹⁷⁰ One of the ACA to which I was ministering told me that she was a victim of incest. When I asked her why she did not get help in her younger days she said that she did not feel comfortable to share it with anybody. She did not think her mother would believe her. She now has enormous problems in her marriage mainly due to trust issues.

ACA who suffered sexual abuse and other emotional torments tend to experience *sexual compulsivity* in later life. They can tend toward sexually hyperactive and getting involved in sex even with people they do not like.¹⁷¹ One of the ACA who had been abandoned as a child, told me that when she was a young adult she used to go from person to person having sexual relations.

Another issue around ACA's relationship dysfunction is *disassociation* which is trying to be away from what is happening around oneself. It is a coping mechanism ACA used as children, trying to keep themselves away from their parents emotionally and physically. Disassociation deprives ACA of having healthy relationships, and the opportunity to make good friends.¹⁷² They even avoid certain situations or encountering people in order to

¹⁶⁹ Sara H. Martin, 85-86.

¹⁷⁰ *Ibid.*, 65-67.

¹⁷¹ *Strengthening My Recovery*, 102.

¹⁷² *Strengthening My Recovery* 142.

maintain peace. Sometimes the codependent parent disassociates what is going on at home. Consequently it gives the child no avenue to talk about or express their feelings. Expressions of disassociation include “compulsive cleaning, compulsive exercising, obsessive reading, fantasizing about sex or romance, telephone sex, pornography, compulsive masturbation, workaholism, or harmful thrill seeking..... ...compulsive spending and cluttering.”¹⁷³

d. *Effect on school:* Children coming from alcoholic families often are affected greatly in their academic and behavior level. Quoting Dr. Claudia Black’s, Sara Martin states that schoolchildren of alcoholic parents have:

- Poorer physical health than the norm
- More absences
- Lower grades
- Greater physical fatigue
- Greater emotional fatigue¹⁷⁴

Because of their fatigue, health problems and frequent absences their performance in the school often is poor. They often are unable to concentrate in class because the emotional problems they go through engross them in daydreaming and fantasy. This affects their studies and can lead many to “educational dropout.”¹⁷⁵ Moreover, they do not feel a sense of belonging with their friends and so they find it hard to make friendships with others.¹⁷⁶ Their inferiority complex and sense of low self-esteem also affect their associations with others.

e. *On sociological level:* ACA’s life and behavior affect the society in myriad ways. As mentioned earlier, some of them who have become alcoholics and heavy drinkers can

¹⁷³ *Adult Children of Alcoholics*, 344.

¹⁷⁴ Sara Martin, 19.

¹⁷⁵ Robert J. Ackerman, *Children of Alcoholics: A Guide for Parents, Educators and Therapists*, 58.

¹⁷⁶ Janet G. Woititz, 15-16.

distort other citizens through violence and drunken driving. If some of them hold professional jobs, their behavior can have serious repercussions for their clients. Often many ACA are involved in “antisocial behavior”¹⁷⁷ which can damage society from wide-ranging angles. The cost incurred to society as a result of their drinking habit is great.

- f. *Work-related effects:* Often ACA take the dynamics of their family experience and addictions into the workplace, especially through workaholism and being rebellious to authority personnel.¹⁷⁸ This may, in turn, result in long hours of work and harming their health in addition to the effect on productivity and fulfillment of their work.

ACA also exhibit unhealthy behavior through approval seeking, projection, fear of criticism, distrust of praise, unrealistic boundaries, anger on the job, tolerating abuse, pleasing their boss instead of being faithful to their duties, being critical and demanding as a boss, and taking constructive criticism personally.¹⁷⁹ Since appreciation and encouragement are foreign to them they feel uncomfortable and distrustful toward any praise coming from their boss. Above all, having learned to tolerate abuse at home, ACA do not see the danger signals of abuse at work.

- g. *Spiritual effects:* “A child develops his view of God based upon the image he has of his parents, primarily the father.”¹⁸⁰ Many ACA have told me that they are not able to see God as a loving Father. The only father they knew was an abusive, uncaring, unloving, humiliating, and violent one, and not a caring father. So their idea about Heavenly Father is very negative and nebulous and, therefore, they are not able to reach out to a Heavenly Father with love. Moreover, God is fancied as distant, indifferent, powerless, judgmental,

¹⁷⁷ Alex G. Copello, Richard D. B. Velleman and Lorna J. Templeton, “Family Interventions in the Treatment of Alcohol and Drug Problems,” *Drug and Alcohol Review* 24 (July 2005), 370.

¹⁷⁸ Sara H. Martin, 115-116.

¹⁷⁹ *Ibid.*, 117-127.

¹⁸⁰ *Ibid.*, 135.

and controlling. Too often ACA look at God as someone to be pitied or despised and one who is displeased with them. Since they view God as one who expects perfection they are frustrated with themselves if they do anything defective, leading to lack of joy in their spiritual life.¹⁸¹

Since forgiveness is absent in alcoholic families ACA are unable to trust in God's mercy and forgiveness. They lack the hope of salvation, knowing that they are unforgiven sinners. They also become unforgiving and judgmental toward others, the characters they learned from their parents. Because they lack trust in God's forgiveness and love they find it hard to establish a relationship with God, a loving father – child relationship.¹⁸² One of the ACA interviewees told me that since she did not trust others she was not able to trust God, which affected her relationship with God. As a teenager she ran away from home because of her father's drinking behavior and so was unable to go to church, thus distancing herself from God. There are some others who have become alcoholics and so abandoned their faith and church.

- h. *If a pregnant woman is an alcoholic:* If pregnant women are alcoholics or abuse alcohol habitually it will have a very serious consequences on the fetus. It can develop a disorder, called, "fetal alcohol syndrome" (FAS), which results in retardation of growth, subnormal intelligence, lagging motor development, facial deformities, joint and limb abnormalities, and cardiac defects. Children of alcoholic mothers will be born premature and with low birth weight and suffer high rate of infant mortality.¹⁸³ Many doctors also believe that the pregnant mother's alcoholism can be a cause of "attention deficit disorder (ADD), the

¹⁸¹ Ibid., 138-141.

¹⁸² Ibid., 141-143.

¹⁸³ Robert J. Ackerman, *Children of Alcoholics: A Guide for Parents, Educators and Therapists*, 61; Wayne Poley, Gary Lea, and Gail Vibe, 28.

hyperactivity condition that has been swelling public school special education classes.”¹⁸⁴ There is such a dire need for implanting awareness of the responsible motherhood among pregnant women.

Eric Newhouse gives the details of the FAS babies’ condition. According to him they grow more slowly, with smaller than usual skulls, eyes, upper lip and noses. It is common that their IQ level is less than seventy. They have difficulty handling abstract concepts like English and Mathematics. Because of their ADD they have difficulty with classroom learning and later as adults they face problems with employment. Many of them later become alcohol dependents.¹⁸⁵ Newhouse also states that FAS patients tend later to not have a sense of boundaries. For example, if they stand at bus stop and somebody calls them they go with that person. In other words, they are not able to distinguish between a friend and a stranger.¹⁸⁶ One of the ACA interviewees’ sister is an FAS patient. Her mother was alcoholic during her pregnancy.

FAS is an evil disease faced by many US children. Garrett Peck states, “According to the National Institute of Alcohol Abuse and Alcoholism (NIAAA), between 0.5 and 2 percent of U.S. births, or two thousand to eight thousand children, are born with FAS each year.”¹⁸⁷ It indicates the problem of alcoholism among pregnant women. It also reveals the great number of mentally impaired children being born every year due to their mothers’ alcoholic problem.

¹⁸⁴ Eric Newhouse, 42.

¹⁸⁵ Ibid., 46-47.

¹⁸⁶ Ibid., 54.

¹⁸⁷ Garret Peck, *Prohibition Hangover: Alcohol in America from Demon Rum to Cult Cabernet*, (Piscataway, NJ: Rutgers University Press, 2009), 160.

Conclusion

Alcoholism and drinking habits affect different categories of people – the user, the partner, the children and other family members. Alcohol use also affects the society at large. It damages the physical/biological and psychological health of the user. It also affects his spiritual life, and forms certain unhealthy behavior and character in the person. Thus entering into every sphere of one's life alcoholism fragments the whole person. It also forms dysfunctional families, thus damaging the family as a whole and affecting the physical, spiritual and emotional life of its members. Alcoholism degenerates, disintegrates and destroys the whole family. It affects the health, education, and character of its members. Because of its ramifications on children it affects the coming generations. On account of alcoholism, the alcoholic, their partners as well as their children form certain destructive behaviors and defective characters, some of which are listed below, drawing from what I have described so far and from my interviews with some of the members of AA, Al Anon and ACA. These are the areas of healing the later chapters will be dealing with. Items in the list are not exhaustive.

Self-destructive patterns and characteristics of:

Alcoholics	Partners/Spouses	Adult Children
<ul style="list-style-type: none"> • Dependency • Fear • Low self-worth • Mental health disorder • Pathological intoxication • Depressive illness • Guilt feeling • Anger • Self-pity • Mood swings • Loss of reputation • Functional impairment • Suicidal • Drunken driving and arrest • Compulsive sexual behavior • Victim of rape • Violence • Too lavish • Sex outside marriage • Predator rape • Theft • Unrealistic expectations • Inconsistent • Unpredictable • Cheating 	<ul style="list-style-type: none"> • Denial • Excessive fear and anger • Guilt • Low self-worth • Inferiority complex • Driven by compulsions • Going crazy • Depression • Stress • Toleration of abuse • Suicidal • Social isolation • People pleasing • Substance abuse • Sexual disorders/ Mechanical use of sex • Unpredictable • Chronically alert • Becoming reformers • Covering up • Self-critical • Over responsible • Addicted to tranquilizers • Codependency 	<ul style="list-style-type: none"> • Denial • Excessive fear and anger • Guilt • Low self-esteem • Inferiority complex • Rageaholic • Too stiff and serious • Overly sensitive and shy • Moody and irritable • Withdrawn • Non communicative • Belligerent • Hypervigilant • Ignorant of boundary • People pleasing • Wrong notion of sexuality • Loop communication • Disassociation • Self-critical • Shame/embarrassment • Self-hating • False-identity • Substance addiction • Bulimia/eating disorders • Compulsive exercise • Relationship anorexia • Affirmation seeking • Day dreaming/fantasizing • Self-judging • Suicidal • Depression • Hypochondria • Self-pity • Intimacy dysfunctions • Addictions(sex, gambling)

Character defects of:

Alcoholics	Partners/Spouses	Adult Children
<ul style="list-style-type: none"> • Egoism • Hateful • Irresponsible • False security • Short temper • Procrastination • Unpunctual • Imprudent • Proud • Gossip • Abusive • Critical • Resentful • Dishonest • Untrustworthy • Unconcern • No self-care • Rebellion • Manipulative • Lust • Distrust • Isolation • Perfectionism • Greed • Envy 	<ul style="list-style-type: none"> • Hateful • Irresponsible • Imprudent • Gossip • Secretive/Reticent • Dishonest • Less communicative • Judgmental • Controlling • No self-care • Less trust in God • Distrust • Antisocial • Manipulative • Isolation • Envy • Resentment • Sarcastic • Pride • Arrogant • Rebellion • Scrupulosity • Intolerance • Procrastination • Short temper • Unpunctual 	<ul style="list-style-type: none"> • Hateful • Irresponsible • Imprudent • Dishonest • Controlling • No self-care • Self-centered • Rebellion • Disrespectful • Manipulative • Lust • Distrust • Isolation • Perfectionism • Greed (for love, attention, etc.) • Constant complaining • Procrastination • Pride • Judgmental • Envy • Antisocial • Intolerance • untrustworthy

Chapter four

Alcoholism and Human Dignity

The previous chapter dealt with the physical, psychological and spiritual effects of alcoholism. Beyond the spectrum of outward alcoholic consequences, its impact can go deep into the core of the human being. As the human being is the crown of God's creation, there is something special about his being. It is his dignity. Human dignity differentiates humanity from the rest of God's creation. This chapter will delineate the meaning and source of human dignity and show how alcoholism can affect human dignity and sanctity of human life. If human dignity is part of the essence of the human being that distinguishes humanity from other creatures and if alcoholism affects that quintessence of humanity, then true healing should be sought in this area. Holy Scripture, writings of scholars and theologians, as well as various church documents will be used as resources to explore and analyze the topic.

A. Basis and meaning of human dignity and sanctity of life

One of the greatest gifts from God that humanity has received is the gift of life itself. To preserve such a gift is an important dimension of the Church's mission and of every individual. Ironically with the advancement of science and technology, the value given to human life often is being diminished. Injustices, oppression, and various types of abuses resultant of the hypermodern world militate against the dignity and sanctity of human life. It is, therefore, important to consider the true worth of human life and what constitutes true respect for human dignity.

1. Scriptural roots of human dignity

One can see the great value of human life based on the creation story of humanity, in which humanity is created in the image and likeness of God (the *Imago Dei*). We see the

divine image in the creation of humanity in three passages in Genesis: “And God said, ‘let Us make man in Our image, according to Our likeness and let them have dominion over the fish of the sea, and over the birds of the air, and over the cattle, and over all the earth...,’ so God created man in His own image, in the image of God He created him...” (Gen. 1:26-27); “...When God created man, He made him in the likeness of God”(Gen. 5:1); “Whoever sheds the blood of man, by man shall his blood be shed; for God made man in His own image” (Gen. 9:6).

Outside of Genesis, there are other passages from the Old Testament that talk about the divine image in humanity, his greatness, and his close relationship with God and the angels: “For You have made him a little lower than the angels, and You have crowned him with glory and honor,” (Ps. 8:5); “For God created man for incorruption, and made him in the image of His own eternity” (Wis. 2:23); “He endowed them with strength like His own , and made them in His own image” (Sirach 17:3). All of these passages speak of the dignity of man’s life.

All of the above passages lead to the following exegetical questions: What does it mean to be made in the image of God? Does the image refer to humanity’s body? If not, which aspect of humanity is the image of God? What does ‘being made in the image of God’ say about the value of human life? What does “let us make man” mean? Was there more than one person involved in the creation of humanity? Why was humanity created after other beings were created, as mentioned in the creation story? Does it show any special significance in his being? What does it mean to say, “He has dominion over the rest of the creation”? Does it mean that he has power over other creatures and can abuse them?

I will reflect on these questions in light of some of the academic and theological works that discuss the above mentioned scriptural passages, especially the creation of humanity in God's image. This will lead us to reflect on the following practical questions: How valuable is human life? Is human life sacred and if so, on what is this sanctity based? Is it possible to destroy human dignity or the divine image in humanity? Can human dignity be damaged, and if so, how can it be restored? Is damaging the human body without destroying the life itself a violation of human dignity? I will try to discuss these questions in light of scholastic and theological commentary as well as the church documents that follow. After having synthesized the claims of the theologians and the teachings of the church, I will develop my own inference in an effort to address the issues. This will further take us to the reflection on alcoholism affecting human dignity.

2. Teachings of the scholars and theologians

I have chosen three academic works that present the sanctity and dignity of human life based on God's creation of humanity in His image and likeness. The first work is, *Understanding Genesis* by Nahum M. Sarna. The second work is an article called, "Human Dignity and the Mystery of the Human Soul," by Robert P. Kraynak, and it is taken from *Human Dignity and Bioethics: Essays Commissioned by the President's Council on Bioethics*. The third work is an article entitled, "Reason, Faith, and Obedience," by Thomas Weinandy.

Sarna and Kraynak try to bring out the meaning of the *Imago Dei*, as well as the concept of human dignity and the sanctity of human life as reflected in Genesis and other books of the Old Testament. Weinandy presents a systematic and doctrinal analysis of God's creation in His image and likeness. However, all of the scholars are concerned about

maintaining or restoring the traditional Judeo-Christian concept of the image of God in humanity.

Sarna emphasizes the **unique position** of humanity among created things and his special relationship to God from the creation story of humanity in Genesis. According to Sarna, in the creation of humanity, the usual act of will was reinforced by an act of divine effort. Among all His creation, only for humanity did God blow the breath of life into his nostrils. There was also a divine declaration of intention and purpose in humanity's creation: "Let Us make man," (Gen. 1:26). Thus, Sarna calls humanity the pinnacle of creation and states that the whole creation story has a human-centered orientation.¹ Kraynak brings out a similar idea of the unique position and special status of humanity in creation. He declares creation to be an ordered hierarchy, and humanity holds the highest rank in that hierarchy.² This author tries to affirm the special status given to humanity by God by creating him last.

For Sarna, humanity's unique position is grounded in his special relationship with God, which is reflected in the repeated use of the Hebrew term "bara," which means divine creativity. "And God created man in His image, in the image of God He created him; male and female He created them," (Gen. 1:27).³ Sarna interprets the repeated mention of God's creative activity by its author as an expression of God's special relationship with humanity, thereby raising humanity to a special status.

The repetition of divine creativity is not the only biblical portion that establishes humanity's special relationship with God according to Sarna. In verse twenty-seven, there

¹ Nahum M. Sarna, *Understanding Genesis*, (New York: McGraw-Hall Book Company, 1966), 14.

² Robert P. Kraynak, "Human Dignity and the Mystery of the Human Soul" in *Human Dignity and Bioethics: Essays Commissioned by the President's Council on Bioethics*, (Washington, D. C.: The President's Council on Bioethics, 2008), 74, WWW.BIOETHICS.GOV.

³ Sarna, 15.

is also an emphasis on *creating man in God's image*. Kraynak explains this phrase in terms of humanity's relationship with God. What does it mean "to be created in God's image"? All three authors hold similar positions while explaining this in their own unique way.

Sarna acknowledges that the origin and the exact import of the phrase, "in the image of God," have not been satisfactorily explained. He goes about explaining this by connecting it to verse twenty-eight: "Be fertile and increase, fill the earth and master it; and rule the fish of the sea, and birds of the sky, and all the living things that creep on earth." This expresses humanity's exclusive **dominion and control** over the rest of creation. It also bestows on him the right and the duty to use the resources of nature for his own benefit. Based on what this verse contains, Sarna interprets the phrase, "in the image of God" as those faculties and gifts of character that distinguish humanity from beast and that are needed for the fulfillment of his task on earth.⁴ He lists those faculties as "intellect, free will, self-awareness, consciousness of the existence of others, conscience, responsibility and self-control."⁵

Sarna also explains the further implications of the phrase, "in the image of God" in terms of the **dignity and sanctity of human life**. He draws this idea from Genesis 9:6: "Whoever sheds the blood of man, by man shall his blood be shed; for in the image of God was man created." According to him, the phrase, "in the image of God," implies that human life is infinitely precious and, therefore, cannot be taken away by any human being. Sarna believes that human beings possess dignity, purpose, freedom and tremendous power.⁶ He

⁴ Ibid., 15.

⁵ Ibid., 16.

⁶ Ibid.

also reminds the readers that the psalmist extols the glory and dignity with which God adorned humanity and the authority he has placed in him (Ps. 8:4-8).⁷

From Sarna's perspective, although the highest position is bestowed on humanity, he has mastery only over the rest of the creation. God alone has absolute mastery over humanity itself. Human sovereignty "must always be subject to the demands of a higher law, the divinely ordained moral order of the universe."⁸ This explains to some extent humanity's duty given by the divine law to preserve the sanctity of human life. Sarna elaborates on this idea by interpreting the story of Cain's murder of his brother Abel (Gen. 4:1-16). He states all homicide is fratricide. By murdering his brother, Cain violated the God-endowed sanctity of human life. This was a crime against human society, as well as against God since a crime against humanity is a sin against God.⁹ It asserts the divine authority over human life and, therefore, violates it either way, whether by homicide or suicide.

Thus, for Sarna, the phrase, "creation of man in the image of God" implies a special relationship of God with humanity. In that relationship, humanity is the summit and the master of all other creations of God. This endows humanity with great dignity and sanctity, which is to be preserved by every human being. Sarna, however, does not explain the implications of the 'dignity of man' which humanity receives from being created in God's image.

Kraynak presents the claim that humanity is the only creature made in the image of God, and it is this claim that is the Biblical and Christian charter of human dignity.¹⁰

⁷ Ibid., 18.

⁸ Ibid.

⁹ Ibid., 30.

¹⁰ Kraynak, 74.

However, Kraynak thinks that the few references in the Bible to the *Imago Dei* are quite ambiguous about what precisely constitutes the divine image in humanity. He believes that human dignity and the duties implied by it are grounded in God's "mysterious election" rather than in essential attributes. He explains God's mysterious election as God's mysterious love for humanity above all the creatures of the universe, giving every human being inherent dignity independent of his or her physical and mental traits.¹¹ Therefore, human dignity is free of any of humanity's inherent qualities. Thus, while Sarna attributes the faculties and gifts of character of humanity to the *Imago Dei*, Kraynak keeps human dignity free of any such human traits.

By examining the three passages from Genesis regarding the *Imago Dei* (1:26-27; 5:1-3; 9:5-7), Kraynak brings out the idea of humanity's dominion over the lower species since he was made as the summit of God's creation (in a hierarchical creation of the world). He also develops the concept of dignity and sanctity of human life based on God's creation of humanity in His divine image as in the case of Sarna. He further says that even after the fall of humanity, his dignity was not entirely lost. Instead, it was combined with depravity and mortality. Although the image of God was affected by humanity's fall it was renewed and reaffirmed in the story of Noah, which may be termed a "re-creation." Like Sarna, Kraynak uses the passage of Gen. 9:6 to justify the right to life, since the passage conveys the message that humanity is elevated by the respect shown to human life.¹²

Parallel to Sarna's view, Kraynak also holds the notion that humanity's dominion over the other creatures is limited, which is a reflection of God's total dominion over all creation. What is outstanding about Kraynak's position, however, is that the divine image can be

¹¹ Ibid.

¹² Ibid., 75.

partially lost either by the whole human race, as happened by the fall of Adam, or by individuals, as resulted by the murder of Abel.¹³ This poses a problem: Since the divine image in man is grounded on God's election, how can it be lost partially or fully? This will be discussed later in the chapter.

Still, the question, "what is the divine image?" is yet to be answered. Kraynak points to the emphasis in Genesis on procreation as an image of God's power of creation. Can the power of procreation be the basis for human dignity? If so, do not the lower animals also receive similar blessings since they, too, are commanded to "be fruitful and multiply" (Gen. 1:22)? If this is the case, what is special about human dignity, which is based on the *Imago Dei*? Kraynak says that human life and the procreation humanity shares with creation have a deeper meaning for humankind. It is something humanity alone possessed before his fall, namely, *immortality*. This immortality is the lost image of God in humanity and the highest degree of perfection in the created hierarchy.¹⁴ Therefore, according to Kraynak, human dignity refers to immortality, which is the lost image of God in humanity.

While Sarna makes reference only to Genesis and the Psalms to explain human dignity, Kraynak references that besides Genesis the Psalms, Wisdom, and Ecclesiastes also address human dignity. According to Kraynak, Psalm 8:4-8 expresses humanity's dignity and glory with loving wonder ("What is man that Thou art mindful of him?") and asserts humanity's dominion over the lower animals ("Thou hast given him dominion over the works of thy hands"). The reason for human dignity is also mentioned in these books. Interpreting the verse, "For God created man for incorruption, and made him in the image of his own eternity," (Wis. 2:23-24), Kraynak observes the explicit identification of the

¹³ Ibid., 76.

¹⁴ Ibid.

image of God with the attribute of immortality. From Ecclesiastes 17:1-12, Kraynak extracts certain attributes that give meaning to the *Imago Dei*, such as God-like strength, understanding through the senses, and languages.¹⁵ Yet, the primary reason he gives for human dignity based on the *Imago Dei* seems to be God's election of humanity for special care.

Finally, Kraynak also points to Jesus as "the image of the invisible God" (Colossians 1:15). Accordingly, from the New Testament perspective, the lost image of God is restored to humanity through the redemption of Christ, the true image of God.¹⁶ This in turn, points to how, Jesus restores the lost immortality of humanity by his death and resurrection.

Building on the New Testament perspective of Christ's redemptive meaning, Thomas Weinandy, in his article on "Reason, Faith and Obedience," writes about the three-fold purpose of the *Imago Dei*. The first purpose of the *Imago Dei*, according to Weinandy, is to know the truth. By creating humanity in God's image, God gave humanity the ability to know the truth of God's existence. God also gave humanity the openness to receive divine revelation.¹⁷ In line with the ideas of Sarna and Kraynak, this openness is a special privilege given only to humanity and not to any other creature.

Weinandy sees our relationship with God as being through Jesus Christ, since he sees humanity created in the image of the Son who is the Word of Truth.¹⁸ Since Jesus is the perfect copy of the Father, our image is visible in the Son, Jesus, and we are able to reach out to God through Jesus. Jesus himself affirms his divinity by calling himself I AM (John

¹⁵ Ibid., 77.

¹⁶ Ibid. 78.

¹⁷ Thomas G. Weinandy, "Reason, Faith and Obedience" in *Logos* (13 [4]: Fall 2010), 136-137.

¹⁸ Ibid., 137.

8: 28), whereby God' own image is made visible in him and see ourselves as reflections of his image.

The second purpose of the divine image in humanity, in Weinandy's understanding, is to love the truth and to be lovingly obedient to the truth. Just as the members of the Holy Trinity embrace the fullness of the knowledge (namely, knowing, in love, the truth of all that is), human beings created in the image of the Holy Trinity are able to know, in love, that which is (including the Triune God). Thus, humanity is called to know, and in knowing, to love the truth.¹⁹

Besides knowing and loving the truth, Weinandy acknowledges the third purpose of the divine image in humanity as to act in truth and love. In his view, it is not only the human soul with its cognitive and volitional faculties that is made in God's image but the whole person with its body and soul. Here, the use of the body, for Weinandy, is twofold. Bodily actions are needed not only to convey the truth (through human voice, written word and bodily gestures), but also to receive the truth with our five senses (by hearing, reading, etc.). Secondly, the body is used to submit obediently to the truth in love.²⁰

For this, Weinandy gives the example of the two greatest commandments of loving God and neighbor. To love God and neighbor, we need to know God and neighbor, the revelation of which is conveyed to us through visible and auditory faculties (as in the case of the burning bush or the Passover Lamb). Once this knowledge is conveyed to us, we are able to obediently submit to the truth in love through our bodily actions. Loving God in the form of prayer and worship involves bodily actions. Consequently, to express our love of

¹⁹ Ibid., 138.

²⁰ Ibid., 139.

neighbor, bodily action is inevitable.²¹ This is where Weinandy makes an important point with regard to our duty toward God's creation made in God's image. The existence of the divine image in humanity means humanity is to know the truth, to love the truth and to obediently live the truth. Obediently living out the truth is to love God with our whole heart, our whole soul and our whole strength, and to love our neighbor as ourselves. (cf. Mt. 22:37-39). God created us in God's image so that we may be able to love our neighbor who is created in God's image (just as one loves oneself who is God's own image). In other words, in loving the neighbor, one loves the image of God in the other. That is to say, hating the other person is hating the divine image in the other. It is in being loved that one finds or experiences the true worth, the real dignity in one's existence. Thus, human dignity that makes one lovable and respectable comes from the divine image in oneself.

Out of all three authors mentioned above, only Weinandy specifically states that the whole person, both body and soul, is created in God's image. Sarna emphasizes that all of the faculties and gifts of the person come from the *Imago Dei* whereas Kraynak's concept of immortality refers to the whole person, though he does not specifically mention both body and soul.

Now I turn to classical Jewish and Christian interpretations of human dignity first from Nahmanides, often referred to as Rabbi Ramban and secondly, the Second Century Alexandrian Christian scholar, Origen. Both analyze the theme of human dignity based on the *Imago Dei* in the creation story. The commentary of Ramban on the creation of humanity has a similar tone as in the case of the above mentioned scholars. Ramban finds the **superiority** of humanity from the phrase "let us make man" (Gen. 1:26) as it echoes

²¹ Ibid., 140.

the special command by God related to God's preceding command for the creation of the beasts and cattle. He also comments that except for the first day's creation, everything else was formed and made from the created elements. For example, God gave a command concerning the cattle, "let the earth bring forth" (1:24). At the end, God, together with the aforementioned earth, created humanity by saying "let us make." In light of this concept the preceding phrase of making humanity *in our image and after our likeness* (1:26) is interpreted as humanity, in the capacity of his body, is similar to the earth and, in the capacity of his spirit, is similar to the higher beings.²²

In Genesis 1:24 we read, "Let the earth bring forth the living creature according to its kind." According to Ramban, Rabbis in Bereshith Rabbah interpreted the phrase "living creature" as *living soul*. It is the soul which resides in the blood of the first man and which is akin to cattle and beasts. Later, God breathed into him a higher soul as the scripture says, "And He breathed into his nostrils the breath of life" (Gen. 2:7). It is concerning this soul that a special command was devoted by God. And it is about this soul the second part of Genesis 1:27 says "in the image of God He created him (humanity)." This is what distinguishes humanity from the rest of God's creation.²³ Thus Ramban connects the human body to the earth (the lower being) and the human soul to God (the higher being). Thus, humanity shares the life of God in that God's life (spirit) was breathed into humanity. Moreover, Ramban says, "Man is similar both to the lower and higher beings in appearance and honor as it is written, *And thou hast crowned him with glory and honor...*"²⁴ Thus Ramban refers to the glory and dignity with which humanity is created, quoting Psalm 8:6.

²² Ramban, *Commentary on the Torah*, translated by Rabbi Charles B. Chavel, (New York: Shilo Publishing House, 1971), 52-53.

²³ *Ibid.*, 53-54.

²⁴ *Ibid.*, 53.

Ramban also alludes to the breath of life breathed into humanity as being related to his superiority. It was only humanity into whom the breath of life was breathed. It was also to show that the human soul did not come from the material element but from God. The attributes Ramban gives to the spirit of God (image of God in humanity) are knowledge, discernment and understanding, since the one who breathes into the nostrils of another gives something of oneself.²⁵

Ramban returns to his theme on the superiority and the mastery of humanity from the second part of Gen. 1:26 on creation and the verses that follow. In 1:26 it says, “Let them have dominion over the fish of the sea, over the birds of the air and over the cattle, over all the earth and over every creeping thing that creeps on the earth.” A similar idea is also found in 1:28: “fill the earth and subdue it.” Ramban interprets all these as the power given to humanity to have dominion and to rule over all the creatures and to do with them as humanity wishes. Consequently, humanity has the power to dig, to plant and use them for his needs. Humanity’s dominion over all the earth is similar to the rule of the master over the servant.²⁶ According to the classical Rabbinical tradition, the phrase, “And, behold, it was very good”(1:31), is also a reference to humanity’s superiority and dominion over other creatures.

While Ramban attributes part of the greatness and the superiority of humanity over other creations of God to God’s great command, Origen attributes humanity’s greatness to what God made. Accordingly, God made heaven and earth, the moon, and stars, and finally humanity as we read in Genesis 1: “In the beginning God created heaven and earth” (1:1); “ God made two great lights” (1:16); “Let us make man” (1:26). The rest of the

²⁵ Ibid., 66.

²⁶ Ibid., 54-55.

creation was made at the command of God as we read: “Let there be a firmament”(1:6); “Let the earth bring forth vegetation...”(1:11) Origen, who wonders at the greatness of humanity as having been made equal to such great and distinguished elements of heaven, earth and the stars. Humanity is honored with promise and hope of attaining the “kingdom of heaven” and “a land of the living flowing with milk and honey”, and of shining “as the sun in the kingdom of God”(Mt. 13:43).²⁷

Origen finds something that is a more unique and distinguished condition in the case of humanity as the only creature made in God’s image. For him the body or the corporal humanity is formed or fashioned from the slime of the earth. Therefore, the image of God refers to the inner humanity, invisible, incorporeal, incorruptible and the immortal aspect of human beings.²⁸ Origen, here, refers to the *corporal* part of humanity that comes from the earth and the *incorporeal* aspect of humanity that comes from God. This incorporeal aspect, or the image of God in humanity, makes him the greatest of all the creations of God. Origen, thus, makes a pyramid according to the importance or greatness of God’s creation: First, the creatures that were made by God are greater than those made just by God’s command; consequently the greatest one is humanity who not only was made by God but was also created in God’s own image.

Quoting some of the New Testament passages, Origen says that Jesus is the other image of God in whose image humanity is made, as Jesus is “the firstborn of every creature”(Col. 1:15). The book of Hebrews (1:3) writes about Jesus as “the brightness of the eternal light and the express figure of God’s substance.” Jesus, who is the image of God, assumed the

²⁷ Origen, *Homilies on Genesis and Exodus*, Trans. Ronald E. Heine, (Washington D. C: the Catholic University of America Press, 1982), 62-63.

²⁸ *Ibid.*, 63.

image of humanity. Therefore, all those who want to be renewed in their inner humanity which is the image of God in humanity can do so through their participation in the life of Christ. Origen talks about the apostles who were transformed according to the likeness of Christ. Therefore, according to Origen no one who happened to put on the image of the devil through their sin should despair since they can regain the original image of God in them through Jesus Christ.²⁹ Thus, Origen explains how one whose *Imago Dei* is affected through sin can regain it and renew oneself by one's faith in the redemption of Jesus Christ.

Origen also sees something special about the food given to humanity. Commenting on Genesis 1:30 and 31 Origen says that while God made an announcement to all the beasts saying, "it shall be food for them," God expresses God's special affection for humanity by making a special command, "they shall be food for you."³⁰ Thus Origen sees humanity's special position in the eyes of God and how well humanity is cared for by God. In sum Origen's interpretation of the creation story expresses the importance and high status of human beings among God's creation.

Our Responsibility to Preserve the Dignity and Sanctity of Human Life

The above cited scholars and theologians seem to have a common understanding about the source of human dignity and sanctity of human life. Almost all of them draw the conclusion that human life is sacred and dignified based on the *Imago Dei*. Sarna and Kraynak make direct reference to human dignity, whereas Weinandy refers indirectly to it based on the divine image in humanity. The point I underline from Weinandy is that since the purpose of God's creation of humanity in God's image is to love God and one another, it is the human dignity that makes humanity lovable and respectable. Ramban makes an

²⁹ Ibid., 65-66.

³⁰ Ibid., 71.

indirect reference to the sanctity of human life in that the human soul is directly connected to God by the acts of creating in the image of God and breathing into humanity's nostrils the breath of life. He also proclaims the greatness and dignity of human life by quoting Psalm 8:6. Origen does not make a special reference to human dignity based on the *Imago Dei*. However, he talks about the greatness of humanity as the only creature made in the image of God and by his interpretation of the phrase "let us make" he shows God's special interest for humanity. Ramban's interpretation of the phrase "let us make man", which says that God together with God's earthly creation created humanity, also shows humanity's importance and high status.

Ramban talks about the superiority of humanity. The human being is created at the end in order to show his special status and his highest rank in the order of creation, as Kraynak points out. Humanity's dominion shows that he has mastery and control over other creatures, as Sarna and Kraynak state. It means that humanity can use the rest of creation for his benefit. Animals are under humanity and he may use them for his needs. But misusing them for no reason can lead to abuse. Such abuse can be disrespect shown to the creator Himself.

Thus, while humanity is the crown of God's creation he has a responsibility toward God's creation, including to humanity itself. As Sarna points out based on Genesis 9:6, human life is sacred and cannot be taken away by oneself or by others. Instead, as Weinandy shows, we are to respect and love others, ourselves and our creator. Moreover I concur with his view on the unity of the whole person and, therefore, any action against the body is also a violation of human dignity as it affects the entire person. Thus we realize

that human life is so sacred and dignifying based on the *Imago Dei* and the creation story that everyone has the duty to preserve it.

Finally, can human dignity be destroyed? Since human dignity comes from God I posit that no one can destroy the image of God in another person. However, Kraynak claims that immortality, which is the image of God in humanity, can be partly destroyed by murder (an act against the sanctity of human life). Apparently, his concept conveys the idea that the image of God in oneself can be destroyed at least partly by one's own sins. This concept needs to be debated upon. However, by attempting to attack or profane the dignity of the other person one profanes one's own dignity. Weinandy has the similar tone in saying that according to the final purpose of God's creation of humanity in God's image he has the obligation to love the other person who is God's own image. In other words, violating such a responsibility means profaning the image of God in oneself. Hating the other person is a violation against the other person and so against the image of God in the other. It is a way of attempting to attack the dignity of the other person, whereby the image of God in oneself is profaned. It is hatred that leads to all other evils against other persons. Therefore, one can be faithful to God's image in oneself and maintain one's dignity by following God's commandment of love or acting in truth and love. Weinandy does not use the phrases, 'destroying or losing the image of God.' According to Kraynak and Origen, one can regain the lost image and so the lost dignity by turning to Jesus Christ who through his death and resurrection renewed the lost image of God in humanity and thus opened the gates of paradise for them. I would rephrase this idea thus: even though one may profane human dignity in oneself and disintegrate one's life through one's sins, one has the capacity of

restoring wholeness because of what Christ brought to humanity through His redemptive act.

3. Contemporary Teachings of the Catholic Church on Human Dignity

- a. *Gaudium et Spes* (GS) of Vatican II ascertains the unity of the human person composed of both soul and body. Both are important to him as they both are God's creations. Therefore, humanity is to respect both aspects of his composition. "...humanity is not allowed to despise his bodily life. Rather, he is obliged to regard his body as good and honorable since God has created it and will raise it up on the last day."³¹ The body is created by God and is given as a gift to be used for loving and serving God and one another, and not to be abused. As Weinandy stated above, body is to be used to pray and praise God. Our dignity consists in glorifying God through the medium of our body. *Gaudium et spes* states, "But the very dignity of man postulates that man glorify God in his body and forbid it to serve the evil inclinations of his heart."³² In glorifying God in his body man articulates his dignity.

Vatican II applauds the intellectual capacity of humanity by which he is able to surpass the material universe. Besides the tangible objects, humanity's intelligence, which is a reflection of God's power, also thrives to penetrate into the intangible reality of truth. However, the certitude of that knowledge is obscured by humanity's sin according to GS.³³ The Catholic Church teaches that the intellectual capacity of the human being resonates with Ramban's understanding of the attributes of the image of God in humanity, namely, knowledge, discernment and understanding. These attributes are God-given gifts endowed only to humanity that make him very special compared to other creatures. These God-given

³¹ Second Vatican Council, *Gaudium et spes*, no. 14, in *Vatican Council II, Volume I: The Conciliar and Postconciliar Documents*, ed. Austin Flannery, O.P., new rev. ed. (Northport, New York: Costello Publishing Co., 1992).

³² *Ibid.*

³³ *Ibid.*, no. 15.

gifts are part of human dignity of mind which can be weakened through evil acts. Moreover, Vatican II's Declaration on Religious Freedom, depicts similar components of human dignity. It states that, "It is in accordance with their dignity as persons – that is, beings endowed with reason and free will and therefore privileged to bear personal responsibility – that all men should be at once impelled by nature and also bound by a moral obligation to seek the truth, especially religious truth."³⁴ Human beings are the only creations of God endowed with reason and free will, which manifest his dignity as a human being. Therefore humanity is expected to use these faculties responsibly so as to maintain his dignity.

GS also states that the voice of conscience in a person is the law written in humanity's heart by God. This law tells humanity to love good and avoid evil, and therefore a person is judged according to one's obedience to this law, as St. Paul writes, "They show that the demands of the law are written in their hearts, while their conscience also bears witness and their conflicting thoughts accuse or even defend them on the day when, according to my gospel, God will judge people's hidden works through Christ Jesus." (Rom 2: 15-16). Obeying this law is the dignity of the moral conscience of humanity.³⁵ Disobedience to this law is, then, disrespecting the dignity of his moral conscience. Also noted here, what one thinks is right or needed may not be good or right ontologically. In this sense one may unintentionally disrespect human dignity. GS also promotes and upholds the sanctity of human life in alignment with the views of Sarna. Since human life is sacred any act that contaminates human life defiles or profanes human dignity. Therefore, as GS states, "...whatever is opposed to life itself, such as any type of murder, genocide, abortion,

³⁴ Second Vatican Council, *Declaration on Religious Freedom*, no. 2.

³⁵ Second Vatican Council, *Gaudium et spes*, no. 16.

euthanasia, or willful self-destruction, whatever violates integrity of the human person, such as mutilation, torments inflicted on body or mind, attempts to coerce the will itself; whatever insults human dignity....; all these things and others of their like are infamies indeed.”³⁶ Suicide or homicide is an act against the giver of human life, and therefore, it is disrespect toward the sanctity of life and the dignity of the human person created in God’s image and likeness. Any infliction done on the human body or mind is also an act against the dignity of the whole person, since humanity is an entity of body, mind and spirit.

Theologians’ views on the restoration of the *Imago Dei* are also reflected in Vatican II. Accordingly, GS states thus:

But only God, who created man to His own image and ransomed him from sin, provides a fully adequate answer to these questions. This He does through what He has revealed in Christ His Son, who became man. Whoever follows after Christ, the perfect man, becomes himself more of a man.³⁷

This text highlights that Jesus is the perfect humanity created in God’s image. He is the perfect copy of the Father. Whoever follows him is able to love better and thus become more human.

Thus, the Catholic Church upholds the dignity of body, mind and spirit which make up the whole human person. Since they cannot be separated, honoring the human person consists in honoring the three components of the person. God’s creation in God’s image is of the total person and not one aspect of the person. Therefore, any act done against any aspect of the person is an act against human dignity. Accordingly, murder, suicide, infliction of the body or mind, and every sin that inflicts the human soul are infamous acts that dishonor human dignity.

³⁶ Ibid., no. 27.

³⁷ Ibid., 41.

- b. *Ethical and Religious Directives for Catholic Health Care Services* (ERDs): ERDs by the United States Conference of Catholic Bishops, instructs all Catholic health care providers to respect the dignity and sanctity of human life. Nonetheless it is not intended to analyze the attributes of the Imago Dei. Instead, it reminds people of the importance of human life and their responsibility to preserve it. It bases human dignity on the following three scriptural passages: the image of God in Genesis 1:10; the redemption by Jesus Christ in Ephesians 1:10; 1Timothy 2:4-6; and humanity's common destiny to share a life with God beyond all corruption in 1 Corinthians 15:42–57.³⁸ According to ERDs, human dignity should inspire everyone to show concern for the sanctity of human life from the moment of conception.³⁹ ERDs teaches that no one has the right to destroy the life of oneself or of others.
- c. *The Catechism of the Catholic Church* mirrors the Church's position exalting the sanctity of human life as human life originates from God. Unlike any other life, human life from its beginning "involves the creative action of God and it remains forever in a special relationship with the Creator, who is its sole end."⁴⁰ God created humanity through God's direct intervention ("Let us make man") (Gen. 1:26) and sustains humanity throughout his life. Therefore, God has a special relationship with humanity. This relationship brings out his dignity and sacredness of human life. This also expounds the full and sole right of God over humanity.

³⁸ United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. (Washington, D.C.: United States Conference of Catholic Bishops, 2009), Part Two, Introduction.

³⁹ *Ibid.*, n. 70.

⁴⁰ Libreria Editrice Vaticana, *Catechism of the Catholic Church*, (Liguori, MO: Liguori Publications, 1994), no. 2258.

The CCC emphasizes that human beings have no right over others' lives nor over our own lives. "We are stewards, not owners, of life God has entrusted to us."⁴¹ Hence it is our duty to preserve it and not to destroy it. That is to say, like homicide, suicide is also contrary to God's plan and, therefore, an attack on human dignity. Suicide "offends love of neighbor because it unjustly breaks the ties of solidarity with family, nation, and other human societies to which we continue to have obligations."⁴² Hence suicide affects not only the self but also family and the society. In other words, it affects not only one's own dignity but that of others as well.

In conjunction with respect for the dignity of human persons, CCC advocates that scandal disrespects the dignity of human person as it leads another to do evil. It becomes grievous if it is given by those in authority.⁴³ Therefore, scandalous behavior is a disrespect to others and their dignity as persons called to live a life of sanctity. This concept shall be elucidated later in the chapter when we deal with alcoholism affecting human dignity.

CCC also illustrates the need for respecting the health of oneself and that of others. "Life and physical health are precious gifts entrusted to us by God. We must take reasonable care of them, taking into account the needs of others and the common good."⁴⁴ Since health is a gift from God we are the stewards of our health. Hence abusing our health or not taking care of our health is act against the Creator. Self-care is an important virtue. Disregarding our health is disrespecting the human dignity of ourselves. Good health is also important to care for the needs of others. Hence neglecting our health violates common good as well.

⁴¹ Ibid., 2280

⁴² Ibid., 2281.

⁴³ Ibid., no. 2284 & 2285.

⁴⁴ Ibid., no. 2288.

Thus, Catechism of the Catholic Church elevates dignity and sanctity of human life as it is originated from God, the Creator of life. Since human life belongs to God only God has the authority to rescind it. Humanity is steward of his own health and so he has to take every effort to maintain good health.

Profaning human dignity: I have used the term ‘profane’ several times earlier in preparation for what we will be discussing shortly. We have seen the claim of some of the scholars that the human dignity of oneself can be destroyed at least partially through one’s personal sin or any act that is a violation of God’s image in oneself. This concept will be overruled in further discussions. Although one cannot destroy the dignity of the other person one may profane others’ God-given dignity. One’s dignity may be profaned by various factors. By being indifferent to the homeless the society may profane their dignity. By being a scandal one may profane one’s dignity in the society. There are others who profane their dignity by becoming too silly after drinking, and by drinking in public. Many feel like their dignity is profaned by various other factors, such as being called the children of alcoholics, being humiliated by alcoholic parents, by losing self-esteem, and being disrespected by one’s children.

4. God’s love and human dignity

A reflection upon Richard Gula’s views helps us to realize that human dignity is to be understood in the context of God’s relationship to and God’s love for human. Richard Gula writes, “...Human worth and dignity come primarily from God loving us and not from our personal achievements or social role.”⁴⁵ Certain Biblical passages are evidence to the fact that divine love is the true source of our worth and dignity, and that God loves the

⁴⁵ Richard M. Gula, *Ethics in Pastoral Ministry* (Mahwah, N.J: Paulist Press, 1996), 16.

people of the covenant for their own sakes and not for the sake of their being useful (Isaiah 43:1, 4; cf. Isa 41: 8-1).⁴⁶ In other words, human dignity is something inherent in every person, coming from God alone, from his loving relationship with us. It is that relationship which makes us sacred. “To say that each person is *sacred* is to say that God has so established a relationship with us that we cannot understand the person apart from being in relationship to God.”⁴⁷ This relationship is bonded in love. It is God’s special love that makes us special and dignified. “What we understand of the person is that each has a dignity sustained by divine love and faithfulness. We enjoy a sacred dignity because God loves us. Our worth or dignity is a gift of God”⁴⁸ In other words, we do not deserve God’s love and human dignity. It is purely a gratuitous gift from God. “The story (of creation) proclaims that every person possesses an inalienable dignity by virtue of God’s love that stamps his or her existence prior to any human achievements or social attributes.”⁴⁹ Therefore, one does not earn dignity from one’s profession or merit nor can one get it from others. From the beginning God created us with dignity as the creation of humanity is the overflow of God’s love. Since this dignity is inherent in us at our birth, no one can destroy the dignity in ourselves or in others.

However, this dignity becomes personal, alive and active only when we accept that love. “God’s offer of love awaits our acceptance.”⁵⁰ In other words, God loves us all the time. We experience it only when we accept it. It is like the sun that always shines. Sometimes on a cloudy day we don’t experience the sunlight. Our sins can be our refusal

⁴⁶ Ibid.

⁴⁷ Ibid., 22.

⁴⁸ Ibid.

⁴⁹ Ibid.

⁵⁰ Ibid., 17

to accept God's love which creates a cloud, preventing us from experiencing His love. Self-destruction is a way of refusing God's offer of love; it is a way of opting to ignore or disregard or even cut oneself off from God's loving relationship. Thus any act of self-destruction is disrespect toward one's own dignity that comes from God's love. Therefore, self-care will be an act of restoring/reconciling that damaged relationship with God, thus restoring human dignity.

Since everyone is created in God's image and loved by God everyone has the responsibility to respect the dignity of others. Justice demands respecting the dignity of others, thus honoring God's love manifested in others. That is why God asked Cain, "Where is your brother?"(cf. Gen 4: 1-16). It implies that each person is a brother or sister to others. Everyone is a keeper of the other. Hence, "to be the image of God is not only a gift but also a responsibility."⁵¹ Regarding the respect to be shown to God's image in the other Gula writes:

...as the biblical covenantal tradition and the Catholic tradition of justice have shown, having dignity as a gift of God makes claims on others to recognize and to respect the person in every situation and in every type of activity as an image of God and not because of the role one has or does not have in society. This means that when we deal with each other, we should do so with the sense of awe that arises in the presence of someone holy. For that is what human persons are as images of God.⁵²

God's love makes a person holy. Although one may choose to be cut off from God's love and makes oneself unholy, God does not cease to extend God's love to anybody. Therefore, objectively everybody is an object of God's love although some may not accept that offer.

After having examined the views of various theologians and Church documents let me now make a synthesis of the various ideas on *Imago Dei* and human dignity. Most of them

⁵¹ Ibid., 25.

⁵² Ibid., 22-23.

agree that human dignity is based on the *Imago Dei*. Sarna, Kraynak, Gula and Catechism of the Catholic Church agree on the point that the image of God in humanity is based on God's special love relationship with human beings. In that love relationship God breathed something of Himself to us, as Ramban argues. In other words, we have received part of what God is because of our close relationship with Him. Sarna, Ramban, and GS perceive *Imago Dei* as having God-given faculties of reason, free will, understanding, etc. Weinandy and GS uphold the dignity of the whole person. Weinandy focuses on the three-fold purposes of *Imago Dei*, and one of the purposes is to love the truth. According to him it is to be expressed through the whole person (body, mind and spirit). From the various views discussed above and from the fact that we are holy and dignified because of our relationship with God and God's special love for us, I make my own inference on *Imago Dei* and human dignity. As discussed above, because of our close relationship with God, we have received part of what God is. And what is God? St. John says, "God is love" (1John 4: 8). God loves us eternally and as God's beloved creation we have received the ability to love and be loved. Therefore, our human dignity is based on God's love for us, and being created in His image is our ability to love. I also agree on the faculties of reason and free will that humanity is endowed with. Hence, **the *Imago Dei* in us is our ability to love with full freedom and knowledge, and the human dignity is our worth to be loved.** God has given us this ability to love in order to love the truth and to act in truth and love. Jesus told us to use that ability to love God and neighbor and thus live as God's image always. We use our whole person – body, mind and spirit – to express our love. As Weinandy states, we use our body to express our love for God as in prayer. Jesus says, "You shall love the Lord, your God, with all your heart, with all your being, with all your strength, and with

all your mind, and your neighbor as yourself”(Luke 10: 27). Therefore a person should be able to love willingly and with full knowledge and as a special child of God he/she is worthy of being loved. Hence one’s dignity can never be destroyed even if it is profaned or attacked. If any part of the person (any of his mental faculty) is affected negatively, one’s ability to love fully is diminished and a person with dignity is harmed.

As we discussed above, human dignity cannot be destroyed or lost by our sins or by others’ intruding since humanity has received it by God’s election. It is inherent in him. Hence Kraynak’s concept of ‘human dignity being lost partially’, should be excluded. Others may try to defame us or harm us physically but cannot destroy our dignity. By doing so they only profane our dignity. (I prefer the term profane to disrespect since profanation is an irreverence shown to what is sacred, and human dignity is sacred). I also claim that by our evil acts we profane and damage our own dignity. The term ‘damage’ is not referred here to any wound caused to dignity, it is the subjective experience of the evil doer. The person whose actions are not guided by the ability to love (whose actions are against the law of love), experiences darkness because of the cloud that he created between God and himself by his sins, as seen earlier. This can be an experience of guilt, shame, fear, or the like. The person experiences lack of dignity or unworthy of love even though he is still worthy objectively. This is the damage he experiences by his sins although his dignity is not wounded at all ontologically. This damage is restored by participating in the life of Jesus who is the perfect image of God and who maintained human dignity in the best way possible (whose actions were always guided by *the ability to love*). Perhaps Origen’s claim of “putting on the image of the devil” may be better worded by ‘an experience of obscurity or cloudiness on the image of God in an evil doer.’

Having discussed the meaning of human dignity and how it can be profaned let us now turn to human dignity and alcoholism.

B. Human dignity and alcoholism

1. Alcoholism profaning human dignity?

Does alcoholism violate or destroy human dignity? Or does it only disrespect or profane human dignity? These questions shall be examined based on the writings of the theologians and teachings of the church on human dignity, and the ramifications of alcoholism depicted in the third chapter.

Sarna resonates with *Gaudium et spes*, in that, human dignity includes those faculties humanity is endowed with, such as free will, reason and personal responsibility. Alcoholism weakens one's use of free will and capacity for reasoning. An alcoholic is not a responsible person and so is not able to take personal responsibility at all. This explains very clearly that alcoholism affects human dignity.

Part of the attributes of the image of God in humanity is his intelligence expressed through his knowledge, understanding and discernment, as stated by Ramban, Kraynak and *Gaudium et spes*. We have seen that alcoholism impairs the person and so, too, all his mental faculties. Hence an alcoholic's grasping and understanding capacity is diminished. It also affects the understanding and education of alcoholic children. Hence alcoholism leads to the violation and profanation of human dignity.

Ramban and Origen acknowledge the high status and importance given to humanity based on the creation story. Even though God has created humanity as the crown of creation human beings act in ways unfitting to beings with dignity through alcoholism and alcohol abuse. From Weinandy's writing, we understand that human dignity makes us lovable and

respectable. Alcoholism can destroy that character in us. It can make us unlovable and disrespectful and, therefore, wound our dignity.

Gaudium et spes and Weinandy acknowledge the unity of the whole person. Accordingly, body, mind and soul are important as they are created by God and are part of God's image. Therefore, they are to be regarded as good and honorable, and should be used to serve God and other fellow beings. Consequently, any act that leads to hating others or doing harm to others through the instrumentality of any of these components is an attempt to defile or attack God's image in others and their human dignity. Weinandy stresses on loving others through the instrumentality of bodily actions. As we have seen earlier, alcoholism can lead to hating others and hatred can be expressed through bodily actions, such as physical abuse and murder, thus intruding the image of God in others. All the church documents including CCC and ERDs, as well as the writings of Sarna condemn murder of the innocent as it is gravely contrary to the dignity of human being and a crime against God. Alcoholism can lead to heinous acts, even murder, either directly or indirectly. Alcoholism in a family member can lead to poverty and ultimately to the destruction of a family unit. Moreover, alcoholism can deteriorate the mental state of family members, leading to emotional and sexual abuses which are violations of God's image in the other, and so against the dignity of the other.

The evil effects of alcoholism also can include, as seen in the previous chapter, self-infliction and mutilation which are acts against one's own body. Suicide can be another evil effect of alcoholism. All these are acts against the dignity of oneself and others. Alcohol abuse itself can be a violation of human dignity as it affects the whole person. By

constant use of alcohol, one neglects one's health which is a means of disrespecting the dignity of oneself.

Origen dwells on the relationship between the *Imago Dei* and sin. According to him, no one who happened to put on the image of the devil through sin should despair since they can regain the original image of God in them through Jesus Christ. In other words, since God's image in them is obscured through sin what they experience is devil's image, the weakened ability to love and this can be restored through Jesus Christ. We have seen that alcoholism can lead to various evils and/or sins such as murder, rape, gluttony, etc. All these can violate and profane the dignity of oneself and that of others.

In the previous chapter, we saw a long list of character defects formed as a result of alcoholism. These character defects stand in the way of respecting human dignity. For example, a person who is imprudent does not use God's gift of intelligence and knowledge. Another defect of character, namely, hatred is expressed through bodily actions, thus profaning God's image in the other. Jesus who is humble and meek, is the perfect copy of God's image. Therefore, pride profanes human dignity and the image of God in oneself. Thus, the defect of character formed in an alcoholic is yet another proof that alcoholism can initiate those acts or behaviors that profane or damage human dignity.

A person who suffers from alcoholism or someone affected by the alcoholism of another may engage in various forms of self-destruction whereby one dishonors one's own dignity. A person consisting of body, mind and spirit, is entirely holy as the whole person is created in God's image and the whole person is loved by God. When a person damages part of oneself (either body, mind or spirit) he or she is damaging the whole person; as the part can affect the whole. God wants us to keep ourselves holy and respect the entirety of

self. Any action that affects part of a person under the influence of alcoholism or another can lead to self-destruction. Through self-destruction, one disables the bodily expression of love. All these relay that alcoholism damages a human with dignity.

Since alcoholism can impair the mental faculties it weakens our ability to love with full knowledge and free will. Hence it becomes a block for an alcoholic to live as God's image (to use the ability to love knowingly and freely). It also prevents the person from experiencing one's dignity since many alcoholics may not always feel accepted and loved.

By scandal one may mislead others and cause others to fall. Abuse of alcohol by a person in great responsibility (like priest), can be a scandal. It is a very grievous offense against others. That is why Jesus says, "Things that cause sin will inevitably occur, but woe to the person through whom they occur. It would be better for him if a millstone were put around his neck, and he be thrown into the sea than for him to cause one of these little ones to sin."(Luke 17: 1-2) In other words, by making others fall we disable their ability to love. Sometimes, one's drinking habit can lead their friends to get drunk and get involved in certain evil acts. In this way, one's alcoholism can cause others to overly indulge their own human dignity.

2. Is there a way of restoring the obscured human dignity?

Origen and Kraynak, as well as *Gaudium et spes* give us the hope that this defaced or clouded image can be restored by following after Jesus Christ. The sin of Adam stripped humanity of his incorruptible and immortal nature. And yet this was restored through the redemption of Christ. Every time humanity sins he becomes less his nature, but by following Christ he can become more of this nature and thus more of the original humanity

created in God's image. Seeking the grace offered to us through Jesus Christ we regain our ability to love. This topic will be explored in the proceeding chapters.

Conclusion

Humanity is the only creature created in God's image. This idea based on the creation story of Genesis is the basis for human dignity. Although some scholars attribute God's image to some of the faculties of the inner person such as free will, understanding, and reasoning many of them, including the church documents, consider the whole person created in the image of God. Therefore, any act against any component of the person is an act against the *Imago Dei*, and so a violation of human dignity. Alcoholism is one of the agents that violates or profanes human dignity. If alcoholism leads one to do evil, it acts as the initial cause for acts that profane the image of God. No one can destroy the image of God in oneself or in another person. Certain deeds resulting from alcoholism such as hatred, murder, rape, violence, and acts that humiliate others can profane the image of God in others and thus violate others dignity. One may profane and violate the human dignity of oneself through suicidal attempts, self-infliction, mutilation and negligence to self-care. When the image of God in a person is profaned or when one fails to live as God's image (that is, using the ability to love) one begins to form certain defects of character. When true healing begins from the illness of alcoholism and those areas affected by alcoholism one begins to experience one's dignity and the virtues pertaining to the defects of character emerge.

To sum up, the *Imago Dei* in which humanity is created is the ability to love with free will and knowledge. Human dignity is the special gift of worth God bestowed on humanity out of His special love for us. This gift makes us worthy of love. Since it is a God-given

gift no one can destroy the dignity of another but one can attack and profane another's dignity. Now the question is, how far is one responsible in violating human dignity through alcoholism? This should lead us to the question of morality of human action and alcoholism which will be explored in the next chapter.

Chapter five

Moral dimension of alcoholism

We have seen in the previous chapters that alcoholism yields various evil consequences. It affects oneself, the family and the society. Now, in this chapter we will discuss certain relevant issues that are centered around the morality of alcoholism, such as , whether alcoholism is evil and sinful; how far a person is responsible for his alcoholic behavior; whether alcohol abuse is a sin; and how far a non-alcoholic responsible for his alcohol abuse. Before dealing with the morality of alcoholism let us reflect briefly on the moral dimension of human actions.

A. Morality of human actions

Morality may be referred to a set of norms or codes of conduct put forward by a society, culture or an organization that is directed to the right behavior of the individuals. Morality of human actions is prescribed by various disciplines. In this section we will describe the important aspects of human action and its morality as illuminated by Bible and various theologians of the church.

1. Scriptural warrants on morality of human action and behavior.

Christian morality has its foundation and origin in the Holy Scripture. Scripture gives directions and guidelines for right behavior. In contemporary society where there is great desire for full happiness accompanied by unlimited freedom, Sacred Scripture is a great challenge as well as a resource. It reveals to us what is true freedom and how to use that freedom. Accordingly I argue that true freedom, from the moral point of view, is the freedom to do the right thing, using God-given gift. This is reflected in the creation story where Adam was given freedom to eat any fruit but the tree of knowledge of good and evil

(Cf. Gen 2: 16-17). Thus God set forth a law. Even in that prohibition or law there was a free choice. It was up to him to use that freedom to do right by obeying God or to do evil by disobeying Him. But Adam, as we know, misused that freedom and ate the forbidden fruit (Cf. Gen 3: 1-6). Their choice favored evil. Thus we find that in the Bible, morality is about doing what is right and permitted by law, without coercion. Therefore, the true freedom given to humanity calls forth “moral discernment, choice, and decision.”¹ Using God-given gifts of knowledge and discernment man is called forth to make the right choice and decision. This will be further elaborated at the end of this section.

a. Old Testament perspective

In the Old Testament, morality of human action is delineated in God’s covenantal relationship with His people. In his covenantal relationship “the sovereign pledges Himself towards his vassal and exacts a pledge from his vassal towards Himself.”² In other words God gives himself to man and he expects the same response of self-giving from man. That is to say, man is called to be God’s property as is given in Ex 19: 5 – 6. Mutual giving in that covenantal relationship is echoed in God’s own words at different places in the Old Testament.: “I will be your God, and they shall be my people.” (Jeremiah 31: 33b); “I will be a father to him, and he shall be a son to me.”(2 Sam 7: 14). Man’s giving is to be reflected in his obedience to God’s commandment. God promised to Abraham that he shall be a father of many nations. At the same time God also entrusted him to fulfill a task in response to that promise (covenant): “Indeed, I have singled him out that he may direct his children and his household in the future to keep the way of the Lord by doing what is right

¹ Pontifical Biblical Commission, “The Bible and Morality: Biblical Roots of Christian Conduct” (May 11, 2008), no. 11. http://www.vatican.va/roman_curia/congregations/cfaith/pcb_documents/rc_con_cfaith_doc_20080511_bibbia-e-morale_en.html (accessed in May 5, 2016).

² Ibid., no. 18.

and just, so that the Lord may put into effect for Abraham the promises he made about him.”(Gen 18: 19). God’s pledging of himself is the gratuitous *grace* given to man, and the pledge exacted from man is the *law* that man is expected to follow.³ This gratuitous gift “appeals to the freedom of the human person to respond with a complete ‘yes’, an integral acceptance.”⁴ Thus, biblical morality consists in following the law faithfully with full freedom in response to God’s grace.

It is to be articulated that not everyone is able to follow true morality. In order to follow the right moral choice one should have God-experience. “The believer’s moral option presupposes a personal experience of God, even though this may be inarticulate and only vaguely conscious.”⁵ Hence a morally sound person is inevitably a man of God. When a person opens oneself to receive God’s self-giving, which is his grace, one’s actions will correspond to the divine principles or the moral norms.

Moral norms prescribed in the Decalogue appear to be mostly prohibitions since they deal with morality of duties. (Cf. Ex 20: 1-17). However, when translated into the terminology of values we see that they follow the right order of values. In other words, the Ten Commandments are presented in the decreasing order of values. So the top priority of value is for God, then comes human relationship, life and stable marriage, and the least is for material goods. This order is a challenge to contemporary world where human beings and material goods are put before God.⁶ According to the Decalogue, any action against God and one’s neighbor is morally evil. Therefore, they are forbidden acts although one has the freedom to obey or disobey them.

³ Ibid.

⁴ Ibid., no. 19.

⁵ Ibid., no. 20.

⁶ Ibid., no. 30.

Qoheleth, the author of the book of Ecclesiastes, begins the book with the verse, “Vanity of vanities, all is vanity.” (Eccl 1:2). It is a reference to the transient and enigmatic nature of life.⁷ Everything in this world is ephemeral, whether it is sophisticated construction or garden (2: 6), or slaves (2: 7) or cattle (2: 7), or ornament or other treasures (2: 8), or any other fruit of one’s toil. Because of the passing nature of the fruit of one’s toil and since one cannot have a lasting joy over it, the author says, “So my heart turned to despair over all the fruits of my toil under the sun.” (2:20). Only God’s actions will endure forever (3: 14), and he alone gives true happiness: “For to the one who pleases God, he gives wisdom, knowledge and joy.” (2: 26). Therefore Qoheleth admonishes the reader to “fear of God and keep his commandments.”(12: 13). It means to establish a good relationship with God by keeping his commandments. The author also points out the behaviors and habits contrary to moral conduct prevalent in the political system, such as scandals and abuses as mentioned in 4:1(oppressions), 13 (imprudent king), 14-16 (arrogation of power by a criminal), 10:16 (undue feasting in the court), etc. For moral behavior, this book inspires us to lead a balanced way of life, providing justice to everyone.

The books of Proverb and Ben Sirach instruct us on a life of virtue and ethical conduct. Accordingly, “there are duties towards God, domestic duties, social obligations and responsibilities, virtues to be practiced and vices to be avoided for the formation of moral character.”⁸ The core of moral conduct, according to these books, is “fear of the Lord”, which is mentioned at several places in the books. (Cf. Ben Sira 1: 14, 16, 18, 20). So ‘fear of the Lord’ is the beginning and the crown of wisdom. “Fear of the Lord is the beginning of knowledge; Fools despise wisdom and instruction.” (Prov. 1:7). “Fear of the Lord is the

⁷ Ibid., no. 39.

⁸ Ibid., no. 40.

beginning of Wisdom, and the knowledge of the Holy One is insight.” (Prov. 9: 10). “For the author wisdom and fear of the Lord are practically synonymous and they manifest themselves in obedience to the Law of Moses (Ben Sira 24: 22).”⁹ Fear of the Lord means knowing God, and obeying and respecting him, which is different from being afraid of him. The one who reproaches God is a fool since he keeps himself away from the one who is the author of all wisdom and knowledge. Therefore a fool cannot make the right moral decision in his life as he lacks true wisdom. He does not accept corrections from wisdom. Wisdom helps us to discern what is good and what is evil, and guides us to choose the right.

In contrast to wisdom, worldly forces such as “forbidden woman” (Prov. 2: 16; 5: 3-14); adulteress (Prov. 2: 16; 5: 20-13); folly herself (Prov. 9: 13-18), offer only pain and suffering although promise erratic enjoyment. So there are certain feelings that may appear to be good but they may be misleading ones. Hence everything that feels good need not be really good and may not provide real happiness. “There is a way that seems right to a person but its end is the way to death” (Prov. 14:12). Hence we cannot say that “if it feels good, do it.” Wisdom teaches us to choose the right action which follows the right order of life. For example, sex outside marriage gives good feeling but it is not the right thing that gives ultimate happiness. But sex within marriage, too, gives good feeling and it is in accordance to right order of life and, therefore, it does not deprive us of the true happiness.

b. New Testament perspective

In the New Testament we see the moral conduct proposed by Jesus as seen in beatitudes. (Mt 5: 3-10; Lk 6: 20-22). The beatitude morality is not about obligatory norms

⁹ Ibid.

to be followed but about human conduct that disposes them to put their total dependence on God as well as showing justice and respect to one's neighbors. "In the beatitudes Jesus does not establish a code of abstract norms and duties about right human conduct, but by presenting norms for human conduct he reveals at the same time God's future action."¹⁰ Thus, God's future action or reward becomes the motive for following moral conduct in the present time. In various other discourses of Jesus we find that Jesus offers us variety of gifts but to receive them we need to show our commitment, similar to that of the covenantal relationship mentioned in the O. T. Jesus says, "I am the bread of life. Whoever comes to me will never be hungry, and whoever believes in me will never be thirsty." (Jn. 6:35). Whoever follows him will never walk in darkness. (Cf. Jn. 8:12). Whoever enters by him will be saved. (Cf. Jn. 10:9). Those who believe in him will live. (Cf. Jn. 11: 25-26). Those who abide in him will bear much fruit. (Cf. Jn. 15:5). Jesus offers gifts of heavenly food, light, salvation, everlasting life, and ability to bear fruit. However, for the realization of these gifts in our lives we need to show certain acts of commitment: coming to him, following him, entering by him, believing in him and abiding in him. From God's part it is a gift which is ultimate union with God and from man's part it is the willingness to accept it and placing one's moral conduct in this life.¹¹ Paul reaffirms this gift as a share in the resurrection of Christ. (Cf. Rom 6:4; 1 Cor. 15: 20-28)). This is God's free gift as Paul states: "The free gift of God is eternal life in Christ Jesus our Lord." (Rom 6:23).

Paul also admonishes the readers that in order to attain that free gift one must avoid 'the works of the flesh' such as cheating, greed, quarrels, drunkenness, immorality, etc., as part of one's commitment and moral conduct. (Cf. Gal 5: 19-21; Rom 1: 29-31; 1 Cor.

¹⁰ Ibid., no. 47.

¹¹ Ibid. no. 85.

5:10; 2 Cor. 12: 20). They are viewed essentially as a violation of personal relationship with God and the dignity and rights of our neighbors.¹² All these texts insist “on the responsible co-operation of Christians”¹³ in order to receive the gift.

c. Human freedom and responsibility in the Holy Scripture.

Now the question is whether man has the free will to make his own choice, and how far is man responsible for his actions. Even though God who is the creator of the universe has complete sovereignty over his creation there are evidences in the Bible about man’s freedom and responsibility. We saw in the beginning of this section the free will that was given to Adam and the consequence of misusing that freedom. Even though God wanted to establish king Saul’s kingdom an everlasting one over Israel, because of his disobedience God said, “I regret that I have made Saul king, for he has turned away from me and has not done what I said.” (1 Sam. 15: 11). Although by his sovereign power God determines on human action he gives complete freedom to man and, therefore, man is held responsible for his actions: “For the Son is Man is to go just as it has been determined, but woe to that man by whom he is betrayed.” (Lk 22:22). It shows the reality of human responsibility from God’s perspective. Regarding human freedom and responsibility Kenneth Boa writes:

In some inexplicable way God has seen fit to incorporate human freedom and responsibility into His all-inclusive plan. Even though the Lord is in sovereign control of the details in His creation, He never forces any man to do anything against his will. The fact that He judges sin means that He is not responsible for the commission of the sins He judges. When a person sins it is because he has freely chosen to do so. Similarly, when someone is confronted with the terms of the gospel, he can freely choose to accept or reject Christ’s offer of forgiveness of sins.

¹² Ibid., no. 112.

¹³ Ibid., no. 90.

Because it is free choice, he will be held responsible for the decision he makes (see John 12:48).¹⁴

Thus we see that a person is held responsible for one's actions because of the free will one possesses. J. I. Packer states, "Scripture teaches that, as King, He orders and controls all things, human action among them, in accordance with his own eternal purpose. Scripture also teaches that, as Judge, He holds every man responsible for the choices he makes and the courses of action he pursues."¹⁵ Human responsibility for one's choice is the proof for the fundamental freedom given to humanity from the beginning of creation.

J. I. Packer unfolds the reality of this mystery as he describes, "Man is a responsible moral agent, though he is *also* divinely controlled; man is divinely controlled, though he is *also* a responsible moral agent."¹⁶ Since we have the full freedom we are responsible moral agents. However, God controls our actions because He can see our life beyond. All the same we have the freedom to remain submissive to that control or rebel against it. It is like when a person wants to drive the car the parents may try to stop him because, according to them, the car is not in good condition. The person has the freedom to listen or act contrary to their command. The Decalogue is a command that tells you what to do and what not to do but man has the freedom to follow it or not. Thus man is morally responsible for his act and is never divinely coerced in making a decision.

We see from the discourse of Jesus that God never compels us to do what is needed for eternal life. He only gives us the motivation to do the right thing. He gives us full freedom. Actions become meritorious when done in full freedom. His promise of gift will be ours only when we make the right choice with full freedom. Hence we are responsible for the

¹⁴ Kenneth Boa, "Divine Sovereignty vs. Human Responsibility," *Bible.Org* (May 11, 2006), <https://bible.org/article/divine-sovereignty-vs-human-responsibility> (accessed May 4, 2016).

¹⁵ J. I. Packer, *Evangelism and the Sovereignty of God* (Chicago: Inter-Varsity Press, 1967), p. 22

¹⁶ *Ibid.*, 23

choice we make unless circumstances force us to do. He invites us to make the right choice between two alternatives and warns us of the consequences for making the wrong choice: “the wide or the narrow gate, the broad or narrow path, true or false prophets, good or bad tree, wise or foolish house-builders”¹⁷ (Cf. Mt 7: 13-27). The last judgment, too, is about the consequences for the choices people made (pertaining to their acts of love toward their neighbors) during their lives on earth. (Cf. Mt 25: 31-46). Jesus says, “You shall love the Lord, your God, with all your heart, with all your being, with all your strength, and with all your mind, and your neighbor as yourself.” (Lk 10:27). This text reminds us that love (of God and of neighbor) is the basis of moral actions in Bible and it is meritorious and valuable only when it is done with full consent and free will, involving the whole person. In other words, the decision to love (the right choice) should be made with full consent and free will. The text also recaps that “reconciliation, pardon and unconditional love are the central and lend an orientation to the whole ethic of the discourse (of Jesus)”¹⁸. Paul affirms the centrality of love in Christian ethics: “So faith, hope, love remain, these three; but the greatest of these is love.” (1 Cor. 13:13).

Gospels present God as the paradigm for moral conduct. “Be perfect as your heavenly Father is perfect.” (Mt 5:48). Hence Heavenly Father is the perfect model of our moral conduct. Gospels also points out that Jesus is the immediate model for us to follow as he is the perfect copy the Father: “Whoever sees me sees the one who sent me.” (Jn. 12:45); (Cf. also Jn. 14:7, 9, 10, 11). Hence following his commandments and remaining in him become the practical mode of living a moral life. (Cf. Jn. 14: 15-24; 15: 1-17).

¹⁷ Pontifical Biblical Commission, “The Bible and Morality: Biblical Roots of Christian Conduct” (May 11, 2008), no. 102. http://www.vatican.va/roman_curia/congregations/cfaith/pcb_documents/rc_con_cfaith_doc_20080511_bibbia-e-morale_en.html (accessed in May 5, 2016).

¹⁸ Ibid.

As a final note on Biblical warrant, I quote Paul's advice for discernment in making decisions so that our actions and decisions should be based on God's will and not man's will.¹⁹ To this end Paul writes, "Do not conform yourselves to this age but be transformed by the renewal of your mind, that you may discern what is the will of God, what is good and pleasing and perfect. (Rom 12: 2). Discernment with the guidance of the Holy Spirit will help us to make the right decision for a sound moral act that is pleasing to God. (Cf. 1 Thess. 5:21; Phil 1: 10; Eph. 5: 10). Decisions made by such discernment leads to prudent acts.

To sum up, Holy Scripture is the source of Christian morality. Biblical morality is based on love and fidelity which should be expressed freely and responsibly. Man is responsible for his actions because he is endowed with free will. Divine law does not curtail his freedom. Our actions become meritorious only when it is done with full freedom and consent. We need to discern what is morally good with the guidance of the Holy Spirit.

2. Metaphysics of human action and its morality

An analysis of the meaning and end of human action is important for a better understanding of its morality, which will further assist us in exploring the morality of alcoholism and alcohol behavior. Many theologians present their own views on human action, human responsibility and moral responsibility. For our understanding of human action and moral responsibility, we will follow the theory of Thomas Aquinas. However, we will also take into account the views of other writers while reflecting on free will and morality of human action. Since our main thrust is on the morality of alcoholism I will be

¹⁹ Ibid., no. 59.

using alcoholism as example for most of the theories as we go along. Thus, morality of human action and alcoholism will be covered simultaneously.

a. Dynamics of human action

Voluntariness: According to Aquinas, “.....acts are called human, inasmuch as they proceed from a deliberate will.”²⁰ Only a deliberate and voluntary act, which involves intellect and will, is a human act. Therefore, any action done without deliberation is not human act.

Circumstance is an important determinant in evaluating the merit or demerit of human action. Aquinas defines circumstances as those “conditions (that) are outside the substance of an act, and yet in some way touch the human act.”²¹ Since they are outside of the substance of acts, circumstances of human acts are also called accidents. According to Aquinas, the circumstance may refer to the place and condition of the agent, or it may also denote the manner in which the act is done.²² Knowledge of the circumstance determines the voluntariness and the morality of human act, which we will deal with later.

End of human action: Every human action is ordained for an end which pertains to the will.²³ According to Aquinas, man’s will is directed ultimately to a last end. Whatever he desires is for the last end which is the perfect good or happiness or the fulfillment of his perfection which is God.²⁴ The delight of bodily pleasures which is apprehended by senses is not happiness.²⁵ Instead, it is “God, Who alone by His infinite goodness can perfectly satisfy man’s will.”²⁶ Humanity always longs for the attainment of that last end. Although

²⁰ ST I - II 1. 3.

²¹ ST I – II 7. 1.

²² Ibid.

²³ ST I – II 1. 1.

²⁴ ST I – II 1. 6 & 7.

²⁵ ST I – II 2. 6.

²⁶ ST I – II 2. 1.

perfect happiness cannot be attained in this life imperfect happiness or certain participation of it can be had in the present life.²⁷ Thus the will has various ends connected to the present life which are apparent good, and which may or may not be good in itself.

b. Mental faculties and human action

Mental faculties comprise mainly will and intellect (reason). According to Aquinas, the functions and coordination of both elements are inevitable for a human act. As mentioned above, the will desires only good, and good can be subjective. Will is a rational appetite, and appetite can also be natural and sensitive. Natural appetite is an inclination or tendency toward something, existing in the nature of things. Sensitive appetite is a tendency toward a concrete object which is apprehended as good or pleasurable by the senses. Since only rational appetite is intellect-apprehended it tends to good which is objectively true. When will is moved by the sense-apprehended appetite it may be only an apparent good.²⁸ Therefore, there is a possibility that what the will wills may not be good in every aspect or in truth. For instance, daily use of alcohol may be good according to one person since it is apprehended as good by his senses while others may see the harm it does to oneself and to one's family. Sometimes certain things may appear to be good to man when affected by passion.²⁹ For example, when a person is angered, drinking in order to take revenge may appear to be good and important to him. However, when he is emotionally stabilized it may appear to be an evil act.

Aquinas also writes about reason wholly bound by passion as in the case of violent anger or strong concupiscence leading to fury or insanity, in which case, there is neither

²⁷ ST I – II 5. 3.

²⁸ ST I – II 8. 1.

²⁹ ST I – II 9. 2.

movement of reason nor, as a consequence, of will. Therefore, St. Paul writes, “the good which I will, I do not; but the evil which I will not, that I do.” (Romans 7:19). The passion that binds reason is the sensitive appetite which, according to Aquinas, is a power of a corporeal organ. The movement of the sensitive appetite depends on the appetitive power, as well as the disposition of the body which is not subject to the command of reason. Hence those acts of the sensitive appetite are not fully under the control of reason. Thus alcoholics keep drinking due to the disposition of their body, even though it is against their will. With regard to the disposition of the body, a person can be pre-disposed to this or that passion.

³⁰ For example, alcoholic children may be predisposed to alcohol abuse. However, if the reason is not fully captivated by passion the movement of the will remains, to some extent. In this case the act of the will does not necessarily follow passion and a person can be responsible for his actions,³¹ as in the case of non-alcoholics abusing alcohol.

Intention, means and end: Intention is an act of the will and it is ordained by the reason for an end.³² Hence intention is needed for a free act. As mentioned earlier, there can be many intermediary ends (the apparent good ones), besides the last end.³³ Since enjoyment is the end, the will makes the choice out of the many means available to achieve that end.³⁴ For example, the will intends to achieve the end (enjoyment, pleasure), by making the choice of gambling or drinking out of many other means available. End is always the reason for will to will the means.

³⁰ ST I – II 17. 7.

³¹ ST I – II 10. 3.

³² ST I – II 12. 1.

³³ ST I – II 12. 2.

³⁴ ST I – II 12. 4.

B. Morality of human action and alcoholism

1. Moral theories, free will and alcoholism

Two of the main theories of Christian morality or ethics are deontological ethics and teleological ethics. Morality of actions is measured on these theories.

Deontological Ethics: The root word of deontology is a Greek term *deon*, meaning duty. So deontological ethics focuses on duty as the primary object of the determination of the rightness or wrongness of an act. Immanuel Kant is the celebrated proponent of this theory. According to him, some acts are always wrong, such as, murder, stealing, telling lies and adultery. Therefore, they are forbidden, regardless of their outcome and irrespective of human inclinations, emotions, and circumstances. Moral worth is acting according to categorical imperatives. This theory prohibits using others as a means. The motivation behind a moral action, according to Kant, must be based on obligation and it must be well thought out before action takes place. His theory is based on man's unique capacity for rationality.³⁵ Since the rational capacity of a drunken person is very low or nil, he may not be responsible for his behavior under the influence, according to this theory. However, an alcoholic who is not drunk may be violating his moral duty when he uses others as a means by way of stealing and manipulation. Drinking in order to rape others or to kill others is also a way of using others as a means, and so is morally wrong. However, this theory is not well accepted among many Catholics since it discounts totally the consequences and circumstances. For example, killing or lying in order to save the lives of many is prohibited according to this theory.

³⁵ Ali Shakil, *Seven Pillars "Kantian Duty Based (Deontological) Ethics"*, *Institute for Global Finance and Ethics*, "<http://sevenpillarsinstitute.org/morality-101/kantian-duty-based-deontological-ethics>". (accessed June 3, 2016).

Teleological Ethics: Teleology comes from the Greek root term, *telos*, means end or purpose. According to this theory, the rightness or wrongness is determined by the goodness or badness of the end or consequence of an act. This end can be either the physical end of the act, or the purpose or intention of the act, or the subsequent consequence or result of the act. Aquinas used this theory which was first developed by Aristotle.³⁶ Morality of alcoholism will be analyzed in the light of Aquinas' teleological ethics as we proceed further. The basic determining factor for morality of human action is human freedom and responsibility.

Human action and free will: Do we truly have free will? Moral responsibility of our actions is determined by the answer to this question, regardless of whether the action is good or evil. A moral agent (a person with the capacity to act morally) is responsible for the act to the extent the act is voluntary, reasonable and free. Hence it is the presence or absence of free will that determines the moral responsibility for an act. There are external and internal factors that affect the responsibility for an act. According to Kant, one enjoys internal freedom (freedom of will) "if and only if it is free from external influences and inclinations to enact and obey its own (moral) law."³⁷ In the light of Kantian morality, since an agent's motives should be free from any external influence, "actions that are motivated by or done for the sake of some desire (whether it be a desire for philanthropy, revenge, or the absence of pain) are amoral and lacking in moral worth."³⁸ Alcohol use can be for the purpose of

³⁶ C. Dubray. "Teleology". In *The Catholic Encyclopedia*. (New York: Robert Appleton Company, 1912). Retrieved from New Advent. <http://www.newadvent.org/cathen/14474a.htm> (accessed July 8, 2016)

³⁷ Aaron J. Wendland, "Contradictory Freedoms? Kant on Moral Agency and Political Rights," *Philosophy Study* 2, no. 8 (University of Oxford, UK: David Publishing, August 2012), 538. http://r.search.yahoo.com/_ylt=A0LEVrhteEtX7k8AXjAnnIIQ: ylu=X3oDMTEzM2U5c2NwBGNvbG8DYmYxBHBvewM3BHZ0aWQDRkZVSUMwXzEEc2VjA3Ny/RV=2/RE=1464592622/RO=10/RU=http%3a%2f%2fwww.davidpublishing.com%2fDownload%2f%3fd%3d7872/RK=0/RS=plhbMOFVTbPKtCeEeGZe23SBMas- (accessed June 22, 2016).

³⁸ *Ibid.*, 541.

avoiding pain or mental distress, or to do certain violence as part of a revenge. Hence looking through the mirror of Kantian morality such drinking is amoral or it lacks moral significance. Kant also asserts that in order that the act be right the enjoyment of one's freedom should not interfere with others' freedom, instead it should "coexist with the external freedom of others (in accordance with a universal law)..."³⁹ For instance, if alcohol use results in rape, forceful sex with the partner, or fight that creates chaos, and destroys the peace of others, one violates the external freedom and rights of others. Therefore, in the light of Kantian theory, it can be deduced that such an act of drinking is morally wrong. As we have seen earlier, it violates the human dignity of others, too.

There are various theories that battle around the issue of free will. One of such theories is *determinism*, which is "the philosophical idea that every event or state of affairs, including every human decision and action, is the inevitable and necessary consequence of antecedent states of affairs."⁴⁰ If we believe that our past events fix or determine the present or future event or behavior the existence of free will can be challenged. However, although *hard determinism* excludes free will *soft determinism* or *compatibilism* accepts the existence of both determinism and free will. Compatibilism finds no conflict between determinism and free will. *Libertarianism* precludes the existence of determinism and upholds the reality of free will.⁴¹

Medieval philosophers and free will: Medieval philosophers believed that human beings act freely since they possess rational capacity, and they rejected the theory of hard determinism. However, they differ on the functionality of human faculties. There are some

³⁹ Ibid., 542.

⁴⁰ *The Information Philosopher: Solving philosophical problems with new information philosophy*, "Determinism", <http://www.informationphilosopher.com/freedom/determinism.html> (accessed June 20, 2016).

⁴¹ *New World Encyclopedia*, "Determinism," (August 15, 2013). <http://www.newworldencyclopedia.org/entry/> (accessed June 21).

who claim that freedom is primarily the function of the intellect while others argue that it is primarily the function of the will. The former group is called intellectualist and the latter is called voluntarist. Augustine, Anselm of Canterbury and Bernard of Clairvaux are some of the early medieval voluntarists. All of them accept the fact that unless a person acts freely he cannot be held responsible for his act. Augustine argues that the will operates freely when an agent gives in to a desire. Therefore, when a person gives in to a desire for temporal satisfaction which the intellect and will could disregard for the sake of eternal happiness he commits sin freely. According to Anselm, true freedom is the ability to do the right thing for right reason (ability to preserve uprightness of will). He believes that everyone has the ability to preserve uprightness of will but those who are slaves to sin cannot maintain that uprightness because of their state of being slaves to sin. According to Bernard, the will is free to choose even when the intellect judges that something is against God's will.⁴² Thus even when the intellect judges that alcohol abuse is wrong a person may choose to abuse although he has the freedom to avoid it. Considering Anselm's theory, it can be inferred that alcoholics (who are considered to be ill) may not retain the ability to maintain uprightness of will. However, a non-alcoholic who abuses alcohol retains that ability although he cannot maintain that uprightness because of his slavery to that habitual evil inclination.

Thomas Aquinas and John Duns Scotus are two of the high middle age philosophers. Aquinas is an intellectualist who claims that "choice is the function of the will in light of a judgment by the intellect."⁴³ Although he makes a close connection between intellect and

⁴² Colleen McClusky, *Internet Encyclopedia of Philosophy (IEP): A Peer-Reviewed Academic Resource*.

"Medieval Theories of Free Will". <http://www.iep.utm.edu/freewi-m/> (accessed June 22, 2016).

⁴³ Ibid.

will he argues that the freedom of the will depends upon the freedom of the intellect to make or revise its judgment. Once the intellect determines on a particular act the will moves the person toward that act. Aquinas also argues that sometimes when our passion is very strong it may be difficult to do against its desire. However, our (properly functioning) intellect and will are free to do otherwise.⁴⁴ Since alcoholic's intellect and/or will may be impaired they may not have a choice to avoid drinking. However, a non-alcoholic has the full freedom to avoid however strong his desire may be. Scotus, on the other hand, denies Aquinas' claim that the will is determined by the judgment of the intellect. According to Scotus, although the intellect makes a judgment about what to do the will has the freedom to determine out of the possibilities identified by the intellect.⁴⁵ However, this objection is overruled in one of the passages in *Prima Secundae*, where Aquinas presents the scenario of a starving man who is offered two portions of food at equal distances. According to Aquinas, the intellect has the freedom to follow its own criteria to judge what is better for him at that time. Therefore, intellect has the freedom to make judgment about an act, following certain criteria. It also judges on which criteria to follow.⁴⁶ Thus, the intellect may judge regarding the choice of food based on taste, health or other criteria. The will follows the judgment of the intellect. That is why Aquinas claims that the root and cause of liberty is the reason since free-will is "a free judgment arising from reason."⁴⁷ Now since a moral agent has the freedom to settle on a particular criteria, he has the responsibility toward his action.

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ Kevin M. Staley, "Aquinas: Compatibilist or Libertarian?," *The Saint Anselm Journal* 2. No. 2 (Spring 2005), 75-76. http://www.anselm.edu/Documents/Institute%20for%20Saint%20Anselm%20Studies/Abstracts/4.5.3.2h_22Staley.pdf.

⁴⁷ ST I – II 17. 1.

Although the intellect has precedence over will with regard to freedom, Aquinas affirms that man has free will because, unlike animals that act from natural instinct, man acts from judgment and he judges from some act of comparison in the reason. So he acts from free judgment. He chooses from the available alternatives and judges what is good for him and what is to be avoided.⁴⁸ There are two extrinsic causes for the will to will: God and intellect. God as the first cause operates through intellect. The will sees the ultimate good directly from the intellect. Although God moves the intellect and (through the intellect) the will He does not prevent their acts being natural, instead He lets them be voluntary.⁴⁹ So, although God gave us the Decalogue He does not force us to follow them. He gives us the freedom to follow or not to follow. It is up to us to make the right choice, knowing the consequences derived from our intellect if we don't follow them. So a normal person has free will. John Paul II observes the close connection between freedom and divine law:

Jesus points out to the young man that the commandments are the first and indispensable condition for having eternal life; on the other hand, for the young man to give up all he possesses and to follow the Lord is presented as an invitation: "If you wish...". These words of Jesus reveal the particular dynamic of freedom's growth towards maturity, and at the same time *they bear witness to the fundamental relationship between freedom and divine law*. Human freedom and God's law are not in opposition; on the contrary, they appeal one to the other. The follower of Christ knows that his vocation is to freedom. "You were called to freedom, brethren" (*Gal 5:13*), proclaims the Apostle Paul with joy and pride. But he immediately adds: "only do not use your freedom as an opportunity for the flesh, but through love be servants of one another" (*ibid.*).⁵⁰

Therefore, man has the freedom and he is invited to use that freedom to love and grow in holiness. Now a normal person's actions will be free if only certain conditions are followed.

⁴⁸ ST I 83. 1.

⁴⁹ Kevin M. Staley, 74.

⁵⁰ John Paul II, *Veritatis Splendo* (Vatican: Libreria Editrice Vaticana, August 6, 1993). https://w2.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_06081993_veritatis-splendor.html. (accessed July 15, 2016).

Aquinas gives two conditions for a voluntary act: full knowledge and freedom from violence or force.⁵¹

First, an act will be voluntary if only there is full knowledge of the act and the end of the act. Hence ignorance is an important factor that affects the voluntariness of act, according to Aquinas. He divides ignorance into two: voluntary and involuntary. Voluntary ignorance does not remove the voluntariness of one's action and, therefore, one will be responsible for the act. Aquinas divides voluntary ignorance into two: affected ignorance and ignorance of evil choice. The former exists when a person does not wish to know, and the latter is caused by negligence in knowing what one ought to do. In these cases, the moral agent is responsible for his act. For example, if a person commits adultery not knowing it is evil he cannot be excused since he is bound to know the Divine Law. Therefore, if a person, out of voluntary ignorance, wills to do something because it is apparently good but intrinsically evil, he is responsible for the evil act. On the other hand, if ignorance precedes the movement of will toward the act which movement would not be present if there were knowledge it causes involuntariness. Thus even if the act is voluntary, ignorance of certain circumstance of one's act, which he was not bound to know, causes involuntariness, especially if he would not have done had he known it. Aquinas gives the example of a man who, after taking proper precautions, shoots an arrow at a passer-by, not realizing that someone is coming along the road. It is simply an involuntary ignorance and so an involuntary act.⁵² That is why Pope John Paul II says, "Conscience *is not an infallible judge*; it can make mistakes. However, error of conscience can be the result of an *invincible*

⁵¹ ST I - II 6. 1& 5.

⁵² ST I - II 6. 8; ST I - II 19. 6.

ignorance, an ignorance of which the subject is not aware and which he is unable to overcome by himself.”⁵³

Secondly, an act forced by another person or event cannot be a free act. As Aquinas states, “as to the commanded act, the will can suffer violence: and consequently in this respect violence causes involuntariness.”⁵⁴ If one is forced to kill another or to abuse alcohol it is against his will and, therefore, it is an involuntary act.

Hence, in the light of Aquinas’ theory, it can be deduced that in situations when alcoholism or alcohol abuse is not a voluntary act one may not be responsible for the act. We have seen early that alcoholism can affect and violate human dignity. In the light of the conditions of voluntary acts, how far alcoholism considered to be voluntary? Is an alcoholic free not to drink? As we have discussed in the second chapter, an alcoholic is not in control of his drinking. In other words, he is pressured by an internal force caused by his illness of alcoholism to keep drinking, and that makes his act involuntary. Hence an alcoholic who has reached the last stage of his illness may not be held responsible for his act of drinking since it is not a voluntary act, although it may lead to violation of human dignity. However, if he has some control over his drinking he will be responsible for it. Moreover, the harmful acts that proceed as a consequence of drinking may not be voluntary acts since alcoholism can impair intellect and will. Hence he may not be aware of what he is doing. He is lacking full knowledge here. Hence an alcoholic may be responsible neither for his act of drinking nor for his behavior under the influence. However, his degree of responsibility depends upon the degree of his illness and intoxication. On the other hand, a non-alcoholic who abuses alcohol may be responsible for his act unless it is forced by an

⁵³ John Paul II, *Veritatis Splendo*, (Vatican: Libreria Editrice Vaticana, August 6, 1993).

⁵⁴ ST I – II 6. 5.

external force or due to involuntary ignorance (for example, not realizing what is offered to him contained strong alcohol). In such case he may also be responsible for any act against human dignity under the influence since it was resulted from his voluntary act of alcohol abuse.

Sources of bad actions and sins: According to Aquinas there are three sources of bad actions. First, it can be from intellect by way of wrong judgment due to ignorance. So an act can be sinful if the ignorance is voluntary. The second source can be passion, especially when intellect gives in to passion under some inappropriate situations. Finally the will becomes the source of evil in situations when the will's desire is disordered, resulting in willing a lesser or apparent good at the expense of greater good which should have been preferred.⁵⁵ Thus by satisfying the hunger for alcohol we may forsake a good friendship or relationship with our loved ones or peace at home.

Determinants for the morality of acts: Aquinas proposes certain conditions that determine an act good or evil. The primary determining factor for a moral act is the *object*.⁵⁶ Certain acts like alms giving, fasting and prayer are intrinsically good. However, some acts are evil in itself such as murder, lying, stealing and adultery. In the same way inordinate drinking is evil since it affects the person physically, emotionally and even spiritually. It is against the virtue of self-care. Appropriateness of *circumstance*, such as place, time, etc. can reduce or intensify the morality of an act.⁵⁷ For example, visiting a person when he feels lonely is more meritorious and praiseworthy than otherwise. A drink of alcohol may not be a sinful act but if it is done in the church, especially during a worship service or on days of

⁵⁵Colleen McClusky.

⁵⁶ ST I – II 18. 2.

⁵⁷ ST I – II 18. 10; Colleen McClusky.

fasting, or using the consecrated vessels for drinking, can be grievously sinful and evil acts. Drinking in public can be a scandalous act, too. *End* is another important factor to determine the morality of act. For example, almsgiving or fasting is good but if it is done for vain glory it is bad.⁵⁸ There are certain end that naturally follows the act. So fighting well is necessarily ordained to victory. But there are certain ends that are ordained thereto accidentally.⁵⁹ For example, abusing alcohol in order to commit murder or adultery is an accidental end. In this case there is “twofold malice in one action.”⁶⁰ As we have seen earlier, *ignorance* can diminish or even nullify the moral validity of human act.⁶¹ That is why a person committing an evil act under the influence may not be responsible for it even though the act in itself is evil.

Consequences on the moral appraisal: Consequences of an action can determine the degree of the moral validity of an action. If a person is aware of or can foresee the good or evil consequence of an action his deed will be praised or blamed accordingly.⁶² For example, if a person foresees that his alcohol abuse can result in rape this consequence increases the malice of his action. If the consequences follow from the nature of the action the malice increases. In this case if the person is voluntarily ignorant he is responsible for the evil consequence but if he is involuntarily ignorant he may not be responsible. In the case where the evil or good consequence follows accidentally its moral validity does not increase.⁶³ For example, getting involved in certain fight as a result of alcohol abuse may be an accidental consequence. The consequences of alcohol abuse depends from person to person. Some

⁵⁸ Colleen McClusky

⁵⁹ ST I – II 18. 7.

⁶⁰ Ibid.

⁶¹ ST I – II 19. 6.

⁶² Colleen McClusky

⁶³ ST I – II 20. 5.

people are very loving, caring, humorous and active after drinking while others are very aggressive, violent and emotional. However, although the consequences of alcohol abuse are not intended or foreseen, everyone is expected to be aware of its possible consequences.

As we have discussed earlier, the end of the will is happiness. Aquinas follows Aristotle's eudaimonistic theory of ethics which holds that the norms of morality depends on the good which is happiness. Accordingly only those choices which are ordained to ultimate good, which is happiness, are good. In this connection Aristotle defines will to be that human faculty which has the capacity to choose that ultimate good.⁶⁴ Hence "man naturally and necessarily desires to be happy, but he does not naturally and necessarily tend to any given finite good (money, wealth, power, knowledge, virtue, etc.) as constitutive of happiness."⁶⁵ Hence he cannot but will the ultimate happiness. Thus we realize, in order that an act be morally good both the object⁶⁶ as well as the end should be good. Pope John Paul explains these two sources of morality with Scriptural references:

The first question in the young man's conversation with Jesus: "What good must I do to have eternal life?" (*Mt 19:6*) immediately brings out *the essential connection between the moral value of an act and man's final end*. Jesus, in his reply, confirms the young man's conviction: the performance of good acts, commanded by the One who "alone is good", constitutes the indispensable condition of and path to eternal blessedness: "If you wish to enter into life, keep the commandments" (*Mt 19:17*). Jesus' answer and his reference to the commandments also make it clear that the path to that end is marked by respect for the divine laws which safeguard human good. *Only the act in conformity with the good can be a path that leads to life.*⁶⁷

Hence only the good acts which are in conformity with divine laws will lead to the ultimate end. It follows that those acts that are not intended for ultimate end are not morally good.

Good objects and good end are two sides of the same coin. However, we know that when

64 Thomas Williams, "John Duns Scotus", *The Stanford Encyclopedia of Philosophy* (Spring 2016 Edition), 5. 2. <http://plato.stanford.edu/archives/spr2016/entries/duns-scotus/>. (Accessed June 29, 2016).

65 Kevin M. Staley, 74

66 ST II – I 19. 1.

67 John Paul II, *Veritatis Splendo*, (Vatican: Libreria Editrice Vaticana, August 6, 1993).

we have normal eyes we can see the exact color of the object but when our eyes are defective we become color blind, and cannot see the original color. In the same way, I argue that, when our will is damaged or weakened by illness (like alcoholism), or strong passion or emotion the will sees good (apparent good) even in the bad objects. Thus the will makes the wrong choice to do evil whereby one yields to alcoholism or alcohol abuse or to any such evil. We also realize that neither alcoholism nor alcohol abuse is a good object nor do they lead to ultimate happiness.

Sometimes, even when we know that the particular act is evil we do it any way. Aquinas provides number of possible reasons for it. Commenting on one of his reasons, Diana Cates writes: “It could be that the judgment comes to mind and one holds it in mind, but one disregards its significance, as when one knows that a particular act is wrong, but in the experience of anticipated pleasure, one does not care.”⁶⁸ Thus the strong passion for pleasure that we anticipate makes us to choose the wrong act. Hence we do what we don’t want to do. Many alcoholics don’t want to drink again and promise not to drink again. But when they are gripped by this particular appetite of drinking they fail in their promise, forgetting the ultimate happiness. Temporary pleasure is all that the reason can think of at that moment. When everything is over, perhaps on the following day, they realize the wrong choice they have made. This is applicable to a non-alcoholic who fails to control his passion for alcohol abuse. According to what we discussed above, he cannot be excused for the wrong act he chose to do. Having analyzed the morality of human act and alcoholism in the light of the views of various theologians let us discuss what Scripture and Church documents talk about alcoholism.

⁶⁸ Diana F. Cates, *Aquinas on the Emotions: A Religious-Ethical Inquiry* (Washington, D.C: Georgetown University Press, 2009), 233.

2. Scriptural warrant on alcoholism

Scripture does not mention much about alcoholism nor does it condemn alcoholism since it is an illness. However, it warns about the habit forming or addictive effect of alcohol use. (Cf. Proverb 23: 35). Scripture does not talk against alcohol or alcohol use. In fact it discusses in positive terms about the use of alcohol in some places: “Drink your wine with a merry heart.” (Ecclesiastes 9: 7); Psalmist states that God gives wine “that makes glad the heart of men.” (Psalm 104: 14-15); Amos discusses drinking wine from your own vineyard as a sign of God’s blessing. (Amos 9: 14)); Isaiah encourages, “Yes, come buy wine and milk...” (Isaiah 55: 1). All these are to be considered in the context of time, culture and place.

Although drinking itself may not be wrong Bible condemns very rigorously the act of drunkenness or inordinate drinking because of its numerous evil effects. According to Scripture, drunkenness leads to *immoral behaviors* (Cf. Gen 19: 30-38; 2 Samuel 11: 13; Proverbs 23: 33). Drunkards become *stubborn* (Cf. Dt 21: 20). Drunkenness leads to *poverty* (Cf. Proverbs 23: 21). It causes *defeat and death* to oneself and others (Cf. 1 Samuel 25: 32-38; 2 Samuel 13: 28-29; 1 Kings 16: 8-10; 20: 12-21). It also results in *violence* (Cf. Proverbs 4:17; 20:1; 23: 29-30). A drunkard is *not ready for the Lord’s return* (Mathew 24: 48-51; Lk 21: 34). Drunkenness *removes intelligence* from the person (Cf. Hosea 4: 11). It is against being *temperate* (Cf. Ezekiel 44: 21; Hosea 7: 5; Lk 12: 45).

According to Scripture, drunkenness is part of the works of the flesh and so has sinful nature. Such people will not inherit the kingdom of God. (Cf. Galatians 5: 19-21; 1 Corinthians 6: 10). Drunkards belong to night and darkness (1 Thessalonians 5: 4-7). Proverbs state that a drunkard is not a wise person (Proverbs 23: 19-20). Because it is evil,

avoiding it brings abundant blessings: the Rechabites drank no grape juice or intoxicating wine and were blessed (Jeremiah 35:2-14); Daniel refused the king's intoxicating wine and was blessed for it along with his abstaining friends (Daniel 1:5-17).

God prohibits and reproves drunkenness because of its evil nature: (Cf. Ezekiel 44: 21; Hosea 7: 5; Lk 12: 45). It's evil is so serious that such people cannot escape God's judgment (Cf. Isaiah 24: 9; Joel 1: 5). God even pronounces woe on the drunkards (Cf. Isaiah 5: 22; 28: 1; Habakkuk 2: 15). God condemned these acts. Israel is condemned for forcing Nazarites to drink wine (Cf. Amos 2: 12). God even destroys such people. The drunkards of Nineveh will be destroyed by God (Cf. Nahum 1: 10).

Hence God commands Christians to avoid drunkenness (Ephesians 5:18). Christians are also exhorted not to let their bodies to be "mastered" by anything (1 Corinthians 6:12; 2 Peter 2:19). Drinking alcohol in excess is undeniably addictive. St. Paul even discourages us in being around drinkers (1 Corinthians 5: 11). Thus it is noteworthy that although Holy Scripture does not mention clearly about alcoholism it is very clear about the evil and sinful nature of drunkenness.

3. Views of the Church

Catholic Church has never condemned alcohol or alcohol use, provided it is used in moderation, based on the biblical teaching. However it always considers alcohol abuse as sinful. According to Bishop Banks, "The Scriptures and the practice of the Church see alcohol as a gift of God", but "the Scriptures and the Church are also very straight-forward about the abuse of alcohol".⁶⁹ He sees alcohol abuse as a familial as well as a societal problem. According to Pope John Paul II, alcohol consumption is not against moral law

⁶⁹ Bishop Robert Joseph Banks, "A Policy from Bishop Banks on the Use and Abuse of Alcohol," *Diocese of Green Bay*. <http://www.newcatholics.org/pg/dioceseAlcoholPolicy.tpl> (Accessed June 2, 2013).

and "it is only the abuse that is reprehensible"⁷⁰ In one of his homilies the Pope ascertains the evil nature of alcoholism thus: "By no means give in to alcoholism which, under the appearance of a passing pleasure, progressively degrades the human person until it makes that creature, God's image elevated to the condition of his child, a dehumanized being who loses the capacity to love."⁷¹ Thus the Pope considers alcoholism as something that dehumanizes the person whereby one's dignity is violated. Hence he loses his capacity to love. The Pope expresses his great concern on the evil effect of alcoholism and calls it a social evil: "Particularly worrisome is the effect that the abuse of alcohol has had on the *young people* of modern society. Many factors come into play in this social evil,....."⁷² Hence besides the fact that alcoholism is an illness it belittles human value and dignity as it incapacitates one's ability to love. An alcoholic may not be responsible for the evil caused by alcoholism. However, to the extent his alcoholism is caused by his constant abuse of alcohol he can be responsible for it.

Catechism of the Catholic Church considers alcohol abuse an act against the virtue of temperance. "The virtue of temperance disposes us to avoid every kind of excess: the abuse of food, alcohol, tobacco, or medicine."⁷³ Although Catholic Church does not consider alcohol use as bad, drunkenness or any excess use of it is considered bad and evil. Catechism reminds the political community about their responsibility to provide the family

⁷⁰ John Paul II, *To the participants at the International Conference on Drugs and Alcohol*, (Nov. 23, 1991), n. 4.

⁷¹ Pope John Paul II, "Homily, May 14, 1988", quoted in Matthew Bunson (8/26/2002) "Alcohol and the Catholic Church", *EWTV: Faith*. <http://www.ewtn.com/v/experts/showmessage.asp?number=302883> (accessed July 14, 2016)

⁷² John Paul II, *Address of Pope John Paul II to the Participants on the thirty-First International Institute for the Prevention and Treatment of Alcoholism* (Vatican: Libreria Editrice Vaticana, 7 June 1985). http://w2.vatican.va/content/john-paul-ii/en/speeches/1985/june/documents/hf_jp-ii_spe_19850607_convegno-alcoolismo.html (accessed July 16, 2016).

⁷³ Libreria Editrice Vaticana, *Catechism of the Catholic Church*, no. 2290.

“the protection of security and health, especially with respect to dangers like drugs, pornography, alcoholism, etc.”⁷⁴

It is to be noted that alcohol use is accepted by Catholic Church based on Biblical teachings. However, some of the protestant churches believe that alcohol use is intrinsically wrong. According to Dave Armstrong, this notion is based on the temperance and prohibition movements. He also argues that Lutherans and Anglicans have always used wine for communion. There are evidences for Jesus using wine. He used it at the Last Supper for the Jewish Passover (see Mt 26:17 ff., Mk 14:12 ff., Lk 22:15 ff., Jn 13:1 ff.). He was made to drink wine just before his death. (John 19:29-30; cf. Mt 27:48, Mk 15:36; NRSV).⁷⁵ However, we need to understand that wine was a common drink at that time. It may not be popular and commonly accepted in all cultures today. Even though drinking any alcohol in itself is not bad one should be cautious about getting addicted to it. The Church always condemns alcohol abuse and calls alcoholism an evil.

4. So whether alcoholism is evil/sinful ?

From the discussions on the morality of human act and alcoholism, and on various views of the theologians and the church based on Scripture, we can deduce that alcoholism in itself is evil just as poverty is evil. It is a personal, familial and societal evil, as reinstated by Pope John Paul II. Since an alcoholic is ill he may not be responsible for this evil act of abuse. However, he can be responsible in the process of becoming an alcoholic. As the co-founder of Alcoholic Anonymous, Bill W. states, “In the early days of his drinking, the alcoholic is often guilty of irresponsibility. But once the time of compulsive drinking has

⁷⁴ Ibid., no. 2211.

⁷⁵ Dave Armstrong, “Alcohol: Biblical and Catholic Teaching”, *Chet Day’s Tips, Rants, Observations, and Conclusions about Life*, (Earl, NC: 1999). <http://chetday.com/alcoholandthebible2.htm> (accessed July 15, 2016).

arrived, he can't very well be held fully accountable for his conduct."⁷⁶ Although there is complex array of factors that can lead to alcoholism as discussed in the early chapters, if his intemperance and inordinate way of drinking solely led to alcoholism he may be held responsible for the formation of this illness. But as we have discussed early an alcoholic is controlled by his passion so strongly that he is not able to control his drinking. He sees drinking an apparent good for the moment. He is a slave to the evil of alcoholism. His mental faculties are impaired or at least weakened by the addiction. Hence his diminished freedom and reasoning power resulting from the illness disqualifies him from being responsible for his alcoholic behavior. On the other hand, once he is made aware of his illness he has the responsibility to use the means available to come out of it. As Bills states, "We do not use the concept of sickness to absolve our members from responsibility. On the contrary, we use the fact of fatal illness to clamp the heaviest kind of moral obligation onto the sufferer, the obligation to use A.A.'s Twelve Steps to get well."⁷⁷

Regarding the question whether alcoholism is a sin or not is a very difficult issue to determine. Howard Clinebell presents various views of the ministers regarding the issue. Here are some the views I found more convincing:

- a. *Alcoholism is a sickness which involves the sin of abuse*: This is the view of Roman Catholic Church. Although this view accepts the abusive nature of alcoholism it poses the problem of human responsibility of sin in the context of illness.
- b. *Alcoholism is a sickness which is caused by a combination of factors involving both sin and sickness*: This opinion resembles the views of AA which recognizes the

⁷⁶ As Bill Sees It: *The A.A. Way of Life*, (New York, NY: Alcoholics Anonymous World Services, INC., 1967), 32.

⁷⁷ Ibid.

selfishness aspect of alcoholism (not sin) and the various etiological factors which are beyond the control of the individual.

- c. *Alcoholism involves sin in the sense that it has destructive consequences*: This view reveals the non-judgmental conception of sin where sin is considered as an obstacle for human flourishing and true happiness, and which deviates one's relationship with God.
- d. *Alcoholism is a social sin*: It is a sin in that it is a symptom of the sinful condition of the society. Alcoholism is manifested out of the chaotic and insecure environment of the society. In reciprocation it also contributes to various evil in the society.⁷⁸

In spite of the various conceptions people come up with regarding the sin aspect of alcoholism, no one has so far come up with a categorical answer to this issue. In dealing with alcoholism and caring for alcoholics, what is important is to consider its illness aspect.

The real thrust of morality consists in the alcohol abuse of a non-alcoholic. Besides the fact that his act is evil he will be responsible for it, too, especially if he does it with free will and full knowledge. As we saw early, Scripture condemns drunkenness because it is evil and sinful. Aquinas considers immoderate use of wine a sin, especially if it is a voluntary act.⁷⁹ However, if there is involuntary ignorance in the act of drinking it may not be sinful. But if there is voluntariness, “drunkenness is a mortal sin, because then a man willingly and knowingly deprives himself of the use of reason, whereby he performs

⁷⁸ Howard J. Clinebell, *Understanding and Counseling the Alcoholic*. (New York: Abingdon Press, 1968).169-170.

⁷⁹ ST II – II 150. 1.

virtuous deeds and avoids sin, and thus he sins mortally by running the risk of falling into sin.”⁸⁰ Excessive drinking comes under the sin of gluttony.

Another important area of morality consists in the agent’s responsibility toward the evil behavior resulting from his drunkenness. Is a person responsible for his evil acts done under the influence? First of all, we need to understand that only a sound mind can make the right decision. As Aquinas states, “reason can have various perceptions of good” and free will is “a free judgment arising from reason”.⁸¹ Hence if the reason is impaired its perception of good may not be the actual good. It may judge an evil act as good. Thus the will chooses an evil act out of the imperfect judgment of reason (for example, raping after being drunk). An impaired reason lacks full knowledge. Hence the act is involuntary. Thus, Aquinas articulates, “On the part of the resulting defect whereby the use of reason is fettered, drunkenness may be an excuse for sin, in so far as it causes an act to be involuntary through ignorance.”⁸² The next question is whether the act of drunkenness itself was voluntary or not. According to Aquinas, “if the drunkenness that result from that to be without sin, the subsequent sin is entirely excused from fault.”⁸³ He excuses the sexual acts of Lot with his daughters since his drunkenness was entirely involuntary and so without sin (Cf. Gen 19: 30-38). Lot intended neither to get drunk nor to do evil act with his daughters. On the other hand, if a person gets drunk, foreseeing an evil act as its consequence (raping, murdering, etc.)⁸⁴ or with the intention of doing an evil act (ST I – II 19.7) he will be responsible for his sin because his evil act “is rendered voluntary through the voluntariness of the

⁸⁰ ST II – II 150. 2.

⁸¹ ST I – II 17. 1.

⁸² ST II – II 150. 4.

⁸³ Ibid.

⁸⁴ ST I – II 20. 5.

preceding act (drunkenness)...”⁸⁵ Even if the evil act is not foreseen because of his voluntarily ignorance he can still be responsible for the evil. In the case of an alcoholic, since his drinking is part of his illness he may not be fully responsible for the consequent evil act unless he intends it prior to his drinking.

Conclusion

In this chapter we discussed the source of and various theories concerning the morality of human action. We also applied those theories to understand the morality of alcoholism. Thus we realize that morality of human action is based on the teachings of the Scriptures. Although God gave the Decalogue he gave full freedom for man. So biblical morality consists in showing fidelity to his commandment using free will. A moral act is measured on the basis of free will and full knowledge. Certain circumstances, intention, and awareness of the consequences of the act can impact the degree of its morality. Only those actions that follow reason and Eternal Law are morally good. Based on the biblical principles and theories of various theologians, particularly Thomas Aquinas, we can infer that an alcoholic is not responsible for his alcoholic behavior because of the compulsive nature of his illness. If the evil act resulting from his drinking is not intended he may not be responsible for it either. Hence, the sin aspect of alcoholism is a well-debated issue although alcoholism in itself is evil since it violates human dignity and hampers human flourishing. However, once an alcoholic is aware of his illness he is responsible to seek treatment, using various healing modalities available. Alcohol abuse is condemned by the Scripture and the Church. Therefore, voluntary drunkenness and any evil act resulting from it are considered evil and sinful.

⁸⁵ ST II – II 150. 4.

We also deliberated on the ultimate end of human act, which is happiness. Alcohol abuse is a wrong means people engage in to find happiness. Hence the healing process should focus on that which lead us to true happiness. Only a virtuous person is able to look for the right means of true happiness and thus keep oneself from the evil of alcoholism. Therefore, the basic and the most important means of healing and wholeness for an alcoholic is acquiring virtues and leading a virtuous life. By acquiring virtues he becomes a morally sound person. The families of alcoholics who go through self-destruction also need to cultivate virtues for their wholeness. To this end, we will deal with virtue ethics and the virtues proper to alcoholics and the families affected by alcoholism, in the next chapter.

Chapter six

Virtue Ethics: Key to healing and restoration of human dignity:

A strategical tool.

We have seen a long list of vices and character defects alcoholics and their families possess in the third chapter. Instead of possessing happiness, which the alcoholics hoped to acquire through alcohol abuse, they can become people of innumerable vices. The families, too, can possess certain vices by their rebellious and insalubrious response to the unhealthy situation created by their alcoholic members. Consequently, all of them can violate human dignity and lose true happiness which, by nature, everyone longs for. In this chapter we will explore the role virtues play in the attainment of true happiness for a person. Acquiring virtues can eradicate the vices and character defects, and restore wholeness and dignity of the person. After reflecting on the meaning of virtue and virtue ethics, we will dwell on the various types of virtues, such as cardinal, moral, intellectual and theological virtues, most of which overlap one another. This will further take us to explore those virtues obtained through working the 12 Steps of Alcoholics Anonymous and other support groups that bring healing and subsequent happiness for alcoholics and their families. Thus I propose virtue ethics acquired in the 12 Steps to be an aspect of the strategy for this thesis in bringing about healing.

A. An overall view of a system of virtue ethics

Virtue ethics is a third approach, alongside deontology and teleology, that concentrates on the moral agent and one's character. The person is the focal point with regard to making moral decisions.¹ The person is more important in virtue ethics than principles and results.

¹ John W. Crossin, "Prudence and the Future: An Ecumenically Shaped Ethic," *Journal of Ecumenical Studies* 45, no.

James Keenan points out that “virtue ethics focuses on the agent and the telos that virtue engages for the agent.”² Hence it differs from deontological ethics (which evaluates the morality of the act through rules and obligations), and consequentialism (which evaluates the ends through overall utility) although many of the moral philosophers accept the significant role virtue ethics plays in normative ethical theories. Christian Miller notes that “even consequentialists, Kantians, moral pluralists, and advocates of other competing views have realized the importance that the virtues should play in their overall normative ethical theories, even if it is not at the foundational or grounding level.”³

Virtue ethics has also a great significance in the moral experiences and issues of our daily lives. Clifford Williams illustrates, “Studying virtues....stimulates one to exemplify them, much more than studying ethical theory stimulates one to be ethical, and more than studying moral dilemmas aids one when actually in a dilemma.”⁴ In the midst of a chaotic human experience, virtue ethics helps a person to live a life that is oriented to human flourishing, rather than learning certain principles and laws. According to moral theologians, “the ethics of virtue focuses on *being* and the ethics of duty or consequences concentrates on *doing*.”⁵ However, virtues and moral principles are not parallel to each other, instead both intersect when it comes to ethics to be practical. For example, virtues are inevitable for applying rules correctly, according to Gregory Trianosky. “But the rules themselves do not tell us how to apply them in specific situations, let alone how to apply

(Summer2010): 427.

² Mary J. Iozzio, “Virtue Ethics” (unpublished article, 1999), 3. The idea is drawn from James F. Keenan, “Virtue Ethics:

Making a Case as it Comes of Age,” *Thought* 67 (1992): 115-127.

³ Christian Miller, *Moral Character: An Empirical Account* (Oxford: Oxford University Press, 2013), 23.

⁴ Clifford Williams, “Teaching Virtues and Vices,” *Philosophy Today* 33, (1989), 197.

⁵ William C. Spohn, “Current Theology: Notes on Moral Theology: 1991”, *Theological Studies* 53, (1992), 64.

them well, or indeed when to excuse people for failing to comply with them.”⁶ In the same way, “virtues are thoroughly rule-governed practices, although not all the relevant rules are action-guides.”⁷ Thus, virtue ethics and moral principles are mutually supported for ethical life. The difference is that while moral principles engage very little in the agent or agent’s abilities, virtue ethics deals with the human act in relation to the agent.

A Christian adoption of virtue ethics, as presented by James Keenan, is a call to become the kind of people God has called us to be as individuals and as members of communities. As Christians we are called to grow and move toward God individually and as communities.⁸ Moving toward God is growing in love of God and leading a virtuous life. This is the spirit of the Gospels and the teachings of the Church. The three-fold basic questions in virtue ethics are: Who am I; who do I ought to become, and how can I get there? The last question concentrates on the dispositions and the character we need to possess in order to realize the ends that virtue commends.⁹ This threefold question is answered thus by Paul Waddell: “The project of the moral life is to become a certain kind of person.”¹⁰ That person is, what we call, the virtuous person.

B. Virtues and their categories

Having reflected on virtue ethics in general let us now turn to virtue proper, its meaning, its place in ethical theories and various categories of virtue.

⁶ Gregory Trianosky, “What Is Virtue Ethics All About?” *American Philosophical Quarterly* 27, (1990), 342.

⁷ William C. Spohn, “Current Theology: Notes on Moral Theology: 1991”, 67.

⁸ James F. Keenan, *Virtues for Ordinary Christians* (Kansas City: Sheed and Ward, 1996), 20, 24.

⁹ James F. Keenan, “Proposing Cardinal Virtues,” *Theological Studies* 56 (1995), 711

¹⁰ Paul Waddell, *Friendship and the Moral Life* (Notre Dame: university of Notre Dame, 1989), 136, quoted in Keenan, *Theological*, 711.

1. Meaning of virtue

Virtue - moral excellence in being and doing: The root word for virtue in Greek is *arête*, which means goodness or excellence. In Latin, the word for virtue is *vir*, which, means manly. The quality of excellence makes a person a good member of its kind. It is a quality that enables its possessor to operate or fulfill one's function well. Thus, as stated by Aristotle, good moral character is human excellence or an excellence of soul.¹¹ Jason Baehr asserts, "By a "virtue" I mean an excellence of personal *character*."¹² In addition to its quality of character, a virtue exists in reference to a person. It is "a character trait ...and is part of the stable core of the human being in question...."¹³ Character and virtues are attached to the person. They are part of the person. Therefore, we say he is humble, she is prudent, etc. Thus virtues are qualities of the being of the person. They are "admirable personal traits or constituents of human flourishing."¹⁴ The moral character of the person is about one's integrity, and integrity comes from within and not from without. According to Karen Lebacqz, "The ideal of conduct is not simply a set of rules to follow or actions to avoid or encourage. It is a sense of doing what one does in the right way, with the right attitude – with integrity. The ideal of conduct is an ideal for the *person*, not just for the person's actions."¹⁵ Thus, the *being* and *doing* are important aspects of a virtuous person. Virtue helps the person to *be* a moral person while *acting* morally excellent.

¹¹ Kevin Timpe and Craig A. Boyd, editors, *Virtues and their Vices* (Oxford: Oxford University Press, 2014), 9. <http://people.nnu.edu/ktimpe/research/VirtuesandTheirVices.pdf> (Accessed August 3, 2016).

¹² Jason Baehr, "On the Reliability of Moral and Intellectual Virtues," *The Author: Journal Compilation* 38, no. 4 (Malden, MA: Metaphilosophy LLC and Blackwell Publishing Ltd, July 2007), 456.

¹³ Paul Adams, "Ethics with Character: Virtues and the Ethical Social Worker," *Journal of Sociology and Social Welfare* 36, no. 3 (September 2009), 87.

¹⁴ Jason Baehr, "On the Reliability of Moral and Intellectual Virtues," 458.

¹⁵ Karen Lebacqz. *Professional Ethics: Power and Paradox in Clergy Ethics* ((Nashville: Abingdon Press, 1985), 75.

Aquinas, too, affirms this idea, stating that virtue exists always in the *subject*.¹⁶ So when we say, a person is humble, we mean that such a person possesses the virtue of humility. Aquinas also states that virtue is the perfection of two kinds of power: power in reference to *being*, and power in reference to *act*.¹⁷ The way one acts reflects the kind of person one is. It is part of the personality of the person. That is why Hektor Yan commends the proverb of the Chinese ancient philosopher, Laozi, who states that “the ideal of true virtue or goodness cannot be captured by reference to the qualities of acts alone; rather, it is a state of the moral agent.”¹⁸ Moral virtues constitute good moral character. Thus, when we speak of a moral virtue or an excellence of character, the emphasis is not on mere distinctiveness or individuality, but on the combination of qualities that make an individual the sort of ethically admirable person one is.

Virtue as good character: According to Richard Gula, “Character refers to the *kind of person* who acts in a certain way. It focuses on inner realities of the self: motives, intentions, attitudes, dispositions.”¹⁹ Our actions and behavior reflect our character. People can say what kind of person we are, what character we possess from the way we deal with them and perform our daily activities. For example, a person who cracks jokes to make others happy may be called a humorous person. Such a person has a humorous character. A person who is very prompt and serious about one’s duties may be called a responsible person. Good character is revealed through actions that lead to human well-being and that

¹⁶ ST I – II 55.4.

¹⁷ ST I – II 55. 2.

¹⁸ Hektor K.T. Yan, “A Paradox of Virtue: Daodejing on Virtue and Moral Philosophy,” *Philosophy East and West* 59, no. 2, (University of Hawaii Press, April 2009), 178.

¹⁹ Richard M. Gula, *Ethics in Pastoral Ministry* (Mahwah, N.J: Paulist Press, 1996), 33.

promote goals beyond self-glory whereas bad character is reflected in destructive egotism.²⁰ That is why we say, virtues are oriented to human flourishing.

Virtue as a good habit: According to Aquinas, virtue is a good habit of the mind by which we live righteously.²¹ Habit can be evil as well as good. Virtue is a habit which is always referred to good and, therefore, no one can make bad use of it. Aquinas also states that virtue exists only in a person who has sound reasoning power.²² Hence, in a person with diminished reasoning power there cannot be true virtue. Sound intellect and free-will are essential for virtue. That is why Aquinas argues, “For the act of virtue is nothing else than the good use of free-will.”²³

Virtue as the mean: Virtue is a mean between the two extremes of actions. Mary Mothersill interprets Aristotle’s definition of virtue as the disposition of a person that makes one a good person and enables one to perform one’s function well. One is able to perform it well when one avoids the extremes and chooses the mean in actions and feelings.²⁴ Mothersill defines virtue as “a mean between two forms of badness, one of excess and the other of defect, and is so described because it aims at hitting the mean point in feelings and actions.”²⁵ Mothersill and Gula believe that it is hard to achieve virtue because it is hard to find the middle point. Mothersill gives the example of the difficulty of being angry at the right person and at the right time, at the right place and in the right manner.²⁶

²⁰ Ibid., 35.

²¹ ST I – II 55.4.

²² Ibid.

²³ ST I – II 55. 1.

²⁴ Mary Mothersill, *Ethics*. (New York, NY: The McMillan Company, 1965), 95-96.

²⁵ Ibid., 97

²⁶ Ibid.

Gula also considers virtue as a middle road between two extremes. Thus he quotes the saying *In medio stat virtus* (“In the middle stands virtue”).²⁷ A virtuous person moves from overeating and fasting every day to moderate eating that will bring about a wholeness in one’s life. Virtues, according to Gula, also help us to do the right thing when we are tempted to do something else in view of our self-interest. He gives the example of virtuous ministers keeping a secret even when they are tempted to gossip which would promote their self-interest.²⁸

Traditional views on virtue: According to the traditional view, virtues are relatively stable and reliable dispositions of action and emotion, and, therefore, a virtuous person’s behaviors are reasonably predictable. However, there can be exception to certain behavior. For example, a person may be generous generally. But a single case of lack of generosity does not make a person deprived of that virtue. Moreover, human traits being malleable, make it possible to have change of character in a person over time but not immediately. Further, virtues being dispositions of action, engage in certain external behaviors. So justice is a disposition that treats others in the way they are due. On the other hand, virtues being dispositions of emotions or affections, the agent has the appropriate level of feeling, like apposite fear in the case of the virtue of courage. Moreover, the agent is said to be possessing the virtue even though it is not manifested outwardly, as in the case of a person who is generous in charitable works may not be engaged in charity at certain period of his life.²⁹

²⁷ Richard Gula, 41.

²⁸ Ibid., 42.

²⁹ Kevin Timpe and Craig A. Boyd, editors, *Virtues and their Vices*, 10-11.

There is still another claim which presents a correlation between possessing one virtue and possessing other virtues.³⁰ The virtues build on each other. According to this claim, a person who possesses one virtue possesses many other virtues as they are interconnected.³¹ In the same way, a person who lacks one virtue (for example, temperance) may lack other virtues (such as justice, love, etc.). Julia Annas illustrates the interconnectedness of virtues:

Another important indication of the nature of virtue comes from the point that we can't teach the virtues in isolation, one by one, since they can't learn to be generous by just giving her things away, or sharing things whether they belong to her or not. Generosity involves consideration of fairness and justice.³²

Moreover Deirdre McCloskey makes this correlation by saying, "virtues talk to each other."³³ Her idea is that, for the complete possession of one virtue one needs the support of other virtues. For example, for courage to be balanced and complete, there is the need for prudence and temperance. However, this claim does not exist without objections since in practical life the presence of certain virtues does not necessitate the presence of certain other virtues.

Contemporary views: Contemporary views oppose the robustness claim of attributing moral character to a broad spectrum of trait-relevant situations. Instead such claims place an individual's moral traits as situation-specific. In other words, certain traits are exhibited or changed according to specific situations. For example, a child may be honest among his friends but may not be with his parents.³⁴ One who lives in an alcoholic family may develop

³⁰ Ibid., 12.

³¹ Daniel Devereux, "The Unity of the Virtues," *A Companion to Plato*, ed. Hugh Benson, (New York: Blackwell, 2006), 325.

³² Julia Annas, *Intelligent Virtue*, (Oxford: Oxford University Press, 2011), 84, Quoted in Kevin Timpe and Craig A. Boyd., 16.

³³ Deirdre N. McCloskey, *The bourgeois virtues: Ethics for an age of commerce*, (Chicago: University of Chicago Press, 2006), 171.

³⁴ Kevin Timpe and Craig A. Boyd, editors, *Virtues and their Vices* 19-20.

certain vices but behaves differently in a healthy atmosphere or living in the company of virtuous people.

Unique incarnation of virtues: As discussed above, a virtue is a moral excellence of character. Acquiring these moral traits has open ended possibilities. In other words, there are unlimited ways of acquiring virtues. Owen Flanagan affirms the endless ways the holy is incarnated because of “the deep truth that persons find their good in many different ways.”³⁵ Since each person is unique there is no definitive expression of what a person should be. The way one becomes a saint is unique. For example, the Little Flower is different from St. Francis of Assisi. What is important in becoming holy or virtuous is being oneself and from there one tries to be excellent. So each virtuous person is “a unique incarnation of the virtues.”³⁶ This paves the way for people of any life situation to become virtuous, leaving behind their old ways of vice. What is required is a little effort and good will.

A search for a full understanding of virtues will not be complete without analyzing their various categories.

2. Categories of virtue

In the light of Thomas Aquinas’ teaching, virtues may be categorized into three areas: Moral, Intellectual and Theological, all of which are interconnected in some fashion. We shall examine these three categories and their interconnectedness briefly. Those individual virtues that pertain to alcoholic recovery and their families will be dealt with in detail later.

³⁵ Owen Flanagan, *Varieties of Moral Personality: Ethics and Psychological Realism* (Cambridge, Mass.: Harvard University, 1991),158.

³⁶ Keenan, “Proposing Cardinal Virtues,” 713.

a. *Moral Virtues*: Moral virtues belong to the appetitive faculty of the person, which make us choose correctly.³⁷ They are called moral because they dispose us to perform morally right actions and, thus, lead a morally good life. They perfect one's appetite. A moral virtue is a "habit of choosing the mean"³⁸ by the proper use of reason. Therefore, moral virtues concern the passion of the sensitive appetite in so far as its movement maintains a mean and is "subordinate to reason."³⁹ For example, sympathy is a passion and it can be a moral virtue only to the extent it respects the other person's freedom and avoids trespassing into another's life.

Cardinal virtues: According to Aquinas, there are four principal moral virtues, namely, prudence, justice, temperance and fortitude. These principal virtues are called cardinal virtues. They are called principal by reason of their matter.⁴⁰ Thus, prudence perfects reason's ability to judge correctly on the object of an act; justice causes right relationship with others and defends others' rights and dues; temperance represses the passions and is the right willingness about the care of one's body; fortitude strengthens against dangers of death and is the right willingness about the physical and emotional obstacles we may encounter.⁴¹ All other virtues spring from these four virtues. The cardinal virtues possess the common qualities of all other moral virtues, and so all other virtues can be subsumed under these four virtues.⁴² Based on Aquinas' teaching, some of the moral virtues listed under temperance are honesty, abstinence, fasting, sobriety, chastity, continence, clemency and meekness, modesty, and humility. Under justice come the virtues of

³⁷ ST I – II 58.1.

³⁸ ST I – II 59.1.

³⁹ ST I – II 59.2.

⁴⁰ ST I – II 61.3.

⁴¹ ST I – II 61.3.

⁴² Kevin Timpe and Craig A. Boyd, editors, *Virtues and their Vices* 23.

practicing religion, prayer, adoration, obedience, and truth. The virtue of fortitude encompasses patience.⁴³ Aquinas places prudence as the chief of all the four in that it is the virtue that commands and is the right reasoning about action. The other three share in reason by way of application of the reason to passions or operations. These cardinal virtues are interconnected, in that lack of possessing one of the virtues can affect one's virtuous life. For example a person who is brave (possessing fortitude) for robbery is not virtuous since that person is not guided by the practical wisdom of prudence. We shall discuss each of these virtues in detail later.

James Keenan observes certain inadequacy in the classical list of cardinal virtues which are interconnected and hierarchically distinguished but leaving no room for conflict or challenge of their concept. He notices that according to classical interpretation, temperance is subordinate to fortitude and then to justice while prudence governs the three. Thus virtue is relying on rational appetite. Keenan argues that the current anthropology insists on the relationality of human action and so the virtues should be premised on our relationality. He notices that according to the Thomistic view, justice is the only relational virtue.⁴⁴ Therefore Keenan defends Paul Ricoeur's stand on the distinctive and opposing nature of the virtues. According to Ricoeur, the dialectical tension between the cardinal virtues "may even be the occasion for the invention of responsible forms of behavior."⁴⁵ To defend this claim, Keenan gives the example of Mrs. Bergmeier, a married woman with several children, who was imprisoned for six years without parole for assisting her Jewish neighbors. Since her sick husband and vulnerable children needed her very badly

⁴³ See ST I – II 81, 82, 83, 84, 104, 109, 123, 136, 141, 145, 146, 147, 149, 151, 155, 157, 160, 161.

⁴⁴ Keenan, "Proposing Cardinal Virtues," 718-719.

⁴⁵ Paul Ricoeur, "Love and Justice," in *Radical Pluralism and Truth: David Tracy and the Hermeneutics of Religion*, ed. Werner G. Jeanrond and Jennifer L. Rike (New York: Crossroad, 1991) 197, quoted in Keenan, "Proposing Cardinal Virtues," 721.

she allowed herself to be pregnant by one of the guards, who alone would release her early. Here is the example of a tension between fidelity, justice, love and self-care. The woman takes a responsible stand for the sake of her family in the midst of tensions between various virtues which are relational. In the light of this anthropological relationality and the conflicting interaction of virtues Keenan observes a three dimensional relationality in human beings, such as, relational being in general, relational being specifically, and relational being uniquely, possessing the related virtues of justice, fidelity and self-care respectively. Thus, Keenan proposes four cardinal virtues of justice, fidelity, self-care and prudence. In this way virtues perfect us in *who* we are in the manner of our being.⁴⁶ Accordingly, we need to be just toward the society, faithful to the bonds of special relationships in marriage, and loving and caring for ourselves. Prudence determines what constitutes in maintaining these triple relationalities independently. According to Keenan's theory, "we are not called to be faithful and self-caring in order to be just, nor are we called to be self-caring and just in order to be faithful."⁴⁷

Although Keenan's theory supports Mrs. Bergmeier's example very well, it poses some difficulties in the independent nature of the cardinal virtues for which he advocates. For example, in the light of Aquinas' mutual supporting nature of the cardinal virtues I argue that alcohol abuse, an expression of lack of self-care and temperance, can lead to lack of fidelity and justice toward one's family and society. An alcohol abusive person can deprive one's family from receiving due respect, love, and peace, and from leading a decent family life. He may possibly have an extra-marital relationship as well. Such a person may also put the life of the public in jeopardy through reckless driving. Therefore,

⁴⁶ Keenan, "Proposing Cardinal Virtues," 719 – 723.

⁴⁷ Ibid., 724.

self-care and temperance are needed to practice the virtues of justice and fidelity in at least some cases. However, in some cases alcohol abuse may affect only one's own health (self-care) and not the family (fidelity) or the society (justice). In such cases, Keenan's theory may be very practical. It is to be noted that the classical list of four cardinal virtues continues with wide acceptance today as it has through the centuries.

b. *Intellectual virtues*: According to classical understanding, intellectual virtues are the means that help us arrive at truth. Accordingly an "intellectual virtue may be defined as a habit perfecting the intellect to elicit with readiness acts that are good in referenced to their proper object, namely, truth."⁴⁸ Although intellectual virtues do not make one a better person, they contribute in the practice of moral virtues. Aristotle and Aquinas classify intellectual virtues into two: three speculative ones, namely, science, understanding (Greek *nous* or intuitive reason), and wisdom (philosophic wisdom); and two practical ones, namely, art and prudence (practical wisdom). Scientific knowledge is the habit of arriving at a conclusion by demonstrating the first principles (self-evident truths) or causes. Therefore, it is important that a person is familiar with the starting point which is an object that can be demonstrated. Science directs the intellect for the right use of reason in studying the object to arrive at truth. Understanding is the habitual knowledge of the first principles. It perfects the intellect for a better grasp of the truth. Philosophical wisdom is the habit of knowing things through their highest causes. It is the wisdom of the unchangeable. It is the scientific knowledge of the highest truth. Its object is the Supreme Cause, which is God. Aquinas makes a distinction between art and practical wisdom or

⁴⁸Martin A. Waldron. "Virtue." *The Catholic Encyclopedia*. Vol. 15. (New York: Robert Appleton Company, 1912), 2. <http://www.newadvent.org/cathen/15472a.htm><http://www.newadvent.org/cathen/15472a.htm> (Accessed October 31, 2016).

prudence. While their art is the right reason for things to be made, prudence is the right reason for the things to be done. Art is an intellectual virtue in the sense of the right use of reason for the aptness to work well. While prudence commands or directs our actions, understanding judges them. .⁴⁹

Relationship between moral and intellectual virtues: If moral virtues are excellences of moral character, intellectual virtues are excellences of intellectual character which are intellectually equivalent to moral virtues. The intellectual counterparts are the traits that include intellectual courage, intellectual caution, inquisitiveness, open-mindedness, thoroughness, perseverance, fairness, and tenacity.⁵⁰ While intellectual virtues, as mentioned above, in themselves may not make one a better person morally (like a good carpenter or a good musician), these intellectual character traits are “personal excellences” and qualities of a “responsible knower or inquirer” and as such, make one a morally virtuous person.⁵¹ For example, intellectual integrity helps a person to recognize the need to be true to one’s own thinking and to admit honestly discrepancies and inconsistencies in one’s own thought and action. One of the contemporary philosophers of virtue epistemology, James Montmarquet, argues that these character traits merit the status of intellectual virtues because these are the qualities that “a truth desiring person would want to have.”⁵²

⁴⁹ Aristotle, *Nicomachean Ethics*, Trans. by W. D. Ross, (Stilwell, KS: Digireads.com Publishing, 2005), IV. 3. <http://classics.mit.edu/Aristotle/nicomachaen.6.vi.html> (assessed November 20, 2016), and ST. I – II 57. 2, 3 & 4; 66.5.

⁵⁰ Jason S. Baehr, “On the Reliability of Moral and Intellectual Virtues,” 456.

⁵¹ Jason S. Baehr, “Virtue Epistemology”, *Internet Encyclopedia of Philosophy*. ISSN 2161-0002, 2-3. <http://www.iep.utm.edu/virtueep/> (accessed, October 29, 2016)

⁵² James Montmarquet, *Epistemic Virtue and Doxastic Responsibility* (Lanham, MD: Rowman & Littlefield, 1993), 30. Virtue epistemology is a recent development in the intellectual virtue that directs attention on the knower as agent in a similar way that virtue ethics focus on moral agent rather than moral acts. It deals with the quality of the agent that enables one to act in a cognitively commendable way. See Kevin Timpe and Craig A. Boyd, 38.

Thus the interdependence of moral and intellectual virtues elucidates their relationship. Commenting on Aristotle's concept of this interdependence Suzanne Rice et al., state that "responding to others *morally* requires intellectual virtues, while acting *intelligently* requires moral virtues."⁵³ In other words, in order to practice the moral virtue of courage we need intellectual virtue to understand some truth in some ideas considered dangerous and absurd, or to see the absurdity in a commonly considered brave and noble action. Hence prudence should be used to jump into water that produces no positive outcome but danger to one's life. This is the trait of *intellectual courage*. According to Aquinas there can be no moral virtue without the intellectual virtues of prudence (that helps us to make the right choice for a morally good act), and understanding (that gives us the knowledge of the object or the self-evident principle before even making the choice).⁵⁴ In the same way, a person who acts always intelligently but has no concern for others builds up an empty space in his moral life.

Moral and intellectual virtues differ in certain ways. First, they differ in reference to their ends, in that while intellectual virtue is motivated to intellectual ends, namely, finding pleasure in corresponding values such as truth and understanding, moral virtue is concerned about finding delight in moral ends, such as human flourishing and upholding justice. Secondly, they differ from the view point of "personal excellences." It is good character that makes its possessor good or better qua person.⁵⁵ A person who makes a lot of sacrifices to understand a certain concept or writing a book may not be patient and happy when one's book or concept is criticized constructively. This leads to intellectual

⁵³ Suzanne Rice, Arlene L. Barry, and Molly McDufe-Dipman, "Intellectual Virtue: The Contributions of Newberry Award Winning Books, 2000-2010," *Journal of Thought* (Winter 2012) 26.

⁵⁴ ST. I – II 58. 4.

⁵⁵ Jason S. Baehr, "On the Reliability of Moral and Intellectual Virtues," 458.

pride, a vice against the moral virtue of humility. Or a good carpenter may not be generous or kind toward others. In other words, persons with intellectual virtues may not possess “personal excellences.” According to Aquinas, intellectual virtues perfect the reason while moral virtues perfect the appetite, which contributes to personal excellence.⁵⁶

It is to be noted that a person can be virtuous regardless of whether or not one achieves the goal of the virtue. As long as the agent has all the right motives and does all one can to achieve the goal, one can be virtuous.⁵⁷ For example, a person may leave his job to help the poor and builds houses for the homeless, using his income earned from the previous job. But a natural disaster destroys the houses and so could not achieve the purpose. In this case, even though his efforts are ultimately thwarted, he is still a man of generosity and compassion toward the poor.

Development of virtues: Various authors and commentators have different opinions about the way a person develops these virtues. Many of the authors agree that it is the practice of virtues that develop them. According to D.T. Hansen, a virtue is formed and developed in the course of time “by fits and starts.”⁵⁸ L. Bryan states, “character education should not be a discrete curriculum, but should be something children live with every day.”⁵⁹ Therefore, virtues are formed and perfected by habits. L. Morro, L. Gambrell, and M. Pressley observe various ways children learn virtues, such as through books, observation of others and their positive and exemplary behaviors.⁶⁰ One may learn the art of being compassionate and the necessity to show compassion to others, and so one develops that

⁵⁶ ST. I – II 66. 3.

⁵⁷ Jason S. Baehr, “On the Reliability of Moral and Intellectual Virtues,” 460.

⁵⁸ D. T. Hansen, “The Horizons of the Moral: A Reply to David Bloome,” *Curriculum Inquiry* 23 (1993), 232.

⁵⁹ L. Bryan, “Once upon a time: A Grimm Approach to Children’s Literature,” *Journal of Social Studies Research* 29, no. 1 (2005), 3.

⁶⁰ L. Morrow, L. Gambrell, & M. Pressley, *Best Practices in Literacy Instruction*, 2nd ed.(New York: Guilford Press, 2003), 168.

virtue by practice and habit. According to Aristotle, moral virtues are acquired through habit and intellectual virtues are learned in school. However, intellectual virtues also follow moral virtues in practicing and imitating certain role models.⁶¹ For example, the habit of careful reasoning is acquired not only through schooling but by constant practice and imitating those who possess it as well.

Hugh Curtler points out the formation of character in children through reward systems. According to him, formation of character takes place during childhood. When a right action is rewarded children take pleasure in it and that motivates them to repeat it until it becomes a habit. In the same way, punishing them for wrong actions discourages them from repeating such acts since they don't find pleasure in them, Thus through reward systems the desire to be virtuous is instilled in a child.⁶² An adult who had acquired certain moral virtues during one's childhood might leave them when becoming an alcoholic. Yet through 12 steps programs one may reinstate one's original virtuous state. Intellectual virtues are important for them in that they help the agents to be conscious of where they are and what they have become. They also direct them to the path of restoration through the practice of moral virtues.

Function of emotions in virtues: Nancy Sherman and Heath White present the triple functions of emotion in virtues, namely, *perceptual*, *expressive*, and *motivational*. Emotions perceive the moral saliences of what is happening in the world. Hence the emotion of compassion or sympathy perceives the suffering in the world. Virtues require us to discern what is happening within us and around us and to respond accordingly.

⁶¹ Michael DePaul & Linda Zagzebski, ed., *Intellectual Virtue: Perspectives from Ethics and Epistemology*, (New York: Oxford University Press, 2003), 39.

⁶² Hugh M. Curtler, "Can Virtue be Taught?", *Humanitas* 7, no. 1 (1994), 45-46.

Emotions are also channels of expressing one's feelings, such as delight, annoyance, resentment, frustration, passion, etc. They communicate to others our state of mind and who we are. Virtues require that the emotions we express should have the right tone. Finally, emotions are modes of motivation to act. Emotions are usually accompanied by pleasure or pain which propels us to certain acts.⁶³ One who finds pleasure in music is committed to learn and compose music. It is the same in the case of learning or reading books and acquiring knowledge.

On the other hand, some of the emotional motivations can be rash as in the case of anger leading to acts of revenge. However, both moral and emotional excellences demand that "emotions be expressed in the right way, at the right time, towards the right persons, and so forth."⁶⁴ A courageous person will express the emotion of anger in the right way at the right time without hurting the person. A person who lacks virtue sometimes uses alcohol in order to express one's anger in a rancorous way. As we have seen earlier, certain emotions also can motivate us to use alcohol. However, a virtuous person knows how to express emotions in the right way and in accordance with moral principles of life.

c. Theological Virtues: Unlike intellectual and moral virtues, theological virtues are infused virtues. According to Aquinas, they are gifted to us in order for us to enjoy the perfect happiness of communion with God because without these virtues we cannot attain that perfect happiness. Aquinas states:

Now man's happiness is twofold...One is proportionate to human nature...which man can obtain by means of his natural principles. The other is a happiness surpassing man's nature, and which man can obtain by the power of God alone, a kind of participation of the Godhead... And because such happiness surpasses the capacity of human nature, man's natural principles which enables him to act well according to his capacity, do not suffice to direct man to this same happiness. Hence

⁶³ Michael DePaul & Linda Zagzebski, ed., *Intellectual Virtue: Perspectives from Ethics and Epistemology* 36-37.

⁶⁴ *Ibid.*, 41.

it is necessary for man to receive from God some additional principles, whereby he may be directed to supernatural happiness,.....Such like principles are called “theological virtues”: first, because their object is God, in as much as they direct us aright to God; secondly, because they are infused in us by God alone; thirdly, because these virtues are not made known to us, save by Divine revelation, contained in Holy Writ.⁶⁵

Theological virtues, therefore, can be linked to the Pauline letters where Paul states, “So faith, hope, love remain, these three; but the greatest of these is love.”(1 Corinthians 13:13). According to Aquinas, scriptural revelation is the only means of knowing these virtues. Although they grow in us they are first infused in us by divine grace. The object of these virtues is eternal happiness with God. These virtues are theocentric as they are focused on God as the end and are ordained to eternal happiness with God.

Faith is a virtue of character (as a theological virtue) as well as a moral virtue in the sense that it is based on love and has an unrestricted concern for others. It is the right kind of attitude toward God. Since God is its object it integrates one’s life accordingly.⁶⁶ In other words, faith forms the kind of life that resonates with the supernatural union which is one’s ultimate goal. These are some *supernatural principles* which we have received by means of *Divine light*.⁶⁷ *Hope* is what we wait for which is not yet realized. Hope looks forward to what faith affirmed.⁶⁸ What we hope for is the supernatural communion with God. Since this communion is about future reality Aquinas claims that “faith is of things unseen, and hope, of things not possessed.”⁶⁹ *Charity* is the love contained in genuine friendship. For Aquinas, this friendship is the participation in the life of the triune God. Charity also implies loving God for God’s own sake as well as loving others as ourselves.

⁶⁵ ST I-II. 62.1.

⁶⁶ Kevin Timpe and Craig A. Boyd, editors, *Virtues and their Vices* 45.

⁶⁷ ST I-II. 62.3.

⁶⁸ Kevin Timpe and Craig A. Boyd, editors, *Virtues and their Vices* 45.

⁶⁹ ST I-II. 62.3.

Our love for others is expressed and realized through works of mercy, kindness and almsgiving.⁷⁰ Charity implies that our love for others is the manifestation of our love for God as St. John rightly puts it (Cf. 1John 4: 7-21). For Aquinas, while faith comes under intellect, hope and charity come under appetite. Hope is a movement to the end, viz. supernatural happiness, and charity is the conformity with the end by means of love.⁷¹ Aquinas also states that faith and hope are quickened and strengthened by charity, and they acquire their full complement as virtues by charity. Therefore, charity is exalted as the root and basis of all the virtues.⁷²

As we have seen before, virtues are means of happiness. In particular, theological virtues are the means of true happiness or ultimate happiness. Stephen Pope explains how theological virtues bring true happiness. As mentioned earlier, communion with God is the source of ultimate happiness. In the introductory chapter of *Virtues and Their Vices* Timpe and Boyd synopsise Stephen Pope's presentation on how theological virtues bring happiness. Interpreting Pope's writing, they state that in our journey toward the ultimate end, faith directs us to God, hope encourages us, and charity supports us by accompanying those whom we love. Thus, the true happiness is obtained not by seeking it directly but by way of seeking the happiness and the good of others by a life of love. Hence theological virtues direct us to God and to others.⁷³

All of us are gifted with the theological virtues by our baptism. It is important that we allow them to grow, using the various spiritual means available, such as the Sacraments, Scriptural reflection, and personal prayer. Certain negative habits, like alcoholism and

⁷⁰ Kevin Timpe and Craig A. Boyd, editors, *Virtues and their Vices* 46.

⁷¹ ST I-II. 62.3.

⁷² ST I-II. 62.4.

⁷³ Kevin Timpe and Craig A. Boyd, editors, *Virtues and their Vices*, 47-48.

other addictions can be a hindrance for these virtues to grow. While moral and intellectual virtues fetch human beings connatural end (natural happiness), supernatural happiness can be attained only by the power of God. That is why we are endowed with the gifts of theological virtues. The practice of all the virtues should be in view of attaining the ultimate happiness. In considering the problem of alcoholism which thwarts our true happiness, let us reflect on those virtues that are pathways to restoration and healing, and the means available for their formation.

C. The 12 Steps of Recovery and virtue formation

In this section we shall learn how virtues are formed through the support group of the 12 steps of recovery, which include Alcoholics Anonymous (AA), Al Anon, Adult Children of Alcoholics (ACA), and Al teen. While AA is meant for the recovery of alcoholics, other groups support the recovery of the family and the children of alcoholics. In this thesis, I claim that virtue formation is one of the foundational characteristics of these 12 Step Recovery processes. The alcoholic and the family who turn their lives over the program of recovery gradually learn to both practice and internalize certain virtues that counteract a life that became oriented by defects of character, otherwise called vice. Over time, the recovering members restore their humanity by practicing moral attributes based on a life grounded in faith, hope and love. Moreover the Steps 1-3, 4-9, and 10-12 uniquely involve particular virtue formation as they apply to the new character fashioned by those coupling of steps. In the sections below we attempt to make a direct correlation between those Steps and the virtues proper to recovery in the life of alcoholics and their families.

1. Virtue formation through the 12 Steps of Recovery.

As the first part of the strategy that suggests healing modalities, let us now deal with the formation of some of the moral and intellectual virtues that are vehicles leading up to restoration and transformation, as especially manifested in the life of alcoholic recovery. Some of the virtues direct and guide alcoholics and their families to follow a certain life style so as to be healed of the addiction or certain behaviors resultant of alcohol abuse. Other virtues help them to be restored to their original state of life before they were affected by the disease. Thus, the attainment of virtues through the 12 Steps is gateways to change. The following chart delineates the development of various virtues through each step of recovery:

Number	Step	Virtue/discipline
One	We admitted we were powerless over alcohol – that our lives had become unmanageable	Honesty and Acceptance, surrender, humility, dependence on God, Personal Responsibility
Two	Came to believe that a power greater than ourselves could restore us to sanity	Hope, Self-care, trust, prudence.
Three	Made a decision to turn our will and our lives over to the care of God as we understood him.	Faith, surrender, humility, prudence.
Four	Made a searching and fearless moral inventory of ourselves	Courage, honesty, tolerance, open mind.
Five	Admitted to God, to ourselves, and to another human being, the exact nature of our wrongs.	Integrity, trust, humility, willingness, forgiveness, honesty, responsibility, patience
Six	Were entirely ready to have God remove all these defects of character.	Willingness
Seven	Humbly ask Him to remove our shortcomings.	Humility, prudence, prayerfulness
Eight	Made a list of all persons we had harmed, and became willing to make amends to them all.	Brotherly and Sisterly Love, prudent reflection, willingness.

Nine	Made direct amends to such people, wherever possible, except when to do so would injure them or others.	Justice, integrity, prudence, responsibility, self-care.
Ten	Continued to take personal inventory and when we were wrong promptly admitted it.	Perseverance, vigilance, self-discipline.
Eleven	Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of his will for us and the power to carry that out.	Spirituality (prayerfulness), awareness.
Twelve	Having had a spiritual awakening as the result of these steps, we tried to carry this message to others, especially alcoholics (in the case of AA), and to practice these principles in all our affairs.	Service, love and charity.

The chart above depicts a few features. First, it shows that most of the steps help form more than one virtue. Secondly, the same virtues are developed at different steps. It reveals the holistic approach of the whole program with regard to virtue formation and recovery. The 12 Steps concentrate on not just one area of the person but the whole person who is sick and who needs recovery in its totality. Let us now analyze each step where different virtues are formed.

Step One: We admitted we were powerless over alcohol – that our lives had become unmanageable - Virtues of honesty and acceptance, surrender, humility, dependence on God.

Honesty and acceptance: When we talk about honesty and sincerity we need to understand that it comes from the very core of the person and not just in words. That is why Karen Lebacqz, writing about the qualities of a professional person, makes the following statement: “It is not merely that one is to tell the truth about one’s qualifications; the

professional is expected to be a truthful *person*".⁷⁴ A person is sincere and honest not only in words but in his very life. Such a person accepts the reality of one's life. Alcoholics usually deny what is going on in their lives. Hence it is important that they cultivate the virtue of honesty as part of their healing process. In the first step they accept their identity as alcoholics and the unmanageability of their lives. With their honest acceptance of their state of lives, in the first step, they confront denial and dishonesty which are the main defects of character they use to destroy themselves.⁷⁵

Surrender: In surrendering we offer our lives to God, seeking His help. It is turning our will to God.⁷⁶ In surrendering we let God take charge of our lives. Many alcoholics experience peace when they surrender their lives to God.⁷⁷ "The First Step tells us that we had actually been giving away our power at the exact time we sought to keep it."⁷⁸ Therefore the admitting of a Higher Power is part of their act of surrendering to the Higher Power.

Humility: James Keenan interpreting Tillmann's view on humility, says, "it (humility) is active self-knowledge and expresses itself in gratitude".⁷⁹ In other words, a humble person is aware of and acknowledges one's being in relationship with God. He also accepts himself as he is with all his shortcomings and weaknesses, and recognizes with gratitude his gifts and blessings from God. Thus John the Baptist, humble as he was, acknowledged his position before God, saying, "One mightier than I is coming after me and I am not worthy

⁷⁴Karen Lebacqz, *Professional Ethics: Power and Paradox*. 75.

⁷⁵ Harry Haroutunian, *Being Sober: A Step-by-Step Guide to Getting to, Getting Through, and Living in Recovery* (New York, NY: Rodale Inc., 2013), 77-78.

⁷⁶ Ibid. 19.

⁷⁷ An alcoholic named, Nancy, tells her own story of experience true peace when she was helped to surrender herself to God. See Bill P., Todd W. & Sara S., 67-69.

⁷⁸ *Strengthening My Recovery*, 4.

⁷⁹James F. Keenan, *A History of Catholic moral Theology: from confessing sins to liberating Consciences*. (New York: Continuum, 2010), 64.

to stoop down and untie the thong of His sandals” (Mark 1:7). Jesus commended the humility of a tax collector who acknowledged his weakness and sinfulness, saying, “Lord, have mercy on me a sinner” (Cf. Luke 18: 9 – 14). Similar idea was already put forwarded by Aquinas, stating that humility is the knowledge of one’s own limitations. He also recognized humility as, considering one’s own shortcomings, assuming the lowest place as Abraham did before God, saying, “I will speak to my Lord, whereas I am dust and ashes” (Genesis 18:27).⁸⁰ Humility is also recognizing gratefully our dependence on God, to understand that we have constant need of His support. In the first step the alcohol affected persons admit humbly for the first time that they are lost without Him.

Dependence on God: In accepting one’s powerlessness over alcohol one is admitting to God, “I can’t do it alone. I need your help.”⁸¹ Through the first step one learns to rely on God’s help.

Personal responsibility: A trustworthy person is responsible and can be confided in. As Gula states, “We become capable of trusting by being trustworthy. It boils down to our personal integrity - Our responsible actions.”⁸² We can be trustworthy only when we are *responsible and accountable* for our actions. Irresponsibility is typical of most of the alcoholics. As a result, the co-dependents can be overly-responsible. Hence responsibility and accountability are important virtues to be cultivated in the alcoholic families. In the first step we learn that we are powerless over everything but ourselves. Hence we are

⁸⁰ ST II – II. 161. 1&2.

⁸¹ Al – Anon Family Groups, *Path to Recovery: Al – Anon’s Steps, Traditions, and Concepts*, (Virginia Beach, VA: Al – Anon Family Group Headquarters, INC., 1997), 12.

⁸² Bill P., Todd W. & Sara S., 2nd ed. *Drop the Rock: Removing Character Defects, Steps Six and Seven* (Center City, Minnesota: Hazelden Foundation, 2005), 85.

responsible for ourselves and for our own actions. We are not responsible for others' actions nor are they responsible for ours.⁸³

Step two: Came to believe that a power greater than ourselves could restore us to sanity – Virtues of hope, self-care, trust and prudence.

Hope: The faith in the Higher Power who could restore us to sanity gives the hope that there is a way out from the insane state alcoholics and their families are going through. It takes away the character defect of despair. Self-care: We have seen that self-care is one of the cardinal virtues proposed by Keenan. It is the right willingness about the care of a person's physical, emotional and spiritual integrity and wholeness. According to Keenan, self-care includes self-esteem, and caring for one's physical health and spiritual and emotional wholeness.⁸⁴ Jesus himself took care of his bodily and physical needs and told the disciples to "eat and drink what is set before you." (Luke 10: 7). Jesus regained his spiritual and emotional strength from his Father and so he withdrew to a deserted place to pray and be alone with his Father (Cf. Mark 1: 45; Luke 5: 16). Perhaps the greatest agony Jesus had in the garden of Gethsemane might have been the struggle between self-care and obedience to his Father. With no doubt, Jesus always leaned toward his Father's will.

Self-care is "rooted in knowing that we are loved and have worth independently of our achievements."⁸⁵ It is different from self-centeredness. It is centered around our awareness of being loved by God, and our great worth and dignity which God has bestowed on us. Jesus indirectly talks about the importance of self-love when he asked us to love our neighbor "as we love ourselves (Luke 10:27). Self-care also calls for a great responsibility

⁸³ Ibid., 13.

⁸⁴ James F. Keenan, "Proposing Cardinal Virtues", 726-727.

⁸⁵ Richard M. Gula, *The Way of Goodness and Holiness: A Spirituality for Pastoral Ministers*. (Collegeville, MN: Liturgical Press, 2011), 57.

of preserving our health by way of eating properly, exercising well, getting sufficient sleep, fostering our identity, and protecting our good name and integrity.⁸⁶ Alcoholism can mangle self-care. Alcoholics generally don't take care of themselves. Alcoholism often destroys the self-esteem of the alcoholics and their family members. The disease of alcoholism can worsen as a result of lack of self-care. As part of their self-care, family and ACA should take bold steps and never allow themselves to be victimized by the alcoholic. Self-care teaches them to avoid any sort of self-destruction and instead to try to cope up with the situation and find ways to grow and find meaning in life out of their painful experience with their alcoholic member. They always have a choice – either to grow or destroy themselves. Choosing self-destruction, an ACA or the wife of an alcoholic might show one's bitterness from being trapped in alcohol abuse; another person might try to teach the alcoholic family member a lesson by committing suicide. There are still others who look for other alternatives that are evil or morally unacceptable, such as gambling, sex, evil friendship, abandoning faith, etc. In the healing process they are taught that these are not ways of caring for themselves or teaching others a lesson. Rather through these acts they punish and destroy themselves. Working the 12 Steps is part of self-care. In step two we learn to embrace our feelings instead of covering them up.⁸⁷ Allowing the Higher Power to restore us to sanity is an act of self-care, both physically and emotionally. Realizing what the Higher Power can do initiates the process of self-care, and it is the root of recovery.

Trust: Step two reminds us that we have a Higher Power willing to restore us to sanity. Thus, this step helps us to have an open mind toward the help Higher Power will offer us.⁸⁸

⁸⁶ Ibid.

⁸⁷ *Strengthening My Recovery*. (Torrance, CA: Adult Children of Alcoholics World Service Organization, 2013), 36.

⁸⁸ Ibid., 116.

Prudence: Prudence is called practical wisdom because it is “wisdom in action” and it “links the intellectual life of wisdom with the moral life of practical behavior.”⁸⁹ While wisdom stays in the intellectual arena, prudence brings wisdom down to practical life. It uses wisdom to live a good and moral life. It also balances and directs other virtues to be practiced appropriately. For example, while wisdom enlightens us with an understanding of the virtue of generosity, prudence tells us where, when and how to be generous. Being generous in providing financial assistance to a drug addict may not be prudent. According to Aquinas, “prudence is the right reason of things to be done.”⁹⁰ Therefore, prudence belongs to reason. As a cardinal virtue, prudence may be the primary virtue to be considered for any changed behavior since it is the virtue that directs us to good deeds. It tells us how to do the right thing. Hence, Aquinas considers it to be a virtue most necessary for human life. As an intellectual virtue, prudence, “is needed in the reason, to perfect the reason, and make it suitably affected towards things ordained to the end; ... Consequently prudence is a virtue necessary to lead a good life.”⁹¹ Prudence helps us to think, consider and reason out correctly so that our actions may be morally good. We use correct discretion when we possess prudence since “discretion belongs essentially to reason.”⁹² It perfects reason’s ability to judge correctly about the object of an act. It tells us to do or say the right thing at the right time to the right person in a right manner. Lebacqz states that prudence is the “accurate perception of the real and willingness to act in accord with that perception”⁹³

In the second step the members come to believe what the Higher Power can do from the experiences they have heard from others. Willingness to listen to others’ stories and

⁸⁹ Ibid., 98.

⁹⁰ ST I - II. 57.3.

⁹¹ ST I - II. 57.4.

⁹² ST I - II. 61.4.

⁹³ Karen Lebacqz, *Professional Ethics: Power and Paradox*.106.

considering an alternative (Higher Power) which others have tried constitute the virtue of prudence.⁹⁴ This virtue helps them to make the right willing and right choice. At this stage of the program the new member has a choice to make – either to continue trusting in the Higher Power and work toward restoration, or go back to old way of life. Here with the help of the support group the person is able to use prudence in order to make the right choice.

Step Three: Made a decision to turn our will and our lives over to the care of God as we understood him – Virtues of faith and surrender, humility, prudence and open-mindedness.

Faith and surrender: Based on the hope attained in the 2nd step the members are able to practice faith and surrender at this point whereby they begin to conform their will with God's will. They accept God as their director and principal, and they as His agents. In this step the members make the decision to let go of their worries and turn them over to God. Therefore it is the cornerstone of the steps and all other steps rest on it. One of the Al Anon members states, "We make a decision, a commitment to take all of our concerns and feelings, worries, fears, resentments, loves, dreams, wishes, thoughts, choices, and relationships – in short, our will and our lives – and place them in the care of the God of our understanding."⁹⁵

Humility and prudence: In this step the members learn the humility needed to seek their Higher Power's will for them.⁹⁶ It takes real humility to turn one's will over to the Higher Power. Prudence plays a great role in making a decision or the right choice of turning one's will and life over to the care of God.

⁹⁴ Al – Anon Family Groups, *Path to Recovery: Al – Anon's Steps, Traditions, and Concepts*, 18.

⁹⁵ An – Anon Family Groups, *How Al – Anon Works for Families & Friends of Alcoholics*, (Virginia Beach, VA: Al – Anon Family Groups Headquarters, Inc., 1995), 50.

⁹⁶ *Strengthening My Recovery*, 160.

Step Four: Made a searching and fearless moral inventory of ourselves – Virtues of courage, honesty, tolerance, open mind.

Courage: Courage is part of the virtue of fortitude which is right willingness about physical or emotional obstacles one may come across. Aquinas considers fortitude as a virtue that resists, overcomes and removes certain hurdles on account of which the will is less inclined to follow the right reason. Hence fortitude helps a person to overcome undue fear. Fortitude gives us the courage and spiritual strength to endure bravely bodily infirmities.⁹⁷ It is this virtue that strengthened the martyrs of the church to endure painful and heroic death. Since endurance of suffering requires patience, the virtue of *patience* is part of fortitude. Fortitude also empowers us to endure humiliations and other emotional tortures patiently. The Catechism of the Catholic Church defines fortitude as “the moral virtue that ensures firmness in difficulties and constancy in the pursuit of the good.”⁹⁸ It takes a lot of courage for an alcoholic to endure the painful process of facing their resentments, fears, and relational problems. It needs constancy and commitment. Fortitude helps families of alcoholics to withstand the dysfunctionalities in the family and face them in a healthy manner. In the fourth step the members are asked to make a fearless moral inventory of their lives or their dominant character traits, both positive as well as negative. Some of the negative character traits can be resentment, pride, selfishness and fear. This inventory is done without fear and with complete honesty, trust and faith. Hence it embraces courage and confronts fear. It takes a lot of courage to do such a serious and thorough soul searching.⁹⁹

⁹⁷ ST II – II. 123. 2.

⁹⁸ Libreria Editrice Vaticana, *Catechism of the Catholic Church*, no. 1808.

⁹⁹ Harry Haroutunian, 80-82.,

Honesty, tolerance, and open mind: Since making moral inventory is an effort to discover the truth about the self, the members have to do it *honestly*. In making the inventory of resentment they realize that the people who have offended them were spiritually sick and so they should be treated with patience and *tolerance*. They learn that sick people are not treated with retaliation or argument.¹⁰⁰ Many of the members learn to be *open-minded* and non-judgmental in examining and making inventory of their lives. This quality helps them to put their lives and problems in their true perspectives.¹⁰¹

Step Five: Admitted to God, to ourselves, and to another human being, the exact nature of our wrongs - Virtues of integrity, trust, Humility, willingness, forgiveness, honesty, responsibility, and patience.

Integrity and honesty: The seed of integrity is sown in the lives of the members with the honest sharing of their entire embarrassing story to another trustworthy person. Integrity helps them to adhere to a code of value and it puts them in a state of wholeness. It glows the heart of an alcoholic.¹⁰² Our honesty with another person is a reflection of our honesty with ourselves and with God.

Willingness, trust, humility, and responsibility: The members at this point express their *willingness* to approach another person and admit their wrongs.¹⁰³ This step also helps them to *trust* God and other people on their spiritual journey. It is in telling their wrongs to others that they learn *humility* and honesty.¹⁰⁴ The virtue of prudence which we saw above produces *responsibility*. “By considering and setting moderate and attainable goals for determining the lives we ought to live and by finding the particular ways of acting that will

¹⁰⁰ Alcoholics Anonymous. *The Big Book* (New York City: Alcoholic Anonymous World Services, 1976), 66-67.

¹⁰¹ Al – Anon Family Groups, *Path to Recovery: Al – Anon’s Steps, Traditions, and Concepts*, 44-45.

¹⁰² Harry Haroutunian, 85-86.

¹⁰³ Alcoholics Anonymous. *The Big Book*. 13.

¹⁰⁴ *Ibid.*, 73.

enable us to achieve those goals, prudence helps us take charge of our lives.”¹⁰⁵ An alcoholic is usually very irresponsible toward his life and needs someone who will take charge of his life with great responsibility and accountability. That person is the alcoholic himself who becomes gifted with prudential reasoning that will direct him toward what must be done and help him to hold himself responsible for his every action. By admitting ourselves what our inventory has revealed we take responsibility for ourselves. Subsequently, we avoid justifying our behaviors and attitudes.¹⁰⁶

Forgiveness and patience: It is in this step where the members share their wrongs with others that they begin to get the feeling that they are forgiven and they are able to *forgive* others. Often their sharing with sponsors helps them to achieve this goal. Admitting their faults with others and with themselves the members learn the art of acceptance and patience.¹⁰⁷

Step Six: Were entirely ready to have God remove all these defects of character- Virtue of willingness.

Willingness: Having identified our defects of character and exposed them to others, the members of twelve-step programs avoid being selfish or controlling. At this point what is required is “a willingness to allow this new power into our lives on a daily basis to remove the defects of character that have wreaked such havoc in our lives.”¹⁰⁸ Such a willingness is an important step the members make on their journey to recovery. Step six encourages the members to be ready to release to God all of their defects of character. They are to follow the slogan “Let Go and Let God.”¹⁰⁹

¹⁰⁵ James F. Keenan, *Virtues for Ordinary Christians* (Kansas City: Sheed & Ward, 1996), 17.

¹⁰⁶ An – Anon Family Groups, *How Al – Anon Works for Families & Friends of Alcoholics*, 53.

¹⁰⁷ Al – Anon Family Groups, *Path to Recovery: Al – Anon’s Steps, Traditions, and Concepts*, 57.

¹⁰⁸ Harry Haroutunian, 86-87.

¹⁰⁹ Al – Anon Family Groups, *Path to Recovery: Al – Anon’s Steps, Traditions, and Concepts*, 66.

Step Seven: Humbly ask Him to remove our shortcomings – Virtues of humility, prayerfulness, surrender and prudence.

Humility and prudence: Humility is one of the most important principles needed for the recovery of an alcoholic and family. The seventh exercise helps the members to humble themselves, keeping aside their ego, and identify with their suffering. Asking the Higher Power to remove their shortcomings takes a real confrontation of the self-righteous pride.¹¹⁰ This step also helps to foster the virtue of prudence in that the members are able to redirect some of their defects into more harmless channels. One of the Al Anon members who was afflicted with the defect of sarcasm states, “As I asked for help, I realized I did not have to give up my sense of humor in order to bring the sarcasm to a stop. I simply needed to redirect my humor into more harmless channels.”¹¹¹ When we confront the situation honestly with a sense of humor we evade detriment.

Prayer and surrender: The seventh step is an act of prayer. The twelve steps meetings provide ample opportunity to learn how to pray. Usually the meetings begin and end with a prayer. The serenity prayer used at meetings is a very powerful and meaningful one. Prayers are ways of reconnecting with a Higher Power of our own choosing.¹¹² The prayer at this stage would be an act of total surrender to the Higher Power and asking Him to eradicate all our defects.¹¹³

Step Eight: Made a list of all persons we had harmed, and became willing to make amends to them all – Virtues of reflection, brotherly and sisterly love, and willingness.

¹¹⁰ Harry Haroutunian, 87

¹¹¹ Al – Anon Family Groups, *Path to Recovery: Al – Anon’s Steps, Traditions, and Concepts*, 75-76.

¹¹² *Strengthening My Recovery*, 273.

¹¹³ Alcoholics Anonymous. *The Big Book*, 76.

Prudent reflection, and brotherly and sisterly love, willing: In dealing with the virtue of prudence Aquinas teaches that there is counsel in prudence and the prudent person “takes good counsel” with regard to making a choice.¹¹⁴ Counsel is the act that initiates a process of prudent *reflection*, which is followed by acts of judgment and command. It is “an act of enquiry.”¹¹⁵ Therefore, it involves self-reflection, self-evaluation and gradual discerning. A prudent person makes careful reflection on one’s life. In the process of reflecting on all the persons who have harmed them, alcoholics and the family realize that the persons who harmed them the most were themselves. They were the victim as well as the predators. An alcoholic’s wife shares the result of her reflection regarding her action toward her husband who was going to take the car to get something to drink:

I held onto the car door handle to keep him from going. He drove away and my hand was injured. I cried and said that he had hurt my hand. Step Eight taught me that he did not hurt my hand. I caused my hand to be injured because I put my hand where it didn’t belong.¹¹⁶

Careful reflection helps an alcoholic/family member realize that his/her name should be on the top of the list of those who have harmed them. One’s reflection also enlightens the person on the resentment one has been harboring all through the years. We see among the alcoholics and their families, layers and layers of anger and feelings of hatred. It is practically impossible for them to look at others as their brothers and sisters when they are moved by anger. The families who have suppressed their feelings of anger sometimes burst out in violent expressions. They unfairly blame the people they had resented, not realizing their responsibility in the harm done. There is a great need for all of them to cultivate the virtues of love, compassion and forgiveness. In the Eighth Step brotherly

¹¹⁴ ST II – II. 47.1

¹¹⁵ ST II – II. 47.8.

¹¹⁶ Al – Anon Family Groups, *Path to Recovery: Al – Anon’s Steps, Traditions, and Concepts*, 86.

love confronts resentment, and the members pray for the people they have been resenting.¹¹⁷ Healing will depend upon one's reconciliation. Forgiveness also leads to renewed life and relationship, and the willingness to amend one's life. In this step the members also discover that they don't have to decide how to make amends. All what is required of them is to be willing (to forgive and love).¹¹⁸

Step Nine: Made direct amends to such people, wherever possible, except when to do so would injure them or others – Virtues of justice, integrity and prudence, responsibility, and self-care.

Justice: The virtue of justice is about the right relationship with members of the community and society while fidelity is about the right relationship with members of one's family. Aquinas defines justice as "a habit whereby a man renders to each one his due by a constant and perpetual will."¹¹⁹ A just person renders to others what belongs to them and they deserve, whether it is money, fame, respect, dignity, freedom, peace or happiness. So injustice is trespassing on the rights of others. An alcoholic can be unjust toward one's family, neighbors and society. Alcoholic behavior can distort others freedom, respect, peace and so on. "Justice is the virtue that pulls us away from the temptation to plot out lives without taking into account the impact our behavior might have on others."¹²⁰ Step Nine directs us to make amends and repair the damage on the relationship caused by alcoholic behavior. "It is the essential healing mechanism of the Twelve Steps that restores relationship with the principle of justice and fairness."¹²¹ The action of making a change is important for recovery even if it costs embarrassment or fear.

¹¹⁷ Harry Haroutunian, 88-89.

¹¹⁸ Al – Anon Family Groups, *Path to Recovery: Al – Anon's Steps, Traditions, and Concepts*, 85.

¹¹⁹ ST II – II. 58. 1.

¹²⁰ Richard M. Gula, *The Way of Goodness and Holiness: A Spirituality for Pastoral Ministers*, 107.

¹²¹ Harry Haroutunian, 89.

Prudence, integrity, responsibility, and self-care: Aquinas asserts, “The worth of prudence consists not in thought merely, but in its application to action, which is the end of the practical reason.”¹²² It is also important that a prudent person be solicitous by way of being shrewd and alert with regard to what is to be done.¹²³ This is another important aspect of prudence that is applied in this step where the members are cautioned against making amends if it would injure them or others. Since the principle of this step can lead to healing when used well but injure if misused; it has a wide-ranging application to the problem of developing integrity. By cautioning against consequential harm, Step Nine also helps the members form responsibility for the well-being of others. Moreover, by forgiving and changing their attitudes as part of their amends, the members care for themselves. Forgiveness and seeking forgiveness bring about healing. Hence they are part of self-care.

Step Ten: Continued to take personal inventory, and when we were wrong, promptly admitted it – Virtues of vigilance, perseverance, and self-discipline.

As we have discussed above, prudence entails alertness and vigilance. In the journey of recovery process, members can be influenced by other people or situations that might influence them to return to their old way of life. This is where they need to be vigilant and alert by taking a daily inventory and making amends on a daily basis.¹²⁴ By the repeated practice of Step Ten the members learn perseverance. Without being discouraged by personal failures they are invited to keep practicing the exercise of admitting their wrongs

¹²² ST II – II. 47.1.

¹²³ ST II – II. 47.9.

¹²⁴ Harry Haroutunian, 90.

and making amends. Such repeated acts helps them to be self-disciplined, with a growing awareness that ‘to err is human and to forgive is divine.’

Step Eleven: Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of his will for us and the power to carry that out – Virtues of awareness, spirituality and prayerfulness.

The deeper the spirituality and prayer life of a person in lies a greater awareness of the self. Prayer is a conversation with God. Worship, praise and supplication are different forms of prayer. We pray for various needs. By praying we do not change the Divine disposition but “we may impetrate that which God has disposed to be fulfilled.”¹²⁵ In other words our prayer makes us worthy of receiving what God has in store for us from all eternity. Even though God knows what we need God expects us to pray so that “we may acquire confidence in having recourse to God.”¹²⁶ Prayer helps us to have confidence in God and rely on His help. It helps us to become aware of our powerlessness and so our need of Him who is all powerful and gracious. This awareness itself is an act of prayer. Sometimes, people pray, thinking they can change God’s mind. But “prayer is not about changing God, but being willing to let God change us.”¹²⁷ Hence the fruit of prayer is the change of our lives and habits. That is why Step Eleven highlights the purpose of prayer – to know His will for us and the power to carry that out. “In experiencing God’s will, some members find a deep sense of awareness and peace.”¹²⁸ The spiritual awareness the members receive through prayer helps them to be more tolerating toward others and more responsible toward

¹²⁵ ST II – II. 83. 2.

¹²⁶ Ibid.

¹²⁷ Richard Rohr, *Breathing Under Water: Spirituality and the Twelve Steps* (Cincinnati, Ohio: St. Anthony Messenger Press, 2011), 96.

¹²⁸ A1 – Anon Family Groups, *Path to Recovery: A1 – Anon’s Steps, Traditions, and Concepts*, 113.

themselves. The essence of the prayer in this step is asking for the grace to treat others as we would want to be treated by the Higher Power.¹²⁹

Step Twelve: Having had a spiritual awakening as the result of these steps, we tried to carry this message to others, especially alcoholics (in the case of AA), and to practice these principles in all our affairs – Virtues of service and charity.

Charity as one of the theological virtues is the greatest of all the three virtues (Cf. 1 Cor. 13:13). “The Lord asks us to love as he does, even our enemies, to make ourselves the neighbor of those farthest away...”¹³⁰ Dysfunctional families usually lack true love and charity and reaching out to one another with compassion and correction. “Charity demands beneficence and fraternal correction.”¹³¹ There is fraternal correction given and received in the Twelve Steps. The Twelfth Step helps the members to practice service out of love for their neighbors who go through the similar tragedies as they did. This step invites the members to pass on the program and its principles along to those in need. It can be done in various ways such as, encouraging others to participate in the program, being a good examples of AA, Al Anon and ACA, serving in the meetings and within the fellowship, having frequent contact with the new comers, placing the 12 Steps recovery book in a place accessible to the new comers, and approaching the candidate through a doctor or an institution rather than through their family.¹³² The recovering members can be uniquely useful because of their experience in the recovery process. In order to keep the joy of their recovery, it is important to lead others through the 12 Steps. Participating in the Twelfth Step actively is essential to maintain recovery and serenity.

¹²⁹ Harry Haroutunian, 91-92.

¹³⁰ Liberia Editrice Vaticana, *Catechism of the Catholic Church*, no. 1825.

¹³¹ Ibid. no. 1829.

¹³² Alcoholics Anonymous. *The Big Book*, 89-91.

The virtues mentioned above are not exhaustive. There are other pertinent virtues formed through the Steps and other activities of the program, including working with sponsors, listening to the experiences of other members, and reading the literature relevant to the Steps. One such virtue is *temperance*. Thomistic understanding of temperance is a disposition of mind that observes the mean in every operation. It is also called the virtue of moderation as it moderates the passions and operations of a person.¹³³ It perfects the will's ability to choose correctly those acts which affect the integrity of the whole person. Temperance withholds a person from those pleasures that are contrary to reason, and not from those pleasures or passions that are in accordance with reason, which are actually needed to sustain one's life.¹³⁴ Hence temperance controls the pleasures, limiting the needs in day-to-day living. For instance, it regulates our intake of food, limiting the need to sustain life. Hence, eating or drinking more than needed to satisfy our hunger or to sustain our lives is an act against the virtue of temperance. Temperance is moderating any undue passion or desire that rebels against reason. It can be the passion for undue pleasures arising from excess food, drink, sex, riches, glory or any addictive behavior. Accentuating the gravity of sin against temperance, the Catechism of Catholic Church teaches thus:

The virtue of temperance disposes us to avoid every kind of excess: the abuse of food, alcohol, tobacco, or medicine. Those incur grave guilt who, by drunkenness or a love of speed, endanger their own and others' safety on the road, at sea, or in the air.¹³⁵

Aquinas emphasizes, "the end and rule of temperance itself is happiness."¹³⁶ Hence any act that conflicts with the virtue of temperance leads to unhappiness. Alcoholism, as we know,

¹³³ ST I - II. 61.4.

¹³⁴ ST II – II. 141.1.

¹³⁵ Liberia Editrice Vaticana, *Catechism of the Catholic Church*, (Liguori, MO: Liguori Publications, 1994), no. 2290.

¹³⁶ ST II – II. 141.7.

offers temporary pleasure but eventually it leads to unhappiness and catastrophe in life since it is an act against temperance and moderation. By turning one's will to God (as learned in Step Three) and continued seeking of God's help (as learned in Steps Seven and Eleven) a person is able to practice the virtue of temperance.

2. Three overall movements in the Twelve Steps

We have seen that various virtues are formed through the practice of the Twelve Steps. These steps are to be understood as a process of recovery, not a finished program. In the context of this process the Twelve Steps can be seen in terms of three stages of movements through which the person experiences recovery and transformation. These movements can be arranged as follows:

Steps One - Three – an honest admission of one's powerlessness in the face of addiction and the need for God. This is the stage where the alcoholics and their families realize their powerlessness and need for the Higher Power. This leads to submission and conversion. The decision to turn their will to God reflects the beginning of conversion from their past way of life. This is the stage of being at peace with God.¹³⁷

Steps Four – Nine: Action Steps – an interior journey of examination of conscience, demonstration of contrition, and active restitution. In this stage the members, having examined the damages done to the three-fold relationships, confess to the object of those relationships (God, others and themselves) as a mark of their repentance. By making amends to those they have harmed they make restitution. This is the stage of making peace with oneself and others.¹³⁸

¹³⁷ Friends in Recovery, *The Twelve Steps for Christians* (Scotts Valley, CA: RPI Publishing, Inc., 2012), xvii.

¹³⁸ Ibid.

Steps Ten – Twelve - the on-going development of a virtuous life through an interior spiritual life and continued service to others. This is the stage of maintaining progress in recovery and virtuous life through prayer and meditation, and charitable deeds of serving others in need. The ministry of service to others helps members maintain their serenity and recovery.¹³⁹

Conclusion

Although alcoholism is partly a genetically inherited disease, many become alcoholics in their pursuit of happiness. Consequently they not only fail to find happiness but their lives become miserable as well, for the simple reason that alcoholism leads to forming defective character which damages or even destroys good character and the virtues of the person. The same effect happens in the lives of the family members, including children. Hence in order to restore to their original condition in life and find true happiness they need to develop and restore the lost virtues which are excellence of character. While intellectual and moral virtues can be achieved and developed by learning and habitual practice, theological virtues are divinely infused ones. Virtues are always attributed to a person and so they have no existence of their own unless they are possessed by a person. The healing process of alcoholics and their families reaches a successful stage only when they begin to be virtuous people. Developing virtues is not only a gateway to healing but is part of the healing process as well. An important modality of attaining these virtues is the support group program of the Twelve Steps which helps thousands of alcoholics and their families recover from their disease and wounds. This will take us to the final strategy of examining

¹³⁹ Ibid.

some of the effective modalities of recovery and transformation, where the central focus will be on the Twelve Steps.

Chapter Seven

Various Healing Modalities and Supportive Roles in the Recovery Process.

Our telos is happiness. As we have discussed earlier, our final happiness is union with the Divine. Virtuous and good-natured persons find happiness here on earth. Some people (alcoholics) seek happiness through alcohol abuse. Before they realize it was a deceptive means they become addicted to it. At this point, even though they want to get out of it they are unable to do so unless they are willing to accept the various means of healing offered today. We have seen that formation in the virtues are a means to happiness, and recovery from alcoholism. Also, we have discussed that alcoholics and their families internalize the pertinent virtues through Twelve Steps Recovery Programs. They are the means of restoring our human dignity that was distorted and of better respecting others' dignity. In this chapter, we will discuss some of the modalities of recovery available, with special attention to Twelve Steps programs and how they function in achieving recovery, peace and happiness. We will then proceed, examining the supportive roles of various people who are associated with alcoholics, including family members and clergy. At the conclusion of the chapter I will present my own proposals for the recovery of alcoholics and the family, and special roles of the clergy.

A. Various healing modalities

Various modalities of healing, including medical treatment, and counseling and therapy are available to alcoholics today as they have been for the past few decades. We shall discuss some of them very briefly later. Many alcoholics have shared the greater effects of the spiritual programs, like the Twelve Steps, compared to other treatment modalities. In the *Big Book* a certain American businessman who became a victim of alcoholism, shares

his experiences with the treatments he received from some of the famous psychiatrists. However, because of his chronic alcoholic problem the treatment was not effective. Later when he had undergone the *vital spiritual experiences* through the spiritual program of Twelve Steps, he experienced a new set of conceptions and motives supplanted his former emotions and attitudes. Soon he experienced a loving and powerful hand of God working in him. He now lives as a free person. He can move about and work without any disaster.¹ In another case, a well-respected lawyer was trapped by alcoholism shares his story of going through various therapies, treatment with different psychiatrists, biofeedback, relaxation exercises, and Antabuse, besides the therapeutic insights of Freud and Jung, all to no avail. Finally he experienced freedom and serenity through participation in AA and the spiritual enlightenment it offered.² Thus, the experiences of thousands of people affirm the unbeatable of Twelve Steps programs over the various treatments and healing modalities available today. Hence, our main focus shall be on the Twelve Steps, after which some other modalities shall be dealt with briefly.

1. Twelve Step Recovery Program

As we have seen in the previous chapter, there are Twelves Steps programs that stimulate healing for alcoholics (Alcoholic Anonymous), family of alcoholics (Al Anon), and children of alcoholics (ACA, Al Teen). Let us discuss the important features of each of them and how recovery takes place through those programs.

a. *Alcoholic Anonymous (AA)*: AA began in 1935 with Bill W. and Dr. Bob S. as its co-founders.³ These two men, who themselves were enslaved to alcoholism, formulated and

¹ Alcoholics Anonymous. *The Big Book*, 26-28.

² Ibid. 388- 397.

³ An – Anon Family Groups, *How Al – Anon Works for Families & Friends of Alcoholics*, 124.

practiced the Twelve Steps and were thereby restored to sanity and serenity through them. At the beginning state of his recovery process, Bill, with the advice of his old school friend, chose his own conception of God and called him a Greater Power, to guide him in his recovery.⁴ Thus, the recovery of this program is built upon recognizing “a Power Greater than ourselves.” Ever since then it was spread and extended throughout the United States and beyond. Through the years, millions of alcoholics who have committed themselves to this program experienced recovery and peace. It is out of this program that other the recovery programs of Al Anon and ACA sprouted.

The program augments the formation of good character and renewed life, shattering unhealthy behavior and character defects. As part of my studies and research, I have participated in the three programs of AA, Al Anon and ACA. From my reading of Twelve Step literature and my experience in Twelve Step group interactions let me briefly highlight the regular functioning of these groups that leads to recovery of the members.

The Twelve Steps are to be taken one day at a time, each step being built upon the previous one. It is a purely spiritual program. Although there is a misperception from outside-attributing religion to the program-it is, in fact, unbiased toward any particular religion. The term God is replaced with Higher Power and so the members are free to choose a power that is greater than themselves. “The Steps help us to achieve wholeness, or integrity, between our belief systems (our inner self) and our actions (our outer self).”⁵ Without following any particular religion the Steps guide them to work on their recovery, using their own belief system and with the support of other members and sponsors. (All these features are common to all three groups: AA, Al Anon and ACA). Over time the

⁴ Alcoholics Anonymous. *The Big Book*, 12.

⁵ Harry Haroutunian, 75.

members of AA realize that alcoholism is not the only problem they face daily. There can be other addictions problems including gambling, extra-marital sex, resentments, and familial and work-related problems they face daily-everything rooted in and developed within the framework of alcoholism. That is why alcoholism is mentioned only at Step One, and then other *Steps* deal with the innumerable problems grown out of alcoholism.

AA teaches that “(an alcoholic’s) defense must come from a Higher Power,”⁶ for the simple reason that he is created in the image of the Higher Power (God), which was profaned by alcoholism. The meetings of AA may take place weekly, a few days in a week or even daily. The new members are warmly welcomed. Meetings begin with the Serenity Prayer and end with The Lord’s Prayer or the Serenity Prayer again. The members introduce themselves only with their first name. Meetings follow different formats. Often, different passages from the Big Book and related literature are read aloud and members share their reflections and experiences freely. No one is forced to share nor is there any cross talk or comments on any of the sharing. It creates an atmosphere of freedom and comfort for the members. Everyone is given the opportunity to share. There is no one who holds power or authority in the group. Every member is independent and responsible. A leader is elected for a specified period only to moderate the meetings. Meetings usually last for an hour. After the meeting the members are free to stay back and talk with others personally. After attending several meetings, once a person is ready, one can choose a sponsor who understands the Steps- someone who is supportive, compassionate and who will listen without judging or condemning (as suggested in Step Five) and work with that person. The four people who are involved in the alcoholic’s recovery are God, the sponsor,

⁶ Alcoholics Anonymous. *The Big Book*, 43.

the group, and the alcoholic himself. However, the alcoholic should honestly be ready to work with others and be willing to receive support from them.

Once a person has admitted one's powerlessness and ready to surrender one's will to God one prepares the laundry list of all the defects of character that have been burning up the alcoholic through the years. A common phenomena of this disease is the feeling of resentment. Those who persevere in following the Steps faithfully experience God's special grace to accept others with love and compassion. With this grace the members go out to their fellows and repair the damage done in the past, as suggested in Step Nine. Admitting one's wrongs to others brings about peace, joy, reconciliation, and transformation on both ends. When a person is ready to humble oneself, great things happen in one's life that is beyond one's imagination. This is the miraculous power of AA. As they have cleaned up the past, they have entered the world of the Spirit and they may no longer be interested in alcohol. However, Step Ten suggests them to maintain their sanity through a continuous process of personal inventory and amends, since this recovery is a life-long process. Step Eleven invites them to incessantly seek God's help for the grace to maintain this state of sobriety and sanity. At this point the members have reached a state of recovery; they are able to respect the dignity of others as well as their own as they are able to see themselves and others as God's loving creations who deserve love and understanding. They begin to pray not only at meetings but at home with their spouses and children. There is also a shift seen in the matter of their prayer from selfish ends to common ends. With Step Twelve, they become ambassadors of God's healing work through AA to other alcoholics. This is a ministry they are called upon that boosts their own recovery and serenity. According to many of the recovered members' sharing, a recovered alcoholic

would be the most effective helper and guide for another alcoholic in his journey of recovery.

Renewal and transformation experienced by the recovered alcoholics: After having journeyed through the Steps faithfully most of the participants experience renewal and change in their lives. Their own stories shared with the group and narrated in various literature are self-evident to this truth. Learning to relate to people comfortably without alcohol, the ability to differentiate between their wants (which are never satisfied) and needs (which are always provided for), the capacity to reject fantasizing and accept reality, “the serenity to accept the things we cannot change,” and being at peace with oneself, with others, and with God are some of the expressions of their renewal.⁷ In recovery there is such a deep spiritual experience which “leads to an emotional sobriety, an immense freedom, a natural compassion, and a sense of divine union that is the deepest and most universal meaning of that much-used word *salvation*.”⁸ This is where a recovered alcoholic experiences a deep sense of peace and freedom that he has never had before or at least for long time. Some of the AA members I interviewed shared with me areas of their recovery which include the following: a.) developing gratitude to a Higher Power; b.) less compulsion to drink; c.), friendship and cordiality with more people; d.) experience of acceptance from variety of people; e.) becoming kinder and less judgmental; f.) reconciliation with others and with oneself; g.) healing of guilt feeling; h.) acquiring the virtue of humility by way of confessing to others; i.) the ability to accept and put up with their wives; j.) being honest with their wives; k.) being very cautious; l.) spending money moderately; m.) awareness of their imprudence and foolishness; n.) experience of a sense

⁷ Alcoholics Anonymous. *The Big Book*, 158-159.

⁸ Richard Rohr, *Breathing Under Water: Spirituality and the Twelve Steps*, 125.

of freedom; o.) acceptance and true love; p.) becoming closer to God, and the ability to pray better.

Challenges of sobriety: As we all know, an alcoholic is one who drinks aberrantly. One of the wrong notions of many of alcoholics is the belief that they can drink normally as others do once they have the period of sobriety. It is important for such people to remember the slogan that states, ‘once an alcoholic, always, an alcoholic.’ Therefore, even in sobriety one is still a “potential alcoholic.”⁹ Hence, in order to maintain sanity they need to keep participating in AA meetings and receive support from the group. Also, they need to continue a life of prayer and meditation which they have cultivated from Twelve Steps. For some, alcoholism may be the symptom of deeper problems of anger and resentment. In spite of the fact that those problems still haunt a person, one can still maintain one’s serenity by being an active member of AA.

I endorse Harry Haroutumian’s practical suggestions on how to manage cravings in the early recovery period:

- Make a list of 10, 20, or 30 things you could do other than drink or use.
- Use your energy productively by working out; for example, walking around the block.
- Remember why you’re in recovery now. What consequences come as a result: almost losing your children/your spouse/your job/your dignity/your life?
- Call someone you trust and talk through your craving.
- Know that most cravings only last 40 seconds.

⁹ Alcoholics Anonymous. *The Big Book*, 34.

- Sit with the craving. Don't fight it.....but allow yourself to feel it wash over you, and then let go.
- Change your self- talk.....*I want a drink, but I don't need one right now.*
- Avoid going to slippery places, (that includes bars and parties or where drugs are sold).¹⁰

These suggestions are effective and helpful but they should not be used as a substitute to active participation in AA meetings.

b. *Al Anon*: The Twelve Steps of Al Anon was formed in answer to the needs of Lois W. and Annie S., the wives of Bill W. and Dr. Bob S. and many other wives of alcoholics. These women realized that they needed the same kind of spiritual help that their husbands had found and began to have informal gatherings that became the forerunners of Al-Anon meetings. Later they applied the same principles of the Twelve Steps of AA to their group, except for the 12th step that was oriented to help mainly the alcoholics.¹¹ So the 12th step of Al-Anon states thus: *Having had a spiritual awakening as the result of these steps, we tried to carry this message to others, and to practice these principles in all our affairs.* Thus, while in A.A. the message is carried to *other alcoholics*, in Al-Anon the message is carried to *others*, meaning, it is carried to all those who are affected by their alcoholic family members. Except for Step Twelve, the functions of Al-Anon remain the same.

One of the crucial issues affecting the lives of the family of alcoholics is their hyper-responsibility and neglecting their own needs. Through Al-Anon's Steps they learn to tend to their own needs and well-being. They learn that without caring for themselves they

¹⁰ Harry Haroutumian, 64-65.

¹¹ An – Anon Family Groups, *How Al – Anon Works for Families & Friends of Alcoholics*, 124.

cannot care for others. There are three areas of self-help where attention should be given: physical health, mental and emotional health, and spiritual health. *Physical* self-help includes sufficient rest, proper exercise, healthy and nutritious diet, and appropriate medical care. In this way, we need to make our lives more manageable. *Emotionally*, we may have a lot of long-suppressed traumatic events from past abuse, abandonment, or violation, that need to be healed. Expressing them freely in Al-Anon groups that really understand and accept the family of the alcoholic is very important for emotional healing and well-being. In order to stimulate our minds and validate our feelings, it is good to read books we enjoy, learn new skills, open ourselves to some different interests, and find appropriate ways to express ourselves. We also need to allow our positive feelings of joy, passion, creativity, and excitement to ameliorate in our lives so that it may lead to further growth and make our lives more enjoyable. *Spiritual* self-care includes cultivating a conscious and constant contact with the God of our understanding by way of prayer and meditation. Through prayers of supplication and gratitude throughout the day we need to make the God of our understanding a constant companion in our journey and a source of spiritual nourishment.¹²

One of the effective means of growing in recovery and sanity, which I would recommend very much, is practicing Step Twelve of serving others. It is evidenced by the experience and sharing of many members. One of the ways of service that can be practiced by Al-Anon members is being a sponsor for Alateen (serving as a sponsor the children of alcoholics, who participate in Alateen group). Through such service we learn that ‘serving others is serving yourself.’ Serving the children of alcoholics as a sponsor helps us to love

¹² Ibid., 88-91.

ourselves. One of the Al-Anon members admits that it has helped her know her character defects and learn to value what she has to give, such as love, courtesy, and respect. Her sponsorship also helped her to make amends for abandoning herself in the past. She realized the great value of service. She also understood the illusionary facts of isolation, separateness, and distance from the human race. In addition to the amends she made, her service as an Alateen sponsor helped her to be reunited with her own family.¹³ By being a sponsor to Alateen and Al-Anon, and practicing Step Twelve, one learns to know more about oneself and continue in recovery. Serving others boosts one's sanity.

c. *ACA*: Like Al-Anon, Adult Children of Alcoholics (*ACA*) also was developed out of the principles of AA when many of the adult children of alcoholics realized the value of the Twelve Steps, and the healing power of the program. The Twelve Steps program of *ACA*, "was founded by a group of Alateens, wanting to hold a meeting where they could talk openly about the hurt, rejection, and confusion in their homes."¹⁴ Thousands of *ACA* meetings are being held throughout the United States and beyond every day. It is a fellowship of children of alcoholics who have become adults and who are still affected by the alcoholic behavior of their parents. The mode of its functioning is similar to that of AA and Al Anon. The 12th Step of *ACA* and Al Anon are similar except the addition of, "who still suffer" in *ACA*. Thus the Step Twelve of *ACA* is read as, *Having had a spiritual awakening as the result of these steps, we tried to carry this message to others who still suffer, and to practice these principles in all our affairs*. The phrase "who still suffer" refers to all the adult children who still suffer the consequences of being raised in a dysfunctional family.

¹³ Ibid., 177-179.

¹⁴ *Adult Children of Alcoholics*. (Torrance, CA: Adult Children of Alcoholics World Service organization, 2006), 475.

ACA is a proven program that offers an anchor for the spiritual and emotional lives of the adult children of alcoholics. The childhood that was missing, growing up in dysfunctional family, is given a roadmap and a new direction for finding the true self. By actively participating in the program one strives to attain the priceless gift of serenity and sanity.¹⁵ Step two gives them the clarity of what they have been missing in their childhood and Step Three helps them to “reparent”¹⁶ themselves through their surrendering to the Higher Power. They realize that their Higher Power validates the worth of their child within them. The self-destructive behaviors that were developed in order to survive during childhood were released and transformed into behaviors that promote renewal and peace through the Twelve Steps of ACA. What gives us hope in ACA is the solution it offers and the progress and spiritual recovery seen in others. There is recovery from fear of authority figures, people-pleasing, isolation, guilt feeling, false notions of intimacy, hypervigilance, inferiority complex – to name a few. This is something adult children can carry to others including the children of alcoholics. As survivors of abuse or unhealthy parenting, they are able to relate to the similar childhood experiences of the children of alcoholics.¹⁷ With the gift of identification they are in a better position to help others who need support and understanding. This is a mission they are called upon to share in response to what they have received, which will return to them by way of helping them to maintain their recovery.

In some cases, the Twelve Steps of ACA accompanied with therapy with an informed counselor can be very effective. But informed counseling can never be a substitute for ACA recovery. Counseling without ACA focus does not serve the purpose since it can

¹⁵ *Strengthening my Recovery*, 190.

¹⁶ *Reparenting* is a process of giving validation for the child like part of the person, which was denied in childhood by one’s parents. Refer Timmen L. Cermak, 203.

¹⁷ *Adult Children of Alcoholics*, 484.

concentrate only on behavior modification or just one aspect of the ACA personality. If the effects of family dysfunction are not addressed in counseling it will have no impact on the ACA counselee. Unlike general counseling, in informed counseling there will be effective and experienced therapists. Such therapists understand the principles of the Twelve Steps and the consequential recovery for adult children. They also understand the long-term effects of dysfunctional families. Many adult children benefit from such counseling and therapy that go unparalleled to ACA recovery, although a number of adult children find recovery from the ACA recovery itself. There are also cases where some adult children need treatment/therapy in a clinical setting in order to address their adult/child conditions and problems. Many of them realize that their unhealthy behaviors are the symptom of being raised in an abusive or neglectful family. The important determining factors for adult children to take therapeutic assistance are: presence of life-threatening situations (like suicidal thoughts), or health at risk; being in self-abusive relationship with alcohol; having problems in intimate relationships, unwillingness to attend Twelve Steps meetings and having difficulty in enjoying the quality of life they have attained.¹⁸ As part of their clinical treatment that extends the stay from two to four weeks, they will have opportunity to be educated about addiction, to have group work, and to be introduced to the Twelve Steps.¹⁹ Such clinical treatment that introduces them to the Twelve Steps will be a very effective *pre-recovery treatment* for an adult child. This is the kind of treatment I would recommend if an adult child needs treatment in a clinical setting before getting involved in ACA recovery.

¹⁸ Timmen L. Cermak, *A Time to Heal: The Road to Recovery for Adult Children of Alcoholics*, (Los Angeles, CA: Jeremy P. Tarcher, INC., 1988), 190.

¹⁹ *Ibid.*, 447-453.

We have seen in brief the functions, programs and the recovery of the three recovery programs of the Twelve Steps – AA, Al-Anon, and ACA. As we saw in the previous chapter they also contribute to the healing and a renewed life of alcoholics and the family by stimulating the formation of virtues. This restores true happiness, peace and freedom that they had lost by their alcoholic behavior or the alcoholism of their family member. Once they have reached this stage of recovery they become appreciative of their lives and that of others. This, in turn, helps them to understand and respect the dignity of themselves and that of others, seeing the image of God in everyone. The following table depicts in nutshell a list of character defects that AA’s, Al-Anon’s and ACA;s often experience and the transformation they can embody through the medium of the Twelve Steps Recovery. The table below recaptures the recovery formation that was delineated in the previous chapter.

Recovery from character defects to a renewed life of freedom, happiness and peace²⁰

From the character defect of:	Toward recovery – the ability:
Resentment	to be tolerant to others, to forgive others, to be compassionate to others, to accept blame, to release the need to retaliate.
Fear	to feel less threatened and more joy, to face fear honestly, to rely on God and pray more, to embrace change
Inappropriate anger	to express anger, to reduce stress and anxiety, to set limits for oneself and keep boundaries, to enjoy inner peace, to identify our hurt feelings.
Approval seeking	to recognize one’s own needs, to tell the truth about how one feels, to be loyal to oneself, to build our confidence.

²⁰ Friends in Recovery, *The Twelve Steps for Christians*, 170-183.

Caretaking	to stop rescuing others, to develop one's own identity, to take care of oneself, to recognize dependent relationships.
Control	to find ways to have fun, to trust oneself, to accept others as they are, to accept change, to empower others, to reduce one's stress level.
Fear of abandonment	to reduce one's caretaking, to feel more comfortable being alone, to consider one's own needs in a relationship, to be honest about feelings.
Fear of authority figures	to act with increased self-esteem, to accept constructive criticism, to stand up for oneself, to interact easily with people in authority, to experience less fear.
Frozen feelings	to feel free to cry, to experience one's true self, to feel healthier, to express one's needs to others.
Isolation	to express one's emotions, to complete projects, to accept oneself, to actively participate with others, to cultivate supportive relationships.
Low self-esteem	to be more confident, to act more assertively, to love oneself, to take risks, to easily interact with others, to openly express feelings.
Overdeveloped sense of responsibility	to enjoy leisure time, to delegate responsibility, to take care of oneself, to accept one's limitations.
Irresponsibility	to keep commitments, to accept responsibilities, to set goals for oneself, to feel better for oneself.
Repressed sexuality	to discuss sex openly, to share intimate feelings, to accept one's sexual self, to consider one's own sexual needs.

2. Other modalities of recovery.

Besides the Twelve Steps Recovery, there are other programs and treatments available to help alcoholics and their families. In most cases the Twelve Steps alone work well for an experience of wholeness. However, certain therapies combined with the Twelve Steps can expedite recovery. There are also some alcoholics (ex. those who *hit bottom*) who find it difficult to find d the Twelve Steps without initially going through some treatments. As

we discussed earlier, some of the adult children also might need to undergo certain therapy before they get into Twelve Steps, and in many cases, informed counseling together with the Twelve Steps, can augment their recovery. James Milam and Katherine Ketcham encourage alcoholics to attend other treatment programs with the exception of certain ones, stating, “Rule out any program that does not at least have total abstinence as a treatment goal and also any program that prescribes substitute drugs beyond the acute withdrawal period.”²¹

Let me now present some of the alternative treatments and therapies. Timmen L. Cermak suggests some of the treatments and therapies for codependents, particularly ACAs:

a. *Residential treatment*: This can be short or long treatment programs which consist of lectures, homework, journal writing, group therapy, and experiential exercises. The shorter programs usually last from five to eight days. It will have a beginning, a middle, and end, and so there will be no admission in between the program. The longer program usually lasts for four weeks and admission is given at any time of the program. There will be individual counseling besides other assignments and readings. This program gives a person enough time for reflection, and there will be chance to visit with others who have benefited from the program. This will instill in the person the hope of healing through the program. The result of these programs may not be very lasting unless there is an ongoing commitment to the discipline of recovery.²²

b. *Group therapy*: In group therapy the participants have the opportunity to attend meetings and lectures. By watching other participants reacting in similar ways they come to realize

²¹ James R. Milam and Katherine Ketcham, 146.

²² Timmen L. Cermak, 197-198.

that their feelings are normal reactions to an abnormal situation. Some of the therapy groups includes the following:

- *Discussion groups*, which last from six to eight weeks, promote the participants to express their thoughts and feelings. Members are given the opportunity to assimilate the information given on each topic. They focus on the specifics of their lives, like *their own* family secrets, rather than dealing with general matters. These groups help them create a bond with other ACAs which heals their chronic sense of isolation.
- The second group called, *support groups*, deal with current event of their lives which help members to develop a better outlook on their lives and cultivate appropriate strategies to handle their problems more effectively. The duration of stay is open-ended in these groups.
- The third type, called *experimental group therapy*, tries to unblock the feelings of the members through the means of guided imagery, body-movement exercises and so on. These techniques can be too alarming for the adult children suffering from PTSD. There is a fourth group called, *interactional group*, that concentrates the current and spontaneous events happening during the meetings. An adult child receives honest reaction from others for the life events that arise spontaneously from the person during the meeting. This helps the members to make the appropriate change in their behavior based on others' feedback and reactions. This kind of group works better with having a co-therapist and members having the opportunity to have individual therapy with both therapists.²³

²³ Ibid., 198-202.

c. Individual therapy: The focus of individual therapy is on the relationship between the individual and the therapist. This is very important in dealing with adult children who suffer intense anxiety or depression, psychic numbing and so on. This is also crucial in “reparenting oneself” with the help of the therapist in order to treat the unfinished matters between the adult child and one’s parents. Honest sharing of one’s life with the therapist is very important here. This process is inevitable for the recovery of ACA.²⁴ This process of reparenting is partly akin to the 2nd and 3rd Steps of the Twelve Steps Recovery.

d. Treatment interventions: There are certain treatments, therapies and spiritual programs to help the alcoholic prosper. They, too, are incomplete unless they are preceded by the Twelve Steps Recovery or similar support group programs. Some of such treatment interventions for alcoholics include the following:

Detoxification programs: This is a conventional treatment for the alcoholics who have acute withdrawal symptoms. They are usually brought into such treatment facilities by their relatives, friends, or police. The detoxification treatment may last from two days to two weeks. Some patients may exhibit medical complications and so they need to be evaluated very closely. Some of the detoxification patients may return to alcohol abuse after they are discharged. Hence this treatment is not a complete solution to the problem.²⁵

Drinkwatchers: It is a self-help program of therapy designed to help overcome problems with alcohol, giving the members the choice of goals – either to stop drinking or control it. Drinkwatchers follows nutritional and therapeutic approaches. It refers the uncontrollable drinkers to AA program or detoxification facilities.²⁶

²⁴Ibid., 202-204.

²⁵ Wayne Poley, Gary Lea, and Gail Vibe, *Alcoholism a Treatment Manual*, 45-47.

²⁶ Ibid., 49-50.

Therapy: One of the therapies used to treat alcoholics is *client-centred centered (Rogerian) therapy* which focuses on empathy, positive regard, and warmth for the client in its treatment. There is also *rational-emotive therapy* which helps the clients who possess irrational self-defeating ideas to minimize such ideas. A third one is called *reality therapy* and it concentrates on the current problems of the client. It facilitates responsibility for the client to make required positive changes. There is still another one, called *behavior therapy* which sets certain behavior techniques (including relaxation training, assertive training and contingency contracting) that adopt psychological principles of learning to treat maladaptive human behavior. Rather than being a curative technique, behavior therapy seeks to decrease maladaptive behavior and increase adaptive behavior in the client.²⁷ There are also various other therapies and treatments used as healing modalities for alcoholics including Aversion therapy, Transactional Analysis, Covert Sensitization, Hypnosis, Meditation, Systematic Desensitization, and Cognitive Modification. These techniques help, to a great extent, the people who are addicted to alcohol and their alcoholic behavior. However, for an effective healing and to maintain their sobriety, a support group with a spiritual thrust, like the AA program, is a wiser choice.

Victory Life: There are various religious programs that render support and healing for alcoholics and their families. I have come across one of them, called Victory Life. Recently some of its members visited our hospital as part of their fundraising program, distributing their leaflets which is one of the modes of their recruiting. Once I had the opportunity to visit their site in Ben Wheeler, Texas and learned about some their ways of functioning. The residency lasts usually for a year. The clients are fed constantly with God's Word and

²⁷ Ibid., 64-68.

are cut off from their family for the first thirty days, except mailing letters. Their philosophy is that alcoholics live in sin and only God's Word can clean them and heal them. This is a discipleship program which includes activities such as Bible classes, Bible discussion, and prayers (three to four times a day). Each center has a pastor who himself had gone through the program. The pastor meets with the client individually as part of emotional care. After they are healed they go and give testimony to others, just like the Twelfth Step of AA. Some of them stay back after they are healed and provide support to others. According to them the program has about 70 – 80 percentage rate of success. I have seen many of the clients feeling happy and content with the results of the program.

Celebrate Recovery: This is a program that helps people who are hurt by others' behavior. Hence it is very suitable for the family of alcoholics. This program helps the participants to grow religiously and attain recovery by applying Biblical principles to their lives and experience a compassionate person in Jesus Christ. It emphasizes personal responsibility and spiritual communion with Jesus.²⁸

Other spiritual means: There are certain inner-healing retreats which may help alcoholics and their families with an experience of awareness, inner freedom, and peace, even though they may not be healed fully. There are some alcoholics who stop drinking after attending such a retreat but may go back to their drinking if no follow-up is maintained, and no family and community support is received. Retreat can have a positive impact on Twelve Steps members and people in sobriety. Another spiritual means is practicing yoga and meditation. This will help the person to discipline oneself and earn spiritual energy which can impact

²⁸ "Celebrate Recovery," *Browncroft Community Church*, <http://www.browncroft.org/celebrate-recovery/>, (accessed March 1, 2017).

positively on people in sobriety. Meditation helps the person to be in touch with the Divine that, in turn, helps detach him from the inclination to go back to drinking. These practices also strengthen them to maintain their virtuous way of life.

Self-care: Spouses and the children of alcoholics might have been taught in the past that the needs of others are more important than theirs, and so they neglect their own physical, emotional and spiritual needs. The paradox here is the inability to care for others because of the lack of self-care. They need to care for their bodily needs, such as sufficient rest, good exercise, nutritious diet, and appropriate medical care. They need to care for their emotional health by way of stimulating their minds and validating their feelings which can be obtained by way of reading books they enjoy, learning new skills, visiting places of interest, and finding appropriate ways of expressing themselves. They also need to attend to their spiritual needs by way of constant conscious contact with God in personal prayer and meditation.²⁹ Self-care is very important for alcoholics and the family to maintain their sobriety and their recovery experience. Self-care as a virtue that is learned in Twelve Step recovery to be lived even if one ceases to attend the meetings so as to sustain the healing and transformation attained in the recovery. Learning about self-care can be beneficial for anyone who may not be willing to attend the Twelve Steps.

The various healing modalities and techniques mentioned above can be valuable provided they are distinguished from the Twelve Steps recovery. As mentioned above, many who try some of these methods eventually seek refuge in a recovery program for true healing. Hence, I propose to use some of these modalities as a pre or pro recovery program for wholeness and sanity.

²⁹ An – Anon Family Groups, *How Al – Anon Works for Families & Friends of Alcoholics*, 88-91.

B. Role of multi-categories of people and professionals.

There are many categories of people who can help make alcoholic behavior less severe and even control alcohol use. Each of category of people has a unique role to play. Utilizing their role appropriately can help the family of alcoholics too.

1. Role of the family: The Big Book describes the role of the wives of alcoholics. I propose that these roles can be valuable both for the wife and the husband as well as other members of the family. Beverly Conyers also proposes some techniques to promote recovery for the alcoholic member. Hence, I draw some of the important roles the spouses and the family of alcoholics have in caring for their alcoholic member. Here are the important ones:³⁰

- Never condemn your alcoholic spouse or be angry with them, since it is a disease.
- Never tell them what must be done about their drinking.
- When an opportunity comes, suggest they read the Big Book.
- Convince them that there are ways to stop drinking.
- Show them the importance of attending an AA program and encourage them to get help but never nag them.
- Be patient, tolerant, understanding and loving in dealing with them.
- Never dig up past bitter experiences. Provocation will shatter reconciliation.
- Avoid bring up sexual transgressions.
- Avoid talking about financial matters.
- Be patient with their slow process of healing.
- Providing sweets help to energize the alcoholic in times of feeling fatigue.

³⁰ Refer Alcoholics Anonymous. *The Big Book*, 108-119, 124-133; Beverly Conyers, *Addict in the Family*. (Center City, Minnesota: Hazelden Foundation, 2003), 105-125.

- Get educated about the disease of alcoholism which will help the family to support the alcoholic member.
- Treat them with care and respect.
- Let them feel the pain of alcoholism which will open the door to recovery.
- Never enable them; avoid creating situations that makes it easier for them to use alcohol (For example, availability of money and like-minded people).
- Never control, criticize, reject or shame them. It will encourage them to drink.
- Create an environment that is consistent and dependable. Be what you want others to be.
- Cultivate a “let go” attitude.

These techniques of attitude and approach may not stop the alcoholic behavior of the family member but it helps sow seeds of recovery for both the alcoholic and the family. Understanding the reality of alcoholism and approaching the alcoholic member with a positive attitude can help bring about healing for the whole family. It also brings about peace and unity in the family. A family that spends time together, having good discussion and communication among one another, praying together, does not usually create a favorable situation for developing alcoholism among children. Children who experience joy, love and lot of fun at home typically do not look for happiness outside the family. Therefore, every parent should learn to create a healthy and joy-filled family. This can control the formation of alcoholism even among children who may be predisposed to it.

We have seen that children of alcoholics usually lack self-esteem and self-confidence. Many of them develop inferiority complexes. Hence it is important for the family and their friends to remember not to put them down, humiliate them or pinpoint their weaknesses.

This can deeply impact them. Often they are very sensitive people. They should be encouraged and appreciated. Their strength should be brought to light as often as possible. Encouraging them to be involved in church activities and various public programs can boost their spirit. Eventually they should be encouraged to attend Twelve Steps Recovery for Teens, and at a later age ACA meetings.

2. Role of the employers: When employees are found to be alcoholics it is not fair to fire them immediately. The employer should give them a chance to change. It is important to know that alcoholics that undergo treatment are protected by the Americans with Disability Act (ADA).. Explain to them that it is a disease and you don't want to condemn them. It is important to be firm with them, stating that if they do not change or are unwilling to make any effort they may have to discontinue working in the company. If they are willing, suggest a definite course of action. It may involve physical treatment and/or recovery program. It can require financial support.. After trying everything possible, if they do not improve or are unwilling to continue the employer must ask them to resign.³¹ Thus an employer can make a difference in the lives of alcoholic employees if proper method of approach is followed.

3. Role of the teachers: There are ways of detecting the children of alcoholics by way of their behavior in the class (such as aloofness, being introverts, resentful attitude, being rebellious, and so on) and their poor performance in the class. Teachers should watch such students very closely. Having developed trust and confidence in the teachers the student can be encouraged to talk about their life outside the classroom. If they are found to be children of alcoholics they should be dealt with with a lot of compassion and love. Never

³¹ Refer Alcoholics Anonymous. *The Big Book*, 136-148.

scold them or tease them in public. Eventually help them to attend Twelve Steps recovery with the cooperation of their parents.

4. Role of the clergy.

Toward alcoholics: It is quite common that people with alcoholic problems and their families approach (or are brought to) clergy for receiving counseling and support. Many clergy are involved in counseling them as well, although there is a popular understanding that only a recovered alcoholic or family can help another who has gone through the similar problem, Howard Clinebell argues that clergy serve an important role in helping and counseling alcoholics and family in their recovery process, quoting some of his successful experiences.. Clergy's role has the spectrum of advantages that includes easy accessibility to people, their confidentiality relationship, offering services free of charge (in many cases), people's natural tendency to approach clergy with problems, and the clergy's life rooted in the Christian faith. More people approach clergy who focus on the sickness aspect of alcoholism than those who treat it in a moralistic fashion.³² Clergy in the former category approach alcoholics with better understanding and compassion than the latter one.

As part of the remote preparation for counseling them, Clinebell proposes certain practical methods for clergy such as establishing a trusting relationship with alcoholics and the family, and having his sermons and talks containing a deeper understanding of human behavior. Inclusion of alcoholism presented in an understanding way - and AA in an appreciative way in sermons - can sow the seed of openness to help in a productive way. Visiting the family of the alcoholic, keeping constant contact with them, and making oneself psychologically available to them, are other important ways of preparing the soil

³² Howard J. Clinebell, 180-184.

for helping them.³³ Since alcoholism is a complex illness, affecting the body, mind and spirit of the person the clergy should not work only by themselves. Clergy should work as a team, including at least a physician and an AA member. Ministers who are specialized in counseling would be an effective resource in this kind of teamwork. If so that clergy member should function as a coordinator in the team and use various resources as available such as AA, inpatient treatment facility, family services, and so on.³⁴ Although premature referral to AA or other specialized agencies can be a missed opportunity for clergy to help an alcoholic, when he thinks the opportunity is ripe, he may refer them to AA as a sharing of responsibility but not as a way of avoidance or escape. Referral of an alcoholic to AA using one's discretion is an important role of the clergy. Sometimes some of them might need medical treatment before attending AA. In such cases, "the minister may need to refer the alcoholic to a physician or psychotherapist *who understands alcoholism* and who can evaluate the person's need for particular therapies."³⁵

In order to help and counsel the alcoholic, clergy should have a basic understanding of alcoholism and should be familiar with the contents of *Alcoholic Anonymous*, the "Big Book", and other pamphlets related to this topic. Training in general principles and techniques of counseling with the focus on alcoholism treatment would be very beneficial in his venture of counseling alcoholics. Pastors who are relatively free from basic anxieties can help them even without the specialized training.³⁶ It is also important for clergy to attend the Twelve Steps programs and be familiar with them and the members.

³³ Ibid., 185-186.

³⁴ Ibid., 191-192.

³⁵ Ibid., 204.

³⁶ Ibid., 193-194.

Sometimes the alcoholic may seek help from the minister voluntarily. One of the important techniques every clergy should remember in counseling alcoholics, is listening in depth (listening with interest) where one must suppress the desire to interpret or preach. Such listening should convey genuine concern and understanding. This will help the alcoholic unburden himself freely before a minister. The use of word “we” is important to maintain their connectedness. The alcoholic should be given the impression that he is understood on the basis of the minister’s own experience. Throughout counseling the minister should hold to the sickness conception of alcoholism. If the spouse has invited the minister to visit with the alcoholic at home, make sure the alcoholic has consented to the visit. Avoid visiting if he is resentful of the minister’s visit. Allowing the alcoholic to talk about his drinking and to verbalize his feeling toward being there are an important aspect of the counseling. A minister should expect resistance at the initial visits. Patience is very important here. Sometimes constructive confrontation (speaking the truth with love about the reality of this illness and its consequences) is important in case of resistance. As the counseling progresses, it is good to have the presence of an AA member in sessions with the permission of the counselee. Later, the minister may excuse himself, encouraging them to establish a bond which may lead the alcoholic to be attracted to AA.³⁷ It is in an AA program that the alcoholic develops personal growth. At this stage the clergy’s role is mainly a supportive one and in providing pastoral care. Clergy can be of great help at Steps five, eight and nine. Alcoholics may talk to a clergy about his wrongs and may guide him in making amends.

³⁷ Ibid., refer 214-245. This information is also based on my conversations with some of the AA members.

A clergy will have a special role in the spiritual dimension of the person's recovery. In this case, the goal is to establish a meaningful connection with the vertical dimension of life (connection with God). However, this can be realized only with the repair of horizontal relationships (with one's spouse, children and friends) since both these dimensions are intertwined.³⁸ Informed clergy should be able to help the recovering alcoholic heal in this two-fold dimension of his spiritual life. The clergy may help the recovering alcoholic be involved in various activities of the church such as the Society of Vincent de Paul, an Altar Society, Eucharistic Minister, Lector, Bible study group and other fellowship groups. This may help them regain their self-esteem. Visiting them often and keeping connected with them will be valuable as part of the follow-up support. Thus, we see that clergy has a tremendous role in helping alcoholics in their recovery process, based on Howard Clinebell's writing and my own experience and conversations with AA members.

Toward family: Clergy has a part in helping the spouses and other family members of alcoholics. Their role, here, consists in facilitating the family's role toward the alcoholic member as mentioned earlier, as well as leading them to Al Anon. Also, clergy may attend to the pastoral and emotional needs of the family. Since family is more accessible to the pastor than the alcoholic, clergy has more opportunities to support the family than the alcoholic. Clergy can normally support people who are affiliated to his religious organization but helping others can be a challenge because of their unfamiliarity with the pastor and his role. Clinebell proposes some practical ways of how clergy can provide counseling and support to family.

³⁸ Ibid., 248-249.

According to Clinebell, helping family may be an indirect way of helping the alcoholic. The spouses can be helped to change their attitude toward the alcoholic. Once the alcoholic member begins to receive and accept help the family begins to experience healing. The clergy may journey with the spouse and the children during their emotional struggle with the alcoholic member. He may guide them to relate to their alcoholic member in ways that will expedite their becoming open to help. In order to relate to the family, clergy need to be acquainted with the pains of alcoholic families, and Al Anon groups by reading books related to Al-Anon, and attending Al-Anon meetings. A clergy member may also educate his congregation about its pastoral care role toward alcoholic's family³⁹

As in the case of helping alcoholics, the clergy need to provide intense listening to the family, and recognize and respect their feelings as part of the counseling. This will help them to unburden their wounded feelings, which will in turn help avoid distorted relationships with other family members. The clergy also need to help the spouse to move from being a helper to someone who is being helped. Through gentle conversation the spouse should be helped to stop being a controller of the alcoholic or the protector of the consequences of their alcoholism. Often when the spouse realizes that nothing they do can make them sober, (at a stage of "hitting bottom"), they give up or surrender. At this stage they may experience an inexpressible peace within. Even if the spouse/family does not respond well to the efforts of the clergy they will hopefully respond positively later when they attend an Al-Anon meeting. The family should also be familiarized with the illness of alcoholism. For this purpose, they should be encouraged to attend AA meetings and read AA literature. Clergy can free the isolation of family by helping them participate at various

³⁹ Ibid., 267-269.

support groups in the church. The ultimate support of clergy, as in the case of alcoholics, consists of connecting the family with an active Al-Anon member and leading them to Al-Anon meetings. Later, helping them become involved in various voluntary activities of the church will enhance their healing and recovery. Their recovery can be perpetuated through constant contact and communication with the family. Clergy may also organize retreats and other church-related activities that will strengthen family healing.⁴⁰

Toward children of alcoholics: Since children may not approach clergy for support they can be reached and helped with the support of their parents. I have received many calls from the non-alcoholic parent to talk to their children as they realize they need help. Clergy need to encourage them to actively participate in various youth activities of the church as well as those outside of the church including sports leagues and scouting, to name two, so as to stay away from withdrawing into protective but harmful isolation. They should also be encouraged to participate in Alateen meetings where they have the opportunity to talk openly about their hidden and suppressed feelings and unburden them. Meanwhile clergy should also keep good relationships with children and their parents. If the children show signs of serious problems clergy should help their parents to seek professional support for them from a child guidance clinic.⁴¹

In case of adult children, the clergy may welcome them with interest and compassion if they approach him. Compassionate listening, participating in ACA meetings, reading ACA literature, leading them to ACA meetings, keeping good relationship with them, and availing oneself to them whenever they approach clergy are some of the important roles

⁴⁰ This is drawn from my experience with Al-Anon members and my conversations with them as well as from Clinebell, 272-288.

⁴¹ Ibid., 298-292.

toward ACA. They often lack self-esteem and self-confidence. Many of them have developed inferiority complexes. Hence the clergy member has a call to educate other family members including their spouses about the need to encourage and appreciate them, and never to humiliate them or highlight their weakness.

Conclusion

In the light of what we have discussed above, I propose the followings strategies for clergy in assisting in the recovery of alcoholics, family and the adult children of alcoholics.

For alcoholics:

- Seek help when you realize you are in trouble and need help. Participate in AA meetings and be fully committed to it. Persevere patiently until you have reached sobriety. It is a great source of healing. Virtues formed through it are gateways to recovery. Continue receiving support from the group even during sobriety. Perpetuate your recovery by sharing your experience with those who need it.
- Avoid the company of drinkers and places of drinking.
- Seek medical treatment/therapy if needed. Attend retreats and other renewal programs.
- Be involved in church activities and make relaxing trips.
- Join the company of recovering alcoholics.
- Maintain a life of prayer and meditation during sobriety.

For family/spouses of alcoholics:

- Learn the reality of the sickness of alcoholism. Never try fix the alcoholic members or control them. Instead seek help for them. If there is no one to find, approach your pastor if you have one.

- Talk about your feelings and struggles to someone. Never hide them.
- Participate and persevere in Al-Anon meetings. Be a sponsor for Alateen members.
- Leave some literature related to alcoholism and AA in places accessible to alcoholic members. Their recovery paves the way for family's healing.
- Allow the alcoholic member to suffer the evil consequences of their drinking.
- Seek help for your children. Remember, they suffer greatly.
- Seek other modalities mentioned above including therapy or other clinical help if needed.
- Be involved in the voluntary and religious activities of the church.
- Maintain a life of prayer and meditation as learned in Al-Anon.

For adult children of alcoholics:

- Read literature-connected to ACA. Attend ACA meetings and be connected to the participants. Use the help from the support group to remove resentment and guilty feeling from your heart. Support other ACA members by sharing your testimony with them.
- Be connected to your local church, clergy and the congregation. Be involved in the various activities of the church, thus free yourself from isolation.
- Maintain the virtues formed from ACA and allow them to flourish with the help of prayer and meditation. Participate in retreat and other renewal programs.

Role of the clergy themselves:

- Counsel alcoholics, family or adult children only if you feel competent. In either case, recommend them to a Twelve Steps program. Accompany them in their recovery process and always be compassionate to them.

- Welcome them with concern whenever they approach you and listen to them attentively.
- Invite them to church but never compel them.
- Be knowledgeable about alcoholism and the Twelve Steps recovery programs. Attend some of the open meetings.
- Organize AA, Al-Anon or ACA meetings in your parish.
- Above all, be a good example to them. Make them feel welcomed.

Since alcoholism is a family sickness it should be worked out with the support of the whole family. Twelve Step programs are spiritual programs. If an alcoholic's drinking is aggravated by the inappropriate dealings of the family the whole family needs to attend professional counseling. If the clergy is not a professional counselor he needs arrange for one. Once they experience healing, the whole family needs to maintain it and attain transformation by praying and interacting together.

General Conclusion

Alcoholics, their spouses and children of alcoholics all go through intense pain every day in active alcoholism and yet when they embrace recovery they experience a deep sense of appreciation for the inexplicable joy, peace and freedom of the Twelve Steps. However, many who have not gone through such experience do not find anything extraordinary about the peace and joy they already possess. In other words, they take for granted the sanity they enjoy every day that others do not have. Hence it is important for everyone to understand the reality of alcoholism and its destructive impact on the alcoholic, the family members and everyone who is closely associated with them. This thesis attempted to bring out this reality. It attempted to bring out the true meaning of alcoholism and its various implications. It then explored various circumstances that lead to alcoholism. One of the widely accepted root causes is hereditary although other factors can contribute to it as well. This thesis also discussed the numerous repercussions the illness of alcoholism could create. Its repercussion includes physical, bodily, emotional, and spiritual damage. Alcoholism profanes one's dignity. It also causes alcoholics to trespass onto the dignity of the others.

This thesis also attempted to analyze the morality of alcoholism wherein we found that although the disease of alcoholism is not sinful in itself, one can be held morally responsible for the deliberate abuse of alcohol and for the negligence in making use of the available resources for recovery from alcoholism. The strategical focus of the thesis was to explore the means of recovery. Formation of virtues are the postern to healing. Alcoholics and the family members need to develop the virtues they had lost by the alcoholic behavior and its influence. Twelve Steps Recovery programs help them to

recover and form the needed virtues. This will help them to restore their dignity and respect the dignity of others. Although there are various treatments and therapies available today, they should be connected to and collaborative with the Twelve Steps in order to produce the best results. Sobriety is not a stage of complete healing since alcoholism cannot be fully healed. Those sober are always potent to alcoholism should they make one wrong step. Hence they should keep connected to AA and proclaim their testimony to other alcoholics, and thus perpetuate their sanity.

Spouses should be patient in dealing with their alcoholic partner. When they let go of their spouse's behavior, serenity and freedom emerge in their lives. They have a great role in the recovery process of their alcoholic members. When alcoholics hit bottom they feel the need for help. Spouses have a role in making this happen. The recovery of the alcoholic is not enough for the spouse to experience sanity. They themselves need to seek help by participation in Al-Anon meetings and taking other adequate treatment, if needed. They also need to attend to the healing of their children by enabling them to attend Alateen and other treatment or therapy, as needed. Adult children of alcoholics who have experienced layers and layers of hurt feelings and resentments within themselves, need to seek help from the ACA Recovery program and other treatments, as appropriate. All of them need to use the available resources including pertinent literature. Involvement in various activities of the local church can enhance their recovery. Clergy has a great role in it. Although some of them are trained in counseling, the most important role they have is to prepare the groundwork for alcoholics and their family to attend the Twelve Steps Recovery programs and encourage them to attend program meetings. A pastor needs to act as a link between these people and the Twelve Steps and other treatment programs. He may counsel them, if

he feels competent and adequate enough, but it should be in view of leading them to Twelve-Step Recovery programs. Clergy should also be compassionate and welcoming to them. Organizing various Twelve Steps groups is a rewarding role of clergy as well as every layperson who has gone through this battle.

Since lack of self-care can lead to alcoholism and the subsequent problems the family goes through, all of them need to care for themselves. Unless the spouses care for themselves they cannot care for their alcoholic spouses and their children. Physical, emotional and spiritual care should be provided to the self every day. This will help them to resynthesize their lives to further their three-dimensional growth and maintain wholeness. Every step they make should be guided by the virtue of prudence. The Twelve Steps can be an important school for resynthesizing their lives, using prudence.

Finally, a mention should be made about the responsibility of the society. Since alcoholism is an illness, it is the duty of every citizen to embrace alcoholics with love and understanding. Understanding the disease aspect of alcoholism, the stigma with which they are categorized, should be erased from the mind of the society. Their dignity should be respected. Families of alcoholics and their children should be treated with compassion, love and tenderness. Remember they are sensitive and hurt people. They should be appreciated, encouraged and uplifted rather than being humiliated and ignored. The whole society should join hand in hand to support them in their growth in sanity and serenity.

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Appendix

Interview questions for my research work

Interview Questions to the AI Teens/ACA

1. Can you talk about your family, your work/study, and your cultural background?
2. Could you tell me the problem of alcoholism in your family and how it has affected you?
3. How have you responded to the alcoholic behavior of your family member/your parent?
How did you express your reaction?
4. What circumstance led you to this 12 step recovery and how has it helped you?

Interview questions for members of Alcoholics Anonymous

1. Can you talk about your family, your work/study, and your cultural background?
2. Could you please tell me about the alcoholic problem you had in the past, the circumstances that led you into it and how it affected you and your family?
3. Can you talk specifically about the character that was formed as a result of this problem?
4. What led you to this 12 step recovery?
5. How is this 12 steps helping you? What change have you noticed in your life as a result of this program?
6. What alternative program do you think would be helpful to maintain the recovery you are experiencing now? Do you have any specific suggestion for ministers like me in providing helpful accompaniment in your journey of struggle and renewal?

Interview questions for members of AI Anon

1. Can you talk about your family, your work/study, and your cultural background?
2. Could you tell me the problem of alcoholism in your family and how it has affected you?

3. How have you responded to the alcoholic behavior of your family member/your spouse?

How did you express your reaction?

4. How has your response affected you, your family members? What character in your life is formed out of this?

5. What circumstance led you to this 12 step recovery and how has it helped you?

6. What alternative program do you think would be helpful to maintain the recovery you are experiencing now? Do you have any specific suggestion for ministers like me in providing helpful accompaniment in your journey of struggle and renewal?