

2008

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UNDERSTANDING THE NATURE AND IMPACT OF ALCOHOLISM:
IMPLICATIONS FOR MINISTRY IN KENYA

by

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A Thesis Submitted to the
Faculty of Luther Seminary
In Partial Fulfillment of
The Requirements for the Degree of
MASTER OF THEOLOGY

THESIS ADVISER: DR. ROBERT H. ALBERS

ST. PAUL, MINNESOTA

2008

This thesis may be duplicated.

CHAPTER ONE

INTRODUCTION

Background

Alcoholism is generally characterized as a family disease in the sense that it affects every one in the family in all aspects—socio-economically, spiritually, physically, psychologically, and emotionally. Families and homes of alcoholics suffer much from the degradation and stigmatization attached to the individual alcoholic. To some extent, this may reflect the negative perception held by society about alcoholism. The relational and communal nature of our Kenyan cultural thinking and practice also emphasizes, as in family systems theory, the fact that whatever affects the individual member of the family affects the whole family and also the community.

Whether alcoholism is viewed as an illness from the medical, spiritual, or psychosocial point of view or as a combination of all of the aforementioned, there is an understanding that alcoholism is undesirable and a departure from what is considered normal and acceptable. It is for this reason that seeking wholeness and health for the alcoholic must embrace the entire family, so as to avoid alcoholism's destructive progression on that entire family.

Wholeness is an indispensable aspect in human personality and the realization of which everyone strives to achieve for survival. It is assumed that all people live in a physical and emotional environment which ultimately influences one's functioning, defines one's belief systems, and shapes one's behavioral pattern. According to systems thinking, wholeness means that the essential components of the individual are connecting and interacting so as to maintain dynamic balance. This invariably cannot be attained

outside of a person's environmental context. Thus a person's worldview is ultimately shaped and defined by cultural influences to which he or she has been exposed. This is to say that one's worldview, which reflects one's cultural categories, is what basically informs one's view of alcoholism, generally defines one's concept of wholeness, and therefore informs influences and stimulates one toward its attainment. Due to the pervasive and insidious nature of alcoholism and its destructive effects on the individual and family at large, one is prompted to ask: Is alcoholism really a problem? Is it possible for the alcoholic and his or her family to attain complete balance in life through a meaningful relationship with God and the community?

This thesis attempts to make a case for ministry among individuals and families that are afflicted with alcoholism in Kenya. In systems thinking, it has been established that problems are located in "the structure of the system rather than in the nature of the symptomatic member."¹ This implies that the cause of the problem of any individual could lie in the relational patterns that exist among family members. Symptoms of such problems may surface in an individual in many forms, including alcoholism. Thus any healing process must consider the whole family and not just to treat the individual patient. This thesis will, therefore, explore such patterns as depicted among family members of the alcoholic in Kenya.

Consequently, what does this mean for the Church in Kenya? What are the peculiar challenges that threaten the life of the alcoholic and his or her family in searching for wholeness in the African Christian context? What is the role of clergy in the pursuit of wholeness for the alcoholic? What is the place of the family in this process?

¹ Edwin H. Friedman, *Generation to Generation: Family Processes in Church in Synagogue* (New York: The Guilford Press, 1985), 19.

These and several other questions arise as one considers the nature and impact of alcoholism in Kenyan families in relation to the issue of health and wholeness for pastoral ministry.

Problem statement

Alcohol use and subsequent abuse is a growing reality in Kenya. The social acceptability of alcohol tends to erode or disguise its true nature as an addictive drug. A Kenya news report had it that alcohol abuse affects about 70 percent of families.² Needless to say, many people have been poisoned and died due to alcohol abuse. In one instance, in Naivasha, in November 2001, more than 140 people died and scores of others lost their sight after consuming an illegal, ethanol-laced alcohol drink.³ Also, in Ukambani, in June 2005, 40 people died and more than 170 were hospitalized after drinking an illegal, homemade brew called *kwona mbee* (meaning “see the way ahead”), which contained toxic methanol to “give the concoction more kick.”⁴

The devastation caused by alcohol abuse is felt in the numerous deaths that happen as a result of motor way accidents. Research reveals that Kenya has one of the world’s highest roadway death rates—it averages more than 3,000 a year out of a population of 30 million. Over 70 percent of these deaths are caused by alcohol abuse.⁵

² Simiyu Barasa, G21 Africa Magazine 432, “Kenya: The Drinking Country” <http://g21.net/africa112.html> (Accessed January 23, 2007).

³ Ibid, 5.

⁴ Ibid., 5.

⁵ Ibid., 5.

This data is a reflection of the destructive nature of alcohol and in my opinion warrants it as a drug.⁶

As a drug, alcohol is by far the most widely used among both adults and young people.⁷ Its widespread acceptance, use, and abuse have deep historical roots, and alcohol-related problems continue to be viewed as a major moral, social, and health issue. Hence the destructive effects of alcohol call for intense concern and study. Alcoholism, the addiction to or uncontrolled dependence on alcohol, is a problem that affects the “whole person” intellectually, physically, emotionally, socially, and spiritually.⁸

In 2005, women in Kangemi, Murang’a, and Limuru suburbs raided local brewing dens and bars, complaining that their men were becoming lazy and sexually inactive. Although nothing much came of this action except for the pouring out of the alcohol in the drinking dens, the women’s action uncover the magnitude of the desperation and urgency regarding alcoholism in Kenya. One can conclude that the challenge created by alcoholism is not limited to laziness and inactivity in performing conjugal duties. Rather, this is symptomatic of a wide range of ills that alcoholism inflicts upon the individual, family, and the entire society. Family unity that is often enjoyed and valued by Kenyan families becomes threatened by the situation of alcoholism.

⁶ A drug is any chemical substance that, when taken into the body, changes how a person thinks and feels by altering one’s mood. It produces physical, mental, emotional, behavioral, or spiritual changes in the user. Cocaine, heroin, marijuana, etc. are examples of other drugs or mood-altering substances.

⁷ Emmanuel Akeyeampong, *Drink, Power, and Social Change: A Social History of Alcohol in Ghana, c. 1800 to Recent Times* (Portsmouth, NH: Heinemann, 1996), 7.

⁸ Ibid.

In addition, frequent reports in the Kenya's media report to show continuous damage caused by excessive drinking, such as drunk driving deaths, family breakdowns, and linkages to HIV/AIDS.⁹

Kenya's urban youth are treading a dangerous, increasingly alcohol-fuelled path that is leaving them vulnerable to HIV and other sexually transmitted diseases, according to anti-AIDS campaigners. A visit to any one of Nairobi's hip clubs proves "(anti-AIDS campaigner William) Kimani's point: young people fill the darkened, smoky rooms, downing copious amounts of alcohol that give them the courage to make sexual advances they ordinarily would not try. "I need a few beers or shots to get up the nerve to tune [flirt with] a girl," said Richard Muchiri, a 25-year-old student partying at an upscale Nairobi club. "When I'm a little tipsy then I have the confidence to try to get her to go home with me—it helps if the girl is also drinking."¹⁰

The problematic situation of alcoholism is also reported by the World Health Organization in its Status Reports on alcohol and is quoted to have said that

Deaths from an overdose of alcohol are probably more frequent in most societies than deaths from illicit drug overdoses. ... Outbreaks of poisoning deaths from contaminants in alcoholic beverages are also a regular feature of developing societies. Studies show that 7.3% of males the world over are alcoholics while 1.3% of women suffer from the same problem. A rather large 4.3% of adults above age 20 are alcohol dependent and an immeasurable number are alcohol abusers.¹¹

The rate at which young Kenyans are consuming alcoholic beverages is also a matter of great concern. Alcohol damages the brain's neurons and kills brain cells. These

⁹ Allan Kisia: *Steady Rise in Drunken Driving Deaths Alarming*. The Kenya Standard Newspapers, Monday, December 18, 2006 (accessed January 23, 2007).

¹⁰ IRIN PlusNews, <http://www.plusnews.org/Report.aspx?ReportId=72461>, Kenya: Too drunk to Think – Alcohol Abuse and HIV (accessed March, 2007 23).

¹¹ www.alcoholics.com 2007.

are clear pointers to the country that in the near future it may record lowered IQ and persistent poor performance in national examinations by students.¹²

The impact of alcohol abuse in Kenya should not be ignored or underrated. The country's government is aware of the negative consequences alcoholism has brought onto the people of Kenya.

The reality of this problem in Kenya is such that it affects the resources of mental health institutions, law enforcement agencies and families. A report from the former president of Kenya Daniel Arap Moi shows that alcohol abuse and alcoholism came to be viewed as an enemy of national development.¹³

Recent media coverage reveals that the reality of hard drugs in Kenya cannot be ignored. The figures and ages of drug abusers call for urgent attention. Writing for Kenya's *Daily Nation* on April 13, 2006, Mwendu Mwinzi argues that Kenya is "fast becoming a narco state." He writes:

In a study undertaken by the Child Welfare Association, it was revealed that one in every 15 Kenyan students is on drugs and that 60 per cent of drug abusers are below 30 years of age. The United Nations Office on Drugs and Crime has further revealed that, startlingly, half of abusers are between the age of 10 and 19 years. Though *bhang* (Kenyan term for cannabis sativa) is still the most abused (and produced) drug in Kenya, cocaine and "crack" cocaine usage is on the increase and no one is safe. While over 60 per cent of drug abusers are in urban areas, a good 21 per cent call a village home. Kenya is fast becoming a "narco state."¹⁴

This is worrying situation given that complications resulting from combining alcohol abuse and psychiatric problems like depression cause a dual diagnosis condition.

Dual diagnosis is a medical term used to describe chemical dependency that coexists with a variety of major psychiatric illnesses, each complicating the other.

¹² Reference Notes 6 and 7 during Press Conference on Drugs and Mental Health at NACADA boardroom on October 9, 2006, <http://www.nacada.go.ke/morepress.php?pid=2> (Accessed April 7, 2007).

¹³ Justin Willis, *Potent Brews: A Social History of Alcohol in East Africa, 1850-1999* (Nairobi: East African Educational Publishers, 2002), 213.

¹⁴ http://historyofalcoholanddrugs.typepad.com/alcohol_and_drugs_history/kenya/index.html (accessed March 22, 2007).

The psychiatric illnesses may be thought disorders, anxiety illnesses, rage disorders, and characterological disorders. Most substance abuse treatment centers recognize that both of the diseases must be treated simultaneously.¹⁵

Therefore the steady rise of alcoholism has caused numerous difficulties among those afflicted with it and their families. These concerns reflect the whole of Kenya on the problem of alcoholism. It was also noted that, though alcoholism is on the increase, cases of alcoholism, unlike other drug abuse cases, are not viewed as mental or physical illness and therefore not reported. The “conspiracy of silence” through denial also tends to make family members cover it up.

Alcoholism has severe effects—physical, social, emotional, economic, spiritual and psychological—on both the individual and the family. For this reason, for each alcoholic identified, there are several other individuals (family members) who suffer either directly or otherwise as a result. With the increasing incidence of alcoholism, we are then confronted with an ever-widening circle of dysfunctional individuals and families. Therefore the church in Kenya and its pastors cannot ignore the problem of alcoholism. Therefore, its impact is far-reaching, going beyond the individual alcoholic and his family and permeating the church as well as having a consequential effect on parishioners. It is a problem that affects “the whole person,” and the recovery from its comprehensive damage takes hard work, retraining, and time. Although occasionally an alcoholic may miraculously be “delivered” from his or her physical craving for alcohol,

¹⁵ Howard Clinebell, *Understanding and Counseling persons with Alcohol, Drug, and Behavioral Addictions* (Nashville: Abingdon press, 1988), 26.

“there is no instant cure for the spiritual and psychological damage inflicted by chemical addiction.”¹⁶

Current models of rehabilitation in Kenya seem to focus on the individual alcoholic with little or nothing done to cater to the affected family.¹⁷ To a large extent, the alcoholic undergoes therapy in isolation of his or her family. There is thus little wonder that most rehabilitated alcoholics are unable to reintegrate with their families after rehabilitation and often relapse due to the inability of the family to maintain homeostasis.¹⁸

It has been suggested that alcohol does not only affect the whole family but rather involves the whole family. Despite the devastating effects of alcohol in Kenya, I am unaware of research done to consider its effects on the family and the consequent restoration of the family into health and wholeness. Moreover, most treatment programs tend to focus on the individual alcoholic while the family is used just as an aid to get the addict better. This is a problem that calls for immediate attention so as to make healing and restoration effective.

Whereas within the Western world, literature is replete with works on the effects of alcoholism on the individual and the family, and how to go about recovery, there is little work on alcoholism in the family in Kenya. As one reflects on the systems theory in relation to addiction, one is persuaded to ask: What are the effects of alcoholism on the individual and the family? How are the families of alcoholics—parents, wives, husbands,

¹⁶ Anderson Spickard and Barbra R. Thompson, *Dying For a Drink: What You Should Know About Alcoholism* (Dallas: Word Publishers, 1985), 15.

¹⁷ Treatment models, especially the AA model, as practiced in Kenya currently.

¹⁸ *Homeostasis* has to do with balanced, steady equilibrium.

and children—confronting their own broken lives and seeking healing for their deepest wounds? What are the implications for pastoral counseling in the Kenyan setting, particularly in the face of the growing incidence of alcoholism and its attendant problems on the family? Reflecting on these questions, one becomes confronted with the fact that alcoholism is a complex illness.

While the alcoholic counts on the family to enable his or her own alcohol use, the family members count on the alcoholic to enable their own unhealthy way of living.”¹⁹ It is imperative that in seeking restoration of the individual, a holistic approach be employed—one that seeks to unravel and understand the subtle but significant interrelation between the illnesses, the alcoholic, the dynamic of his or her family setting and the subsequent health of all parties involved. Therefore the system is very important in improving health of those who are adversely affected. It has been suggested that significant others become ill as much or more than the one afflicted. Thus Robert Albers asserts that, while much emphasis has been placed on the person who is afflicted, caregivers dare never forget those who have been adversely affected.²⁰

Significance of Thesis

The family is a very important unit in the Kenyan cultural context, and anything that affects the stability of the family is of much interest to a wide range of agencies. The current study is very important for the general populace of this country. It will provide knowledge about the dangers inherent in alcohol use and abuse. It will also help families

¹⁹ *The Awakening: A Substance Abuse Therapeutic program: Treatment Manual* (August, 1992) Week 6, p. 1

²⁰ Robert H. Albers, “Continuity and Change in the Continuum of Care,” *Journal of Ministry in Addiction and Recovery*, Vol. 5(2) 1998. p. 4

to confront their own broken lives as they seek healing for restoring homeostasis or balance. Therefore, pastors and pastoral counselors, treatment facilities, psychologists, social workers and other caregivers will also find this study useful. It will help them gain better understanding of alcoholism and its nature, cause, and scope so as to better develop a more comprehensive approach to helping alcoholics and their families toward restoration and wholeness.

Other areas of significance that will find this work useful are government agencies, policy makers, and academia. This study will also provide impetus for further research. Most researchers have contended that a focus on spirituality is the most successful way to restore the alcoholic. Although spirituality is culture-specific, this study finds it beneficial to employ cross-cultural strategies, both African and Western, in considering treatment plans for the Kenyan Christian context. This work is therefore very significant for the church in her struggle with alcoholism in its host community.

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Literature Review

Although alcoholism is common in Kenya, including the church in general, literature on alcoholism is very scant, almost non-existent. This review therefore relies heavily on Western literature on alcoholism in the family. While scholarship is available in Western literature, virtually nothing has been written on alcoholism and the Kenyan family. However, available on the Kenyan scene are numerous media reports on the negative consequences of alcoholism on individuals and groups. For instance, “Kenya: The Drinking Country”²¹ and “Officials Worried by Rising Alcoholism.”²²

There are also scholarly works that are important to my research, in particular, resources telling of the social and political history of alcohol in Africa. One of these is Emmanuel Akyeampong’s *Drink, Power, and Cultural Change: A Social History of Alcohol in Ghana, c. 1800 to Recent Times*.²³ Another book is *Alcohol and Disorder in*

²¹ Barasa Simiyu, G21 Africa Magazine 432, “Kenya: The Drinking Country” <http://g21.net/africa112.html> (accessed January 23, 2007).

²² Panafrikan News Agency. Copy 2001, “Officials Worried by Rising Alcoholism”. <http://www.hartford-hwp.com/archives/36/210.html> (accessed January 23, 2007).

²³ Emmanuel Akyeampong, *Drink, Power, and Cultural Change: A Social History of Alcohol in Ghana, c.1800-to Recent Times* (Oxford: Heinemann, 1996)

Pre-colonial Africa by Charles Ambler.²⁴ Both authors show that in African traditional society, “alcohol was described in positive terms. The low alcoholic content of these drinks, their high food value, the necessary seasonality of brewing, and the substantial time and labor required in their production supposedly ensured the absence of excessive and destructive drinking.”²⁵ Most importantly, they show that the patriarchal nature of Kenyan society exacerbates alcoholism in its excessive and destructive nature.

With regard to theological considerations for ministry with persons afflicted with alcoholism, the dissertation written by Albers is a must; it is entitled *The Theological and Psychological Dynamics of Transformation in the Recovery from the Disease of Alcoholism*.²⁶ In this resource, the author is able to offer insights and practical strategies for transformation and healing of people afflicted with alcoholism and their families. Albers draws his conclusions from his own experiences as a pastoral caregiver in church and society and pastoral education with alcoholics and their families. Another important resource for my thesis is work by James B. Nelson, entitled *Thirst: God and the Alcoholic Experience*.²⁷ Nelson provides deep insights into complex theological issues involved in addiction and recovery.

Also a must is Howard Clinebell’s book on ministry with alcoholics, *Understanding and Counseling Persons with Alcohol, Drug, and Behavioral*

²⁴ Charles Ambler, *Alcohol and Disorder in Pre-colonial Africa* (Boston University: African Studies Center. Working Paper 126, 1987).

²⁵ Charles Ambler, *Alcohol and Disorder in Pre-colonial Africa* (Boston University: African Studies Center. Working Paper 126, 1987), 7.

²⁶ Robert Herbert Albers, *The Theological and Psychological Dynamics of Transformation in the Recovery from the Disease of Alcoholism* (PhD diss., School of Theology at Claremont, 1982)

²⁷ James B. Nelson, *Thirst: God and the Alcoholic Experience* (Louisville: Westminster John Knox Press, 2004)

Addictions.²⁸ In this book, Clinebell provides a pragmatic view of care for people afflicted with alcoholism. Edward Kaufman's book, *Family Therapy in the Treatment of Alcoholism*,²⁹ is very helpful in identifying the intimate relationship between the problems of alcoholism and family systems. Another resource important for this thesis is Philomena Mwaura's book, *Healing, A Pastoral Concern*.³⁰ It examines the concept of healing in the Kenyan context in relation to pastoral care in general and as it might apply to alcoholism.

John Keller's book, *Ministering to Alcoholics*,³¹ is beneficial toward understanding that admission to powerlessness and self-honesty are essential elements for recovery. Like Albers and Clinebell, Keller also suggests that AA is an essential process in any recovery program. For this reason, the *Big Book*³² of AA and other twelve-step programs, as the greatest resources for spiritual wholeness and healing, cannot be ignored in this thesis.

²⁸ Howard Clinebell, *Understanding and Counseling Persons with Alcohol, Drug, and Behavioral Addictions* (Nashville: Abingdon Press, 1984)

²⁹ Edward Kaufman, "Family Therapy in the treatment of Alcoholism," *Alcoholism and Substance Abuse: Strategies for Clinical Intervention*, ed. Bratter Thomas E. & Gary G. Forrest (New York: The Free Press, 1985)

³⁰ Philomena N. Mwaura, "Ritual Healing and redefinition of Individual Personality in African Instituted Churches," *Religion and Health in Africa*, Adam Chepkwony, ed. (Nairobi: Pauline Publications, 2006).

³¹ John E. Keller, *Ministering to Alcoholics*, Revised Edition (Minneapolis: Augsburg Fortress, 1991), 35

³² Alcoholics Anonymous, (New York: World Services, Inc., 2001).

Finally, the book edited by Douglas Waruta and Hannah Kinoti, *Pastoral Care in African Christianity*,³³ is very helpful on the role of the pastor in the recovery process of the alcoholic and family.

³³ Ed., Douglas W. Waruta, Hannah W. Kinoti, *Pastoral Care in African Christianity* (Nairobi: Action Publishers, 1994).

CHAPTER TWO

CONCEPTUAL FRAMEWORK

This chapter seeks to define and discuss some of the main concepts basic to this work. These concepts include the nature, dynamics, models and effects of alcoholics and theology, alcoholism and the family, family systems thinking, and also an exploration of spirituality, health, and wholeness and its implications for recovery of the alcoholic and his/her family. Although the following concepts are drawn from Western research theory and practice, their nature allows for their application outside of their context. However, I will attempt to reflect on the worldview of the Kenyan peoples so as to provide specific cultural understanding of these concepts.

What is alcoholism?

Alcoholism refers to the consumption of alcohol in significant quantities on repeated occasions.¹ Generally, the reasons for drinking are diverse and complex. Research² reveals that the need to drink is a craving or compulsion that relieves guilt and anxiety but paradoxically produces the same effect, leading to a vicious cycle of drinking followed by depression, followed by drinking that ultimately leads to a withdrawal

¹ Frederick B. Glaser, "Alcoholism: origin of the Term," *Encyclopedia of Drugs, Alcohol & Addictive Behavior*, second edition, Vol.1, editor in chief, Rosalyn Carson-DeWitt (New York: Macmillan Reference USA, 2001), 102.

² Ibid, 103.

syndrome. James Nelson in his book, *Thirst: God and the Alcoholic Experience*, describes alcoholism as:

a progression of alcohol use from a voluntary stage to a compulsive one. In this progression the brain becomes “ill.” As a result, the mind, the byproduct of the brain, becomes influenced or “infected” by the brain’s “illness” and experiences increased and reduced pleasure feelings depending on the amount and period of alcohol consumption. For instance, withdrawal of alcohol consumption reduces the production of pleasure feelings in the brain and will tend to bring fatigue, irritability, depression, and possible physical pain: withdrawal. The progression of alcoholism covers the whole person in his/her entirety; mentally, emotionally, psychologically, socially, spiritually, physically or medically³.

Whereas Nelson defines alcoholism as a progression, Albers defines it as “a lifestyle disorder comprised of physical, psychological, and social components which brings *dis-ease* to the individual and his order in social system.”⁴ Although both definitions refer to the many aspects of alcoholism, Albers definition brings in a new dimension of lifestyle. A lifestyle comprises of one’s beliefs and practices, his or her values, which, when excessively influenced by alcoholism, bring not only disorder in his or her life but also disintegration. This disintegration certainly comprises all of the components that bring the *dis-ease* in a person suffering from alcoholism. Therefore, a lifestyle marked with *dis-ease* and disintegration becomes characterized by brokenness that would need repairing and restoring to wholeness and complete health. It is possible to connect alcoholism as a progression and lifestyle. One should not miss the connection between progression and lifestyle in the definition of alcoholism. Both definitions refer to the nature of alcohol addiction. Addiction is “generally employed to refer to a known

³ James B. Nelson, *Thirst: God and the Alcoholic Experience*, (Louisville: Westminster John Knox Press, 2004), 37-39.

⁴ Robert H. Albers, *The Theological and Psychological dynamics of Transformation in the Recovery from the Disease of Alcoholism*, (Ph.D. diss. School of Theology at Claremont, 1982), 14.

dependence on the effects of a drug.”⁵ Today, the term addiction has broadened to include addictive behavior.⁶ In alcoholism, both addiction and abuse are used. Although both terms may be used interchangeably, it may be worthwhile to briefly examine the relationship between addiction and abuse.

Alcohol Addiction versus Alcohol Abuse

There is a subtle difference between alcoholism or addiction and alcohol abuse. Some people use alcohol less often and with greater control but with many of the same side effects. These are said to abuse alcohol and are problem drinkers. William Kraft refers to such abusers as normal or functional alcoholics and contends that though they portray similar trends as addicts, the abuser functions relatively well and exercises a greater degree of control.⁷ This suggests that those who abuse alcohol will choose when to drink, how much to drink, or even whether to drink. Though one drinks heavily, one does not have any problem with exercising control.

For the alcohol addict, however, the problem does not end. According to Spickard and Thompson, the alcoholic cannot envisage when he will drink or how much to drink. Even though alcohol may cause the alcoholic some trouble in one or more areas of life such as family, friends, health, job, and legal matters, the alcoholic nevertheless continues to drink. Therefore, unlike the alcohol abuser, the alcohol addict no longer has control over his own will, but “his or her internal center for decision making and free

⁵ Robert O’Brien and Morris Chafetz, *The Encyclopedia of Alcoholism*, Second Edition, edited, Glen Evans (New York: Oxford, 1991), 6.

⁶ Clinebell, *Understanding and Counseling*, 21.

⁷ William F. Kraft, *The Normal Alcoholic* (New York: Alba House, 1999), vii

choice has been captured by alcohol.”⁸ The power of choice of the addict is gone. The loss of self-control makes it easy to dismiss alcoholism as a problem for weak-willed people. However, “strong determination is no defense against addiction.”⁹ It is difficult to determine where abuse ends and addictions begin, though it is very easy to cross the line. Generally speaking, abusers or problem drinkers are increasingly dependent on the alcohol but not yet physiologically dependent. For this reason Clinebell describes abusers as “controlled social users.”¹⁰ Nevertheless their chances of ultimately becoming physiologically addicted increase with unrelenting excessive intake. Important to note is that although it is difficult distinguishing between the alcohol abuser and the addict due to the gradual progression from one condition to the next, they both overuse alcohol in ways that produce serious problems for themselves and significant others.¹¹

Whichever way alcoholism is construed, it invariably determines the way “we diagnose, treat, and feel about alcoholism.”¹² It is therefore very important for one to clearly and consciously be aware of one’s personal views, theories, and assumptions toward alcoholism. These views could be either harmful or helpful in the way we experience, judge, treat, cope with, feel about, and live with alcoholics. Five models¹³ are here explained to help in understanding the nature of alcoholism

⁸ Spickard and Thompson, *Dying For a drink*, 39.

⁹ *Ibid*, 39.

¹⁰ Clinebell, *Counseling the Alcoholic*, 87.

¹¹ *Ibid*, 87.

¹² Kraft, 22.

¹³ Kraft, 35.

Models of Addiction

Over the years, several views have been suggested as a way of understanding alcoholism and other drug addictions. These models are important for a pastor in Kenya since they reflect the ways people think about of *alcohol and other drug abuse*.¹⁴ One's perspective and that of the family determine which treatment approach will be beneficial in the long term. Though the disease model seems to be emphasized, I am becoming more and more convinced of an all-inclusive approach, the "holistic" model, which I contend is integrative and embraces the true nature of alcoholism. A brief look at some major classifications of the perspectives Alcohol and Other Drug Abuse (AODA). will therefore help in promoting a holistic model for healing and restoration.

The Moral Model

This model, also called the traditional model, is the oldest view of AODA. From the moral perspective, AODA is seen as an infringement of societal rules by the abuser. Proponents of this view feel it is a punishable crime and hold the individual responsible for his or her choices. The church and many in the religious community take this view and criticize alcohol addiction as a sinful, hence ostracizing the alcoholic. "Underlying some of our morality model is the assumption that people choose and learn to be alcoholic and sober. Unlike an impersonal disease which one does not choose, alcoholism is more like a vice or sin which is a result of bad choices or bad character."¹⁵

¹⁴ Clinebell, 21.

¹⁵ Kraft, 36.

AA Model

Alcoholics Anonymous is unique in that it offers a structured, holistic, and communal approach toward recovery that promises alcoholics, with a few exceptions, a sober and better life. Its structure centers on twelve steps, traditions, and concepts. Whereas the steps focus on recovery, the traditions guide and safeguard AA's harmony and unity.

“Although AA is primarily a spiritual program that fosters surrendering to a power greater than one's individual self, AA emphasizes that it is not a religion. Rather AA is a spiritual approach that encourages turning one's will and life over to the care of God as one understands God.”¹⁶

Proponents of this view consider alcoholism to “be a primary disease in that it is not symptomatic, chronic in that it will not disappear, progressive in that it will worsen with continued drinking, and fatal in that it leads to dysfunctional living or premature death.”¹⁷

Keller presents the AA perspective of understanding alcoholism by highlighting the powerlessness of the alcoholic over alcohol. The alcoholic's hope is ultimately in God, but he or she does not need moralism. He or she needs acceptance and self-honesty and must surrender to his or her powerlessness and be aware of the dynamic of denial.¹⁸

Together with the A.A model is the temperance model which proposes alcohol consumption in moderation. Moderation as a means of temperance cannot be defined as

¹⁶ Ibid,24.

¹⁷ Kraft, 24.

¹⁸ Ibid,1-3.

simply abstinence. “The word “moderation”” is used by different people in different ways. Often it is used to mean only in consumption of moderate amounts. Sometimes, though, it is used interchangeably with the term “social drinking,” which for many means acceptable drinking and may include anything, even drunkenness, short of alcoholism.”¹⁹

Although studies in the 1970s suggested that moderate drinking, even on a daily basis, could protect drinkers from heart disease and could result in longer life, these studies have recently come under attack for not having adequately controlled for other lifestyle factors such as exercise. To date, the question is not settled and controversy still surrounds the issue.²⁰

DSM-IV Model

This model, taken from the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders*, views alcoholism as one of the substance-related disorders. It provides criteria for “alcohol dependence in dysfunctional behavior such as a blatant lack of control, difficulty in meeting one’s responsibilities, giving up important activities, and increased tolerance and withdrawal.”²¹ This model is important for insurance and legal purposes in the event of infringement of driving law.

Psychological Models

These approaches to understanding alcoholism offer general theories of how and why people think and feel. These models are based on the “psychological trauma or deprivation that cause deeply wounded individuals and family systems that experience high anxiety, shame, and alienation, as well as low self-other esteem and general well-

¹⁹ John E. Keller, *Ministering to Alcoholics* (Minneapolis: Augsburg publishing House, 1966),151

²⁰ Encyclopedia of Alcoholism, Second Edition. s.v. “Moderation.”

²¹ Kraft, 30.

being.”²² These models will take into account unconditional acceptance, understanding, and positive regard for the alcoholic. The counseling will enable the alcoholic to take responsibility by “controlling the cues that elicit and guide the alcoholic response, that is, objects that are associated with and evoke the habitual desire and response to drink.”²³

These models are critical in understanding that there is no single cause of alcoholism. “Sociologists believe that alcoholism is caused by multiple factors.”²⁴ Both male and female alcoholics often suffer an unusual and characteristically usual amount of stress and deprivation in their lives. Therefore, a multi-perspective and integrated approach must be used to address issues of intervention and treatment of alcoholism.

Jellinek’s Model

Jellinek’s model differentiates five basic kinds of alcoholism: alpha, beta, gamma, delta and epsilon. This model asserts that alcohol and other drug abuse is a unique and progressive disease. E.M. Jellinek’s seminal work emphasizes these progressions and contends that while alcoholism and addiction cannot be cured; abstaining from the substance to which an individual is addicted can arrest such conditions.²⁵ This view affirms the various kinds of alcoholics who never become addicted in the classical sense. Jellinek’s definition of alcoholism—“any use of alcoholic beverages that causes any

²² Clinebell, 51.

²³ Kraft, 31, 34.

²⁴ John E. Keller, *Alcoholics and Their families* (San Francisco: HarperCollins Publishers, 1991), 7.

²⁵ E.M.Jellinek,

damage to the individual or society or both”²⁶—allows room for various types of alcoholism.

Types of Alcoholism

People suffering with alcoholism respond in different and individualized ways to this disease that “using any generalization as an infallible touchstone can lead one astray in dealing with the alcoholic person. It is for this reason that it is often difficult to recognize a baffling variety of types and degrees of these existing disorders.”²⁷ To illustrate this point, Jellinek’s²⁸ typology of the five prevalent types of alcoholism will be used. This typology alerts counselors to the multiple forms in which alcoholism may occur.²⁹

Alpha alcoholism

Alpha alcoholism develops as a result of problems in interpersonal relationships such as marriage. In troubled marriages the alcohol consumed is meant to relieve the pain experienced in the relationship. Alpha alcoholism does not lead to loss of control or other evidence of physiological addiction. Clinebell refers to this type of alcoholism as *problem drinking* which develops out of a painful relationship situation without being destructively addicted. The opportunity inherent in this type of alcoholism is that if the

²⁶ Howard Clinebell, *Understanding and counseling Persons with Alcohol, Drug, and Behavioral Addictions* (Nashville: Abingdon Press, 1984),35

²⁷ Clinebell, 31.

²⁸ Dr. E.M. Jellinek made the first breakthrough study of A.A members, documenting the patterns of their alcoholism. His research established the predictable progression of the disease with such symptoms as blackouts, tolerance, and withdrawal distress. James B. Nelson, *Thirst: God and the Alcoholic Experience*, (Louisville: Westminster John Knox Press. 2004),44

²⁹ Clinebell 35

conflict within a relationship can be resolved, the alpha alcoholism can diminish and stay within the limits that are not destructive to the consumer. Family and marriage conflicts are a common phenomenon in Kenya. For example, “financial stress and misunderstandings in cases where the man seeks to control the family budget- even the wife’s salary; unfaithfulness between husband and wife; barrenness; wife’s refusal to submit to the husband, allegations about wife’s unfaithfulness, even when they are prevalent.”³⁰ The common tendency for spouses to turn to alcohol to relieve the pain experienced in marriage can be addressed if the relationship issue can be addressed. Chances of encountering this type of alcoholism during marital and child-parent counseling will be high.

Beta Alcoholism

Beta alcoholism develops as a result of nutritional deficiencies experienced by an individual. This often happens among communities which are socially and economically disadvantaged. Kenya has over sixty five percent of its people living under the poverty line.³¹ Poverty is a major cause of beta alcoholism. In order to escape the realities of poverty, alcoholism takes center stage in the lives of people under these poverty stricken situations. In such circumstances, beta alcoholism is experienced as characterized by the following:

Deficiency diseases such as gastritis, cirrhosis of the liver, without control and withdrawal. Such damage results in reduced life expectancy, reduced earning

³⁰ Douglas Waruta and Hannah Kinoti, Eds. *Pastoral care in African Christianity* (Nairobi: Acton Publishers, 1994), 110

³¹<http://www.plan-international.org/wherewework/eastafricaeurope/kenya/>.(Accessed on March 28, 2007)

capacity, and reduced family stability. The pastor may encounter beta alcoholism in social and economically disadvantaged groups.³²

Considering that over sixty five percent of the national population in Kenya is living below the poverty level implies that the same group is socially disadvantaged as well as being vulnerable to alcoholism. Beta alcoholism as a lifestyle causes the alcoholic person to escape from life's unpleasant realities of social and economic nature. It is clear that by its very nature, beta alcoholism cannot solve life's problems. Of course, this applies to all types of alcoholisms whose nature it is to cause more problems than solve them. The irony here is that alcoholism is viewed as the solution to the suffering experienced in poverty, but the solution becomes the problem as well. The vicious cycle of alcoholism becomes endless and destructive.

Gamma Alcoholism

Gamma alcoholism is also referred to as *steady alcoholism*. "It involves a true physiological addiction, loss of control, craving, increased tissue tolerance to alcohol, and presence of withdrawal symptoms. It is the most destructive type, progressively impairing all areas of a person's functioning, including his/her health."³³ The difference involves the excessiveness of the drinking, which may point to the root cause of the drinking. In Kenya and Africa in general, the cause-effect principle is strongly applied in situations of life's problems and suffering and this type of alcoholism is no exception. There is a strong tendency to blame someone else other than the alcoholic for this destructive alcoholism.

³² Howard Clinebell, *Understanding and Counseling Persons with Alcohol, Drugs, and Behavioral Addictions* (Nashville: Abingdon Press, 1998), 35

³³ Clinebell. 35.

The patriarchal nature of the Kenyan society often leaves women vulnerable when the man is the one afflicted with alcoholism. As cited earlier, it is the woman's role to maintain the emotional stability of the family and to live up to the social expectations of being a good wife in taking care of the household including the husband. In this case the patriarchal system encourages codependency of women which they are socialized into from the time they are young. They are also to "serve" the males and "accept" responsibility for the male behavior! Contrary to this, the woman faces much opposition and violence from the alcoholic and the rest of family. Therefore, the destructive nature of the gamma alcoholism may easily provoke the anger of the extended family and the rest of society against the wife, alleging her role in the husband's alcoholic situation. The possibility of the woman's contribution to her husband's alcoholism may not be ignored as could be the case if the woman was the alcoholic.

However, caution must be observed since there may be a very thin line between sanctioned cultural violence against women and marriage problems. The sanctioned violence against women comes out of the understanding that the identity of an individual does not count on its own merit. When the individual is a woman, matters become worse since her human "value is culturally less" compared to that of a man. An instance of sanctioned violence is wife beating, which as Mercy Oduyoye, a Ghanaian Feminist theologian, says, "some men see wife beating as a duty and are proud for their compliance. Even worse is to hear women talk about wife beating they receive as a normal part of their marital relations."³⁴ Wife beating as sanctioned form of violence is due to Kenyan patriarchal system which must be challenged in order to address

³⁴ Mercy Amba Oduyoye, *Daughters of Anowa: African Women & Patriarchy* (New York: Orbis Books, 1995), 166

alcoholism effectively. From this perspective the family becomes the determining factor on matters of all relationships. On defining the family Mbiti says:

Kenyan family includes the unborn, the living and the living- dead or spirits. Among the living are the nucleus family members of parents, children, sisters brothers. While the extended family includes uncles, grandparents, aunts, cousins who may have their own children and other immediate family³⁵.

This physical world of the Kenyan extends to the emotional aspect of the whole in which the

Family is an emotional unit, the “emotional system” in which the functioning of each person is a product of the reactions and behaviors of other family members. More complex than the behaviors of its individual members, the family system is an intricately balanced living organism. Its members are constantly adjusting and reacting to one another, shifting emotionally to maintain the stability of the whole³⁶.

The intricate emotional system within the family often leaves the nuclear family with an even more intense emotional stress in the event of a crisis like alcoholism.

A family with alcohol, addiction is flooded with emotion. The level of conflict and reactivity is so high, and the involvement of the family members in one another’s life so pervasive, either in being needy or in taking care of others, that they have little opportunity to set a considered course in their lives.³⁷.

The emotional system creates a codependency “enmeshed system” for the whole family. The codependency of the spouse tends to create psychological problems for the woman, and this is often the case.

³⁵ John Mbiti, *African Religions and Philosophy*. (Oxford: Heinemann Educational publishers, 1990), 104.

³⁶ Petter Titelman. Ed. *Clinical Applications of Bowen Family Systems Theory*. (New York: Hawthorne Press, 1998) 263.

³⁷Petter Titelman. Ed. *Clinical Applications of Bowen Family Systems Theory*. (New York: Hawthorne Press, 1998) 271.

Matters become complicated and much more difficult when the husband dies from this destructive alcoholism. The Kenyan widows' situation is compounded by the position of women in marriage relationships. The death of a husband, despite his alcoholic condition or lifestyle, brings with it insecurities and vulnerability for the wife and children (if any) beyond measure. It is as if the physical death of the man initiates the process of suffering and torture for the woman before she succumbs to her own death.

Widowhood in Kenya is often marked by violations and certain harmful cultural practices that impact on the woman negatively. For instance, wife inheritance and property inheritance both go against the widow. In my community for instance, the widow must give up the property to the extended family who in their own goodness may share with the widow. It is for this reason that women in Kenya endure violence and deplorable conditions in the hope of achieving self preservation through cultural norms of male security and protection. This is not to suggest that women in the western culture find it any easier in alcoholic marriage relationships. Rather, the difference lies in the already established socio-economic and legal systems in western countries to the advantage of all people and women in particular. Thinking about women as valued members of community is just beginning to be articulated in the Kenyan setting.

Delta Alcoholism

Delta alcoholism, which is also called plateau alcoholism, "is identified by the need to maintain a certain minimum level of inebriation much of the time, rather than consistently seeking the maximum impact of alcohol on the central nervous system."³⁸

³⁸ Howard Clinebell, *Understanding and Counseling Persons with Alcohol, Drugs, and Behavioral Addictions*.(Nashville: Abingdon Press, 1998), 35.

This type of alcoholism is prevalent among Skid Row alcoholics who ration their alcohol supply to distribute its effects over a longer time. In Kenya, skid row alcoholics may be found in slum areas. “Kenyan slums are inhabited by people living in shanties (shacks) and whose lives are marked with poverty and inferior living conditions.”³⁹ There are no toilets or bathrooms, running water or electricity. Kibera is said to be not just Kenya’s, but Africa’s largest slum with 3,000 persons per hectare. However, Kibera is just one of Nairobi’s 199 slums. More than 1.6 million (of the city’s estimated population of 3.5 million people) lives in these slums.⁴⁰

A committee member of the “Bega kwa Bega” (Kiswahili term for “shoulder to shoulder”) cooperative society in a Nairobi slum says:

Also because of many problems and hardships in the area, the majority of people have indulged in alcoholic drinking, thus they get no option in life. They find the best thing for them to forget their problems is through drinking. The single mothers who have children and no husband, they are engaged in alcoholic brewing business which promotes drunkenness. This alcoholic drinking has become a worrying problem in the area since the majority of the people consuming the drink engage themselves in bad activities.⁴¹

It is clear that the presence of slums in Kenya promotes alcoholism in general and delta alcoholism in particular. This is particularly the case because of the high poverty levels experienced by slum dwellers which makes it hard for people to access food on one hand but may find alcohol on the other. It is for this reason the less amounts of alcohol accessed could only be taken in small quantities so as to keep a minimum level of inebriation most of the time, without necessarily becoming intoxicated. Due to the

³⁹ <http://www.answers.com/topic/slum-slum-area> (accessed April 4, 2007)

⁴⁰ <http://www.answers.com/topic/slum-slum-area> (Accessed April 12, 2007)

⁴¹ <http://www.begakwabega.com/BKB-eng.html> (Accessed April 4, 2007)

culturally held belief that alcohol intoxication is a male problem, the women who drink regularly, but in secret, will maintain their habit by using small amounts of alcohol to keep a minimum level of inebriation most of the time. However, “social disintegration will tend to occur subtly and gradually. Delta alcoholics are often able to hide their problem for many years.”⁴² It is up to the counselor to identify the root cause for rationing of the alcoholic beverage consumed and provide ministry.

Epsilon Alcoholism

Epsilon alcoholism is also referred to as periodic alcoholism. It is periodic because of the abstinence the alcoholic person experiences in between binges. According to Clinebell, erratic movement from abstinences to binges and vice versa, “occurs in persons subject to bipolar or manic-depressive mood swings. The individual may begin a binge when he/she feels the skid into painful depression beginning.”⁴³

Prolonged excessive drinking is associated with a number of psychological and psychiatric problems. In some cases it is difficult to determine which came first. It is possible that depression can be a direct outcome of alcohol abuse. It is also possible that the use of alcohol by persons with depression may increase the severity of their depression symptoms. Clinebell says:

Mental illness symptoms often fade or disappear when people are successfully treated for their chemical addictions and stop drinking. But with many people whose psychiatric disorder, in this case depression preceded the onset of their alcoholism, ongoing sobriety is usually exceedingly difficult to achieve. If short-

⁴² Clinebell, 36.

⁴³ Howard Clinebell, *Understanding and Counseling Persons with Alcohol, Drugs, and Behavioral Addictions*.(Nashville: Abingdon Press, 1998),36.

term sobriety is achieved, the underlying psychological and interpersonal problems often become visible to others.⁴⁴

Whether it is the depression or alcohol misuse that came first, both problems must be treated for good mental health to prevail. In most instances the depression can be addressed when alcohol intake is stopped. This is because the aspect of detoxification is a priority in the process of treatment.

Alcohol acts as a depressant on the brain and persons who use it as such, their regular drinking will tend to get the desired effect. Therefore, in order sustain this effect from the drink, the alcoholic will drink more and more or develop an increased tolerance to alcohol. “When there is a biological or genetic vulnerability to any type of mental illness, regardless of how big or small, alcohol abuse triggers the onset of that problem. Alcohol is not really causing the depression, but it can be a precipitating factor that causes the condition to manifest.”⁴⁵

Effects of Alcoholism

Viewed as a disease that affects the “whole person,” not leaving out families and communities, the effects of alcoholism are quite devastating. Though alcoholism’s consequences are generally noted as being negative, Kraft offers certain positive consequences. However, these are no justification for excessive drinking. Kraft asserts that “if there are no negative consequences, drinking excessively might be justified.”⁴⁶ So whatever positive gains that might be derived from alcoholism fail to foster ongoing

⁴⁴ Clinebell Howard, *Understanding and Counseling Persons with Alcohol, Drug and Behavioral Addictions*. P26.

⁴⁵ <http://www.webmd.com/content/Article/65/7275.htm>

⁴⁶ Kraft, 81.

health and growth in an individual. “They are short term gains for long term losses.”⁴⁷ The overwhelming negative consequences ultimately outweigh whatever positive gain one attains.

Positive Consequences

According to Kraft, “alcoholics drink because it makes sense.” This is because they feel better when drinking even though this “good” feeling is short lived. Alcohol tends to offer some sense of fulfillment and makes one experience a sense of serenity. Alcohol gives a counterfeit feeling of peace, calm, and comfort, which suggest that “when drinking, everything is on euphoric hold.”⁴⁸ As a result, to become sober one must endeavor to face and replace illusions that have been induced by alcohol with healthy and more realistic experiences.

With the illusion that alcohol is a stimulant, alcohol can also give an illusion of health and make certain people feel more “confident, freer, and assertive while others also feel they are more imaginative, spontaneous and creative.”⁴⁹ This could be due to the fact that alcohol numbs one’s conscience and the drinker “feels freer” to act in ways that are normally unacceptable or inhibiting. In this case, alcohol becomes a catalyst for expressing feelings that are normally repressed and also serves as a stress- and pain-reducer for feelings of discomfort. It can be concluded that seeking relief from drinking may be temporary, and true serenity is absent. However, to become sober, “alcoholic

⁴⁷ Kraft, 25.

⁴⁸ Ibid, 81-82.

⁴⁹ Kraft, 83.

sense must be replaced with sober sense.”⁵⁰ An understanding of the negative consequences will be relevant so as to abet drinkers to overcome the downward degradation of alcohol use and abuse.

Negative Consequences

Despite the fact that culture is said to be influencing drinking patterns, the physiological and mental effects of alcohol addiction appear to be universal. Also, tolerance levels vary for individuals, and rates of metabolism may vary among men and women.⁵¹ Although alcohol functions in many ways to build community and emphasize social hierarchy, “its dysfunctional effects on the community and individual are enormous.”⁵² Alcohol more or less affects all aspects of life.

Over time, the general course of problem drinking takes a toll on the physical and neurological substructure of a person. Blackout, memory losses, unreasonable fear, as well as problems of high blood pressure, sexual problems, and cirrhosis of the liver are consequences of alcohol consumption. Alcohol also reduces the ability to think clearly and be goal-directed, and this too intensifies over time.⁵³

Alcohol disturbs the structure and functions of the central nervous system to retrieve and consolidate information. This could affect cognitive abilities and cause “blackout” during drunkenness. It is also causes brain damage and a neurological disorder sometimes referred to as Wernicke-Korsakoff syndrome, which is a result of the direct action of alcohol on the brain. This leads to symptoms such as amnesia, loss of

⁵⁰ Ibid., 83.

⁵¹ Emmanuel Akyampong, *Drink, Power, and Culture Change* (Portsmouth:Heinemann, 1996), 3.

⁵² Ibid., 4.

⁵³ Peter Titelman, Ed., *Clinical Applications of Bowen Family Systems Theory*, 274.

short term memory, disorientation, hallucinations, emotional disturbances, double vision, and loss of muscle control.⁵⁴

The “bed spins” experiences also become a common phenomenon in an alcoholic.

This is a common phenomenon for alcoholics which cause the alcoholic lose the sense of balance. When a person who is intoxicated lies down to sleep at night or in the morning, the mind will function in such a way that the world is spinning and not slowing down; a person loses his/her equilibrium. A common phrase heard among alcoholics when they fall down is to say, “make the ground stop spinning so I can stand up.”⁵⁵

Treating a hangover with another drink is cornerstone for people suffering from alcoholism. They have a tendency to search for the next drink as soon as they awake. A drink is one of the quickest cures for a hangover because it elevates the blood alcohol count, so alcoholics are right in seeking another drink to prevent them from going into withdrawal. So more alcohol will raise the blood alcohol count and take away the “shakes” and other withdrawal symptoms. In the process the body becomes dependent on the alcohol and the individual will search for more. In doing this the alcoholics will destroy anything that comes between them and the next drink, including families and their own lives. When a person is focused on the next high, nothing else really matters, and families, communities, and the person himself/herself suffer the consequences

The liver is noted as the major site of alcohol damage. Such liver damage can include fatty liver, alcoholic hepatitis, and cirrhosis. “A diseased liver cannot convert stored glycogen into glucose, thus lowering blood sugar and producing hypoglycemia. It

⁵⁴ Frederick B. Glaser, *Alcoholism: Origin of the Term*, Encyclopedia of Drugs, Alcohol & Addictive Behavior, Second Edition, Vol.1 A-D (New York: Macmillan Reference USA, 2001), 103.

⁵⁵ Erik Jelinek. *Alcoholism and the book of Proverbs: A Look at Alcoholism as Shown in Proverbs 23:29-35*. Journal of Ministry and Recovery no 2 (1998),71

cannot manufacture bile (for fat digestion), prothrombin (for blood clotting and bruise prevention), and albumin (for maintaining healthy cells).”⁵⁶

Alcohol use in large quantities can inflame the mouth, esophagus, and stomach, causing cancer in these areas. It also produces heartburn, nausea, gastritis, and ulcers. The intestines can be inflamed, leading to sluggish digestion and vomiting. High blood pressure, heart attacks, and heart disease are some effects of alcohol on the heart. Even though it has been generally reported that moderate drinking is good for the heart, “one binge may produce irregular heart beats.”⁵⁷

Additionally, fetal alcohol syndrome in pregnant mothers can occur to the detriment of the developing fetus and unborn child.

Fetal alcohol syndrome (FAS) occurs when children developing in the uterus are exposed to massive amounts of alcohol because the mother drinks too much during pregnancy. It is also possible that the amount can be quite different for different body sizes and types, mother’s overall diet and food mass intake, vitamins and liquids to name but a few. Children with FAS have conditions such as low birth weight, small heads, small brains, learning disabilities or mental retardation, and behavioral hyperactivity.⁵⁸

Since alcohol quickly represses inhibitions and judgments, the drinker may feel friendlier, more gregarious, and more expansive as inhibitions are released, hence the common suggestion to “have a drink and loosen up.”⁵⁹ Sexual inhibitions may also be released, thus giving alcohol the reputation as an aphrodisiac, but, in reality, alcohol impairs sexual function and performance and eventually blunts desire. This is illustrated

⁵⁶ http://www.family-drug-intervention.net/alcohol_and_health.html (accessed March 25, 2008).

⁵⁷ Ibid. (accessed March 25, 2008).

⁵⁸ Nancy C. Andreasen, *Brave New brain: Conquering Mental Illness in the Era of the Genome*. (New York: Oxford University press. 2001), 202.

⁵⁹ http://www.alcohol-dependency.net/effects_of_alcohol.html (accessed March 25, 2008).

by the story of club goers in Nairobi who take copious amounts of alcohol that give them the courage to make sexual advances they ordinarily would not make. “I need a few beers or shots to get up the nerve to tune [flirt with] a girl,” said Richard Muchiri, a 25-year-old student partying at an upscale Nairobi club. “When I’m a little tipsy then I have the confidence to try to get her to go home with me”⁶⁰

Alcohol adversely affects motor ability, muscle function, reaction time, eyesight, depth perception, and night vision. These abilities are needed to operate motor vehicles, and it is for this reason that people urge, “If you drink, don’t drive; if you drive, don’t drink.” Also, because alcohol depresses the heart and lung function, it slows down breathing and circulation.

A hangover, which is generally characterized as a withdrawal state, normally results in headaches, upset stomach, and dehydration. Other withdrawal symptoms are anxiety, depression, malaise or weakness, sweating, elevated blood pressure, and coarse tremor of hands, tongue, and eyelids.⁶¹ Other effects include mental disorders such as increased aggression, antisocial behavior, depression, and anxiety.

These overwhelming physical and mental effects in general are due to the fact that alcohol easily permeates every cell and organ of the body while the numerous psychological and emotional effects could also lead to suicidal thoughts and eventual death.

Although alcoholics can live spiritually, “they are in constant conflict because alcohol demands to be a replacement for God. God is displaced as the center of life and

⁶⁰ IRIN PlusNews, <http://www.plusnews.org/Report.aspx?ReportId=72461>, Kenya: Too drunk to Think – Alcohol Abuse and HIV (accessed March 23).

⁶¹ *Encyclopedia of Drugs, Alcohol & Addictive Behavior*, 103.

alcohol becomes the “saving grace.”⁶² Spirituality is a crucial element in studying addiction and recovery of alcoholism. Oliver and Merle in their book, *Addiction and Spirituality* assert: “something happens to an addict’s ways of thinking, feeling, and acting in the world when she or he turns to recovery. This involves a shift from self as the center as the center of the universe toward a different center or authority. AA calls this the belief in a “Higher Power.”⁶³ This is discussed by Harry A. Tiebout in his work, *Therapeutic Mechanisms of Alcoholics*,⁶⁴ as a conversion which Albers explains “the phenomenon could be observed by the outsider, experienced by the alcoholic, but not adequately explained either.”⁶⁵ It is for this reason that “clergy have the central role in preventing addictions and counseling with the addicts and their families around their spiritual issues. Primary prevention and full recovery often require people to learn healthy, non chemical ways to satisfy their inescapable spiritual or existential hungers.”⁶⁶

The question of whether alcoholism can be due to an allergy to alcohol was most notably raised by William D. Silkworth of the Charles B. Towns Hospital, a drying out facility in New York, in 1937.⁶⁷ This concept suggests that there seem to be

physiological factors among the cause of all chemical addictions. Alcoholics probably are not allergic to alcohol in a literal, medical sense, comparable to allergies that some people have to certain foods or pollens. But they certainly have a psychosocial allergy to alcohol in that they cannot drink without disastrous

⁶² Kraft, 95.

⁶³ Oliver Morgan and Merle Jordan, *Addiction and Spirituality: A Multidisciplinary Approach* (St.Louis: Chalice Press, 1999), 13, 15.

⁶⁴ Albers, Albers, *Theological and Psychological Dynamics*, 91.

⁶⁵ *Ibid*, 91.

⁶⁶ Clinebell, 89.

⁶⁷ *Ibid*,56.

consequences in many areas of their lives. This allergy language is a n effective way of communicating to alcoholic and their families that they have an illness with crucial physiological components.⁶⁸

However, there is no medical evidence to support such a theory. While a person may be allergic to some constituent of an alcoholic beverage, such as a congener, the American Medical Association states, “there is no similarity between the signs and symptoms of alcoholism and those of known allergies.”⁶⁹

Despite these physical, psychological, and spiritual effects, the socio-economic effects cannot be ignored. For instance the home brewed liquor changaa is an easy way of making an income in Kenya. American cook and author William Rubel writes:

Changaa is the distilled beverage consumed in much of Kenya, including amongst the Samburu, pastoralists living in Northern Kenya. Changaa can be made from a variety of grains — malted millet and malted maize being the most common. The trade in homemade alcohol is strictly illegal so there is an element of risk for the producers. I think that it is unfortunate that small scale production of alcohol — a few liters at a time — is illegal because selling alcohol is an important source of income for Samburu women who live in the bush. Though illegal, changaa is easy to purchase. It is even sold, literally from under the counter, in many village shops.⁷⁰

This income is to keep the family sustained through sales on one hand and food on the other hand. However, the numerous ills that alcoholism inflicts upon the individual, family, and the entire society must not be ignored.

⁶⁸ Clinebell, 56.

⁶⁹ Robert Orien and Morris Chafetz, *The Encyclopedia od Alcoholism*, ed. Glen Evana (New York: Oxford, 1991), 27.

⁷⁰ William Rubel, “Changaa: Distilled Alcohol in Kenya,” <http://www.williamrubel.com/samburukenya/changaa-distilled-alcohol-of-kenya> (accessed March 25, 2008)

Causes of Alcoholism

Sociological and cultural elements seem to be the main visible and understandable cause of alcoholism in Kenya. To a large extent, sociological factors cause the psychological and emotional elements. “Other than the cultural uses of alcohol in an integrative manner, alcohol also is believed to help reduce stress. This is the case when drinking is linked with anxiety among the urbanized Kenyans in response to economic insecurity.”⁷¹ On anxiety and drinking Clinebell says:

Three interrelated types of human anxiety are among the causes of many addictions. They are neurotic, historical and existential. None of these are unique to the addicts’ experience. All are experienced by everyone to some degree. Anxiety of whatever type rises from a threat to the essential security of persons and is therefore an experience of their total personalities. Anxiety is a generalized feeling of uncertainty and hopelessness. The psychological burden of many, if not most addicts, is not just fears. It is also free-floating of all three types. Most of the anxiety experienced by alcoholics is neurotic resulting from inner conflicts, repressed memories and impulses. The appropriate treatment for this type of anxiety is counseling or psychotherapy aimed at reducing or resolving the underlying feelings and conflicts that trigger it.⁷²

Workers take to drinking of alcoholic beverages as a means of regaining control over their lives. The drink serves as an avenue of escape as they face meager wages, which fail, more than ever, to meet basic needs of their families, paradoxically straining already straitened household budgets.⁷³

For this reason there is a link between poverty and habitual drinking. At present in Kenya, “people face problems which are complicated by the struggle to make ends meet.

⁷¹ Emmanuel Akyeampong, *Drink, Power, And Cultural Change: A Social History of Alcohol in Ghana, c. 1800 to Recent Times* (Portsmouth, NH: Heinemann, 1996), 2

⁷² Clinebell Howard, *Understanding and Counseling Persons with Alcohol, Drug and Behavioral Addictions*. p264

⁷³ Akyeampong P.140.

As such any pastoral care done will take into consideration the monetary factor.⁷⁴

However, poverty is not the only reason for the alcoholic lifestyle. An individual drank when his/her world was out of balance or the person experienced poverty, a death, or an unhappy marriage. It is also worth noting that “the culture of alcoholism is not only linked to power and control, it is also very male oriented. However, the ultimate explanation for alcoholism tends to be placed in the spiritual realm.”⁷⁵ The envy of family members is often cited as an explanation of why alcoholism is a curse inflicted on the more successful individuals in the community. This “inflicting of a curse” is explained by the belief in the use of witchcraft as the cause of alcoholism.⁷⁶ “Witchcraft is a reality for many people in Kenya. Any theology that does not portray Jesus Christ as an All-Powerful Savior who, here and now can free people from fear, especially the fear of witchcraft and superstition, is inadequate.”⁷⁷

In this context, the use of the counter witchcraft mechanism is employed to remedy the situation. Although it is not within the scope of this paper to expound on this issue, it is worth noting that an individual’s inability to perform his/her social roles and responsibilities may often be excused by his/her alcoholism if the cause is ascribed to witchcraft. In this regard it is possible to manipulate the condition of alcoholism for personal and communal gains on one hand. While on the other hand, the individual

⁷⁴ E.R Lartey, “Some Contextual Implications for pastoral Counseling,” In *Pastoral Care and Counseling in Africa Today*, eds., Jean Masamba ma Mpolo, Daisy Nwachukwu (New York: peter lang, 1991), 42.

⁷⁵ Akyeampong p 5.

⁷⁶ Interview with Lucy Mungai at her home on April 19, 2007 at 9.00PM.

⁷⁷ Joseph Healey and Donald Sybertz, *Toward An African Narrative Theology*, Faith and Culture Series (New York: Orbis Books, 1996), 22.

sincerely believes that his/her misfortune and drinking are the result of witchcraft. This can absolve the person from any responsibility because s/he feels this is imposed from outside and therefore the person has no responsibility and may feel like they are ‘victims’ who have no choice or alternative recourse!

“Whatever be the underlying causes, the immediate reason for drinking is loss of control.”⁷⁸ Rather than experiencing the freedom s/he formerly did, now the alcoholic finds him/herself in bondage to a dis-ease and a progression of the disease which makes human relationships nearly impossible.

Alcoholism and Depression

There is a close link between alcohol misuse and depression. Self harm and suicidal tendencies are common in people with alcohol problems. It seems that it can work in two ways. Too much regular drinking can leave a person tired and depressed. There is evidence that alcohol changes the chemistry of the brain itself and that increases the risk of depression. Often hangovers create a cycle of waking up feeling ill, anxious, jittery and guilty. It goes without saying that regular drinking can make life depressing. For example, the family can experience arguments, poor work, unreliable memory and sexual problems. Often, drinking alcoholic beverages to relieve anxiety or depression will make the person more depressed. This is because alcohol use is only temporary in helping one relax and overcome any shyness, making talking easier and more fun. In this way, alcohol becomes very effective in making a person feel better for a few hours. Using alcohol to help one keep going and coping with life can create the problem of slipping into drinking regularly, using it like medication.

⁷⁸ John Keller, *Ministering to Alcoholics* (Minneapolis: Augsburg, 1966), 103.

Depression and alcoholism have high co-morbidity,⁷⁹ that is to say, they both occur in the same people at a rate higher than they would occur if both disorders were not linked. The link could be genetic, social, psychological, biological, or most likely a combination of many of these factors. The biological changes induced in the brain by drinking alcoholic beverages mimic many of the changes evident in depressive mood disorders. The reason why persons who are depressed are so prone to abuse alcohol is debatable. Some researchers believe that people with depression use alcohol in a misguided attempt to alleviate symptoms of their illness or side effects from their medications. The evidence most consistent is that of well-known risk factors which combine to render people with depression particularly vulnerable to alcohol. The risk factors point to depression as having come first to alcohol misuse. Clinebell lists the following risk factors as: poor cognitive function as in memory loss, anxiety, deficient interpersonal skills, social isolation, poverty and lack of structured activities.⁸⁰ It is also clear that the life of the problem drinker with anxieties about behavior, and possibly failing work performance, all contribute to feelings of depression. In Kenya, issues of unemployment including retrenchment and forced retirement from employment, because of disease, illiteracy and poverty are major causes of depression among the older adults.

In most cases depression is secondary to the drinking problem. In some persons alcohol misuse is a symptom of an underlying depressive illness; such persons often have a family history of affective disorders. DSM-IV™ lists a number of diagnostic features of depressive personality disorder that may trigger alcohol abuse.

⁷⁹ <http://en.wikipedia.org/wiki/Comorbidity> (Accessed April 11, 2007)

⁸⁰ Howard Clinebell *Understanding and Counseling Persons with Alcohol, drug and Behavioral Addictions*. 264.

The depressive cognitions and behaviors include a persistent and pervasive feeling of dejection, gloominess, cheerlessness, joylessness, and unhappiness. The individuals are overly serious, incapable of enjoyment or relaxation, and lack a sense of humor. They also brood and worry, dwelling persistently on their negative and unhappy thoughts. They may be harsh in self judgment (and prone excessively guilty for shortcomings and failings). Self esteem is low and particularly focused on feelings of inadequacy. Such individuals as these tend to judge others' failings rather than their positive attributes, and they may be negativistic, critical, and judgmental towards others.⁸¹

The people who experience some of these depressive features tend to be in situations that prompt depression. For instance, the death of a family member or friend, job loss through retrenchment or forced retirement, unmet socio-cultural expectations such as lack of success in marriage and property acquisition. All of these contribute greatly to depression and to the drinking problem.

Alcoholism in the Family

Whereas the aforementioned consequences might seem to reflect more on the individual alcoholic, its great effect on the family is heavy and cannot be ignored. According to Martin Doot, families become alcoholic, too. He suggests that the problem with alcoholism is that it does not just affect individuals but engulfs entire families. Children in families with an alcoholic parent are admitted to hospitals 25 percent more often than children of non-alcoholic families. Also, people with alcoholism in their families need supportive health care at rates two or three times higher than those in other families of similar size and age ranges.”⁸²

⁸¹ *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (Washington: American Psychiatric Association, 1994),732

⁸² Alexander Dejong and Martin Doot, *Dying for a Drink: A Pastor and a Physician Talk about Alcoholism* (Grand Rapids: William B. Eerdmans Publishing Company, 1999), 8.

For Royce, “alcoholism is a family disease in that the spouse and family needs help as much as or even more than the alcoholic. Though this family illness may not be the same as alcoholism, it can be just as devastating.”⁸³ Shame, guilt, fear, isolation, and loss are significant contexts in which families become entangled, making their afflictions intense. Therefore, when an individual suffers from alcoholic tendencies, the whole family is not only affected but also involved—psychosocially, physically, emotionally, and spiritually. Thus “alcoholism as a family illness is basically due to the tremendous impact upon those with active alcohol dependence around them.”⁸⁴ This suggests that it could be very difficult, if not impossible, for family members to escape the impact of an individual alcoholic member in the day-to-day interactions of the family. As such family members become as dysfunctional as the individual alcoholic member.

Even though there are several ways that the family responds to alcoholism, one significant form of crisis that both family members and alcoholics go through is the process of denial and its concomitant phenomenon of a conspiracy of silence and isolation within the family and the larger social system.

Alcoholism is known as a disease of denial, whose chief symptom is the inability to see that one has it. We say inability rather than unwillingness, for this is not denial in the sense of any rational, conscious rejection of the idea but an emotional blocking which is largely subconscious. This denial has been called ‘honest self-deception.’⁸⁵

⁸³ James E. Royce, S.J. “Alcohol and Other Drug Dependencies,” in *Clinical Handbook of Pastoral Counseling*, Vol.1, Expanded edition, ed.: Robert J. Wicks, Richard D. Parsons and Donald Capps (Mahwah: Paulist Press, 1993), 503.

⁸⁴ Jean Kinney, *Loosening the Grip: A Handbook of Alcohol Information*, 7th edition (New York: McGraw Hill, 2003), 198.

⁸⁵ Royce, 503.

Denial is not limited to an individual but involves the family and society, including professionals. Thus denial is noted as a fundamental obstruction to alcoholism intervention. Once the problem is being denied by the afflicted, he or she tends to reject all efforts for intervention. This experience, according to Albers, is influenced by shame. “Generally, the pervasive nature of shame in addiction is a dynamic that turns into a systemic conspiracy of silence and isolation.”⁸⁶ A reflection of shame and its dynamics provides an understanding of the many defenses an individual and family members employ for survival, though such defenses disrupt and cripple life as they fuel the addiction.

In the case of a male’s alcoholism, gender roles change within families as women and children become the caretakers of their families. On one hand, family and marriage unity become broken, and, on the other hand, women leadership roles become recognized. A reversal in the prescribed gender roles occurs, and the wife of the alcoholic inadvertently becomes the *de facto* head of the household. Although there are challenges that the woman may face as a spouse of an alcoholic, this situation has dispelled the myth that women are weak and cannot participate in leadership positions. The fact that the spouse of an alcoholic takes responsibility of family and strategizes new ways of managing the family shows that individual merit supersedes negative cultural attitudes such as women’s marginalization. It is for this reason that “egalitarianism” in marriage is the “ideal,” and patriarchy precludes that, but so does alcoholism because the alcoholic partner cannot be a full partner because of her or his illness.

⁸⁶ Robert H. Albers, “Shame and the Conspiracy of Silence,” *Journal of Ministry in Addiction and Recovery* 7 (2000): 51.

Economic challenges become particularly disturbing, reducing certain family members to the level of mere objects of poverty. It is particularly this aspect in patriarchal family systems that must be challenged and opposed. The lack of economic empowerment among women renders them vulnerable in the absence of economic support from the alcoholic male. This vulnerability places a heavy emotional strain on the family. It is no wonder then that the lack of self-esteem is usually a major psychological problem among children of alcoholics. Janet Geringer Woititz says:

Children of alcoholic parents have lower self-esteem than those who come from homes where alcohol is not abused. This could be expected since self-esteem is based most importantly on the amount of respectful, accepting and concerned treatment from significant others, it is logical to assume that the inconsistency of the presence of those conditions in an alcoholic home would negatively influence one's ability to feel good about oneself.⁸⁷

This situation has left families with psychological, social, economic, legal, ethical, and religious issues to think about. Often a crisis like alcohol addiction leaves the nuclear family with even more intense emotional stress.

A family with alcohol addiction is flooded with emotion. The level of conflict and reactivity is so high, and the involvement of the family members in one another's life so pervasive, either in being needy or in taking care of others, that they have little opportunity to set a considered course in their lives. Often people are determined to behave differently from their parents but instead repeat a pattern from their own family.⁸⁸

Social issues such as divorce and child and spousal abuse are further complicated by cultural beliefs and practices among the Kenyan people. Unless there are mechanisms to protect family members against domestic violence as a result of alcoholism, relationships

⁸⁷ Janet Woititz, *Adult Children of Alcoholics*. (Deerfield Beach, Florida: Health Communications, Inc. 1983), xxiv.

⁸⁸ Peter Titelman, Ed., *Clinical Applications of Bowen Family Systems Theory*, (New York: Hawthorne Press, 1998), 271.

in family and marriage regarding unity and permanence become threatened. Alcoholism is therefore understood in systems thinking.

Family Systems Thinking

Systems' thinking is based on "a set of elements in interaction, the combination of parts to form a whole, which work together for the good of the whole."⁸⁹ Several theories have been developed to seek one's release from one's emotional and traumatic difficulties. These theories focus on the causes and purposes, as well as cognitive, emotional, and behavioral processes involved in the individual's problems and coping. Freud's Psychoanalytic Theory, with several variations by Carl Gustav Jung, and Carl Rogers' Person Centered Therapy belong to this category of individual therapy. Systems' thinking focuses on the family as a unit rather than on individual members. It represents a leap forward from the old individual model of therapy, where the focus was on the symptomatic member of the family, to a focus on how people function in relational systems. A fundamental premise is that each person in a family plays a role in the functioning of the other people in the family, the system.⁹⁰ In systems theory, Friedman writes, "the components do not function according to their nature but according to their position in the network."⁹¹

⁸⁹ Rodney J. Hunter, editor, *Dictionary Of Pastoral Care and Counseling*, "Systems Theory" (Nashville: Abingdon Press, c2005)

⁹⁰ David Cox, http://academicleadership.org/emprical_research/The_Edwin_Friedman_Model_of_Family_Systems_Thinking.shtml.

⁹¹ Edwin H. Friedman, *Generation to Generation: Family Process in Church and Synagogue* (New York: Guilford Press, 1985), 15.

According to this view, individuals are best understood through an assessment of the interactions within the entire family. Dysfunctional patterns are seen as being passed on through several generations. This approach, for Friedman, “focused on the overall relationship system of family rather than psychodynamics of its members.”⁹² This will question the individual responsibility of a person in the event of certain actions and behaviors.

The one principal theme of all family therapy practitioners is that “the client is connected to living systems and that change in one part of the unit reverberates throughout other parts.”⁹³ An approach to treatment must consider other family members and the larger context as well as the individual client. Therefore the concerns of the individual will be assessed in relation to the rest of the family members and the broader context in which the person and family live. In this framework, the focus is on interpersonal dynamics rather than the internal dynamics of the individual. An action by an individual family member will invariably influence all other family members, whose responses will in turn have a reciprocal effect on the individual. This process does not seek to deemphasize the role of the individual in the family but rather to emphasize the fact that an individual’s system affiliations and interactions have significant power in the person’s life.⁹⁴ The way one functions is determined by the way the family is functioning.

Friedman views the family as the true ecumenical experience of all humankind, and he asserts that the family’s beliefs and practices are factors that contribute to stress.

⁹² Ibid. 13.

⁹³ Gerald Corey, *Theory and Practice of Counseling and Psychotherapy*, Fifth Ed. (California: Brooks/Cole Publishing Company, 1996), 367.

⁹⁴ Corey, 368-369.

Thus an entry into the multigenerational processes of families within a given culture gives one an unusual therapeutic potential. “Ultimately, healing and survival depend on existential categories: on vision, for example, on hope, on imaginative capacity, on the ability to transcend the anxiety of those about us, and on a response to challenge that treats crisis as opportunity for growth.”⁹⁵

Generally speaking, systems thinking seeks to focus on a family relationship within which the continuation of one’s problem “makes sense.” It explores the system for the family process and rules, perhaps using a genogram to understand the problem in order to intervene and treat. Also, systems thinking seeks to intervene in ways designed to help change the context. In this case the goal of the family therapy is to “seek change in the system, which is assumed to bring change in the individual members.”⁹⁶ This is helpful to family members for changing the dysfunctional patterns of relations to functional ways of interacting. Though this process “may be slow, requiring patience, understanding, and often carefully planned intervention, its success enables the ways to detect and solve problems that keep members stuck as dysfunctional individuals or in dysfunctional patterns.”⁹⁷

Several unresolved issues in families tend to manifest themselves in individuals in many ways, including alcoholism. It is for this reason that the family system must not be neglected in any therapeutic process. Bowen suggests that a family can best be understood when it is analyzed from at least a three-generation perspective because a

⁹⁵ Friedman, 5.

⁹⁶ Corey, 368.

⁹⁷ Ibid. 371.

predictable pattern of interpersonal relationships connects the functioning of family members across generations. Unresolved emotional confusion in one's family must be addressed if there is to be greater degree of wholeness and healing. In this way the "cause of an individual's problems can be understood only by viewing the role of the family as an emotional unit."⁹⁸ Bowen therefore suggests a method for the organization of data, explanation of past events and prediction of future ones, so as to offer a "solid theoretical base" on which the therapeutic practice is built to make practices consistent.⁹⁹ These are reflected in the key concepts upon which systemic thinking is applied.

Bowen identifies eight key concepts of family systems: Differentiation of the Self, Triangulation, the Nuclear Family Emotional System, the Family-Projection Process, Emotional Cutoff, the Multigenerational Transmission Process, Sibling Position, and Societal Aggression.¹⁰⁰ However, Friedman places them distinctly under five basic interrelated concepts. Taken together, they seek to "form a useful matrix for understanding the similarities and crossovers"¹⁰¹ among families. These concepts, as elucidated by Friedman, and which are relevant to the Kenyan ministry with alcoholic family systems, mark clearly the distinction between the family model and individual model.¹⁰² They are:

1. The Identified Patient

⁹⁸ Ibid, 271.

⁹⁹ Murray Bowen, *family Theory in Clinical Practice* (Northvale, NJ: Jason Aronson Inc., 1978), 529.

¹⁰⁰ Ibid, 306-308.

¹⁰¹ Ibid, 307.

¹⁰² Friedman, *Generation to Generation*, 19.

2. Homeostasis (Balance)
3. Differentiation of the Self
4. Extended Family Field
5. Emotional Triangles

The Identified Patient

By this concept, “the family member with the obvious symptom is to be seen not as the ‘sick one’ but as the one in whom the family’s stress or pathology has surfaced.”¹⁰³ In children this may manifest in bedwetting, hyperactivity, and school failures to name but a few. In adults, especially a spouse, it could be in the form of excessive drinking, depression, or chronic ailments. An identified patient may also be the aged family member who may be confused, senile, or with agitated random behavior.

This concept is used in order to avoid isolating the family member who is the “problem.” As a part of the whole, the member must not be isolated but treated as part of the whole. It is through the identified patient that it becomes clear that something is wrong with the family system.

Homeostasis

Friedman emphasizes “the tendency of any set of relationships to strive perpetually, in self-corrective ways, to preserve the organizing principles of its existence.”¹⁰⁴ Here behavior is seen as a series of moves and countermoves in a repeating cycle so as to maintain balance. This helps explain why a given relationship or family

¹⁰³ Ibid, 19.

¹⁰⁴ Friedman, 23.

becomes troubled by shedding some light on which family member becomes or is likely to become symptomatic (the identified patient). It illuminates families' resistance to change, assists in creating strategies for change, and "helps develop criteria for distinguishing real change from the recycling of a symptom."¹⁰⁵

Differentiation of the Self

According to Bowen, "the one most important goal of family systems therapy is to help family members toward a better level of 'differentiation of self.'"¹⁰⁶ Bowen suggests that the differentiation of self scale level conveys "that people are basically different from each other and it is possible to classify them according to these differences."¹⁰⁷ Individuals who are differentiated are able to choose between being guided by their feelings and by their thoughts. Those who are undifferentiated have difficulty in separating themselves from others and tend to fuse with dominant emotional patterns in the family. Such people tend to depend heavily on the acceptance and approval of others to the extent that they are quick to adjust what they think, say, and do to please others. They have low degree of autonomy; they react emotionally, and are unable to take a position on issues.¹⁰⁸ On the other hand, a well-differentiated person tends to recognize his or her dependence on others but can still stay clear-headed enough in the face of conflict, criticism, and rejection to distinguish thinking rooted in a careful assessment of the facts from thinking clouded by emotions. Thoughtfully acquired

¹⁰⁵ Friedman, 24.

¹⁰⁶ Bowen, *Family Therapy*, 529.

¹⁰⁷ Bowen, 534.

¹⁰⁸ Corey, *Theory and Practice*, 374.

principles help guide decision-making about important family and social issues without putting the person at the mercy of the feelings of the moment. This is what Friedman means when he emphasizes maintaining a non-anxious presence in the midst of anxious system—being a part of yet separated from the system. This also emphasizes the fact that one does not have to “blame forces outside the family for problems inside the family.”¹⁰⁹

Family of Origin (Extended Family Field)

Closely related to self-differentiation is the concept of origin. This refers to one’s nuclear and extended family. In family systems thinking, the entire network of family is important, and its influence over generations is very significant. According to Friedman, “gaining a better understanding of the emotional processes still at work with regard to our family of origin, and modifying our response to them, can aid significantly in the resolution of emotional problems in our immediate family.”¹¹⁰ This concept emphasizes that family issues are passed on from generation to generation. Specific behavior patterns, perceptions, and thinking, as well as specific issues, such as sex, money, drinking, separation, and health, have an “uncanny way of reappearing.”¹¹¹ Family members must therefore see beyond the horizon of their nuclear family area of trouble and observe the transmission of such issues. This enables them to obtain more distance from their immediate problems and as a result become freer to make changes.

The extended family field plays an important role in one’s process of differentiation. One’s position in the family of origin is the source of one’s uniqueness,

¹⁰⁹ Friedman, 30.

¹¹⁰ Ibid., 30

¹¹¹ Friedman, 31.

the basic parameter for one's emotional potential as well as one's difficulties. "The more we understand that position, therefore, and the more we can learn to occupy it with grace and 'savvy,' rather than fleeing from it or unwittingly allowing it to program our destiny, the more effectively we can function in any other area of our life."¹¹² Furthermore, as one becomes aware of the power of the extended family, one is able to take responsibility for oneself and make contributions that will enhance relationships. In so doing, one's ability to handle crises is enhanced. Inability to differentiate from one's family of origin causes parents to project their unconscious fears and feelings of inadequacy on their children, who in turn inherit such problems while tending to blame themselves for the others' unhappiness.

Triangulation (Emotional Triangles)

Significant to Bowen's multigenerational model is triangulation, which offers a way of putting into operation the previous four concepts in counseling and psychotherapy. Within intimate relationships, anxiety is prone to develop. "Under stressful situations, two people may recruit a third person into the relationship to reduce the anxiety and gain stability. This is called triangulation."¹¹³ Though triangulation lessens the emotional tension between two people, it does not address the underlying conflict and worsens the situation in the long run. A couple with an unresolved problem and intense conflict might focus their attention on a problematic child instead of dealing with each other. Their basic problem tends to remain, and, once the child is no longer a problem due to absence, the problem occurs again. Thus one is said to be triangled when

¹¹² Friedman, 34.

¹¹³ Corey, 375.

he or she gets caught in the middle as the focus of such an unresolved issue. Though there are several ways of countering triangulation, maintaining a non-anxious presence and not distancing oneself are of great importance. This is because distancing oneself ultimately preserves the triangle. Friedman says, “The most triangled position in any set of relationships is always the most vulnerable; when the laws of emotional triangles are understood, however, it tends to become the most powerful.”¹¹⁴

According to Friedman, thinking in terms of family process involves more than application of new ideas. It seeks to get one acquainted with and accustomed to family system theory and thus “an effort to demythologize several assumptions about family life that have resulted from an effort to conceptualize families as the interaction of individuals rather than individuals as the components of families.”¹¹⁵ This emphasizes that a change in one person affects other family members, while at the same time the other family members have an effect on that person’s behaviors, thoughts, and feelings. It is for this reason that the family must be considered as a unit in understanding the problem of alcoholism and in restoring the system to normalcy.

The Kenyan Church, Healing and Wholeness

The *Dictionary of Pastoral Studies* defines healing as “the restoration of a person who is suffering in mind and body.”¹¹⁶ In spite of, or perhaps because of, advanced medical care the issue of healing as wholeness is now an agenda of doctors as well as of churches. Wholeness is an indispensable aspect of life that is viewed differently by

¹¹⁴ Friedman, 36-39.

¹¹⁵ Friedman, 40.

¹¹⁶ Wesley Carr, “Healing,” in *The Dictionary of Pastoral Studies*, ed. Wesley Carr (Grand Rapids: William B. Eerdmans Publishing, 2002), 147.

different people. In this context, wholeness seeks to suggest wellness or the totality of one's being in relation to community; the total wellbeing of a person in of its dimensions. To be whole does not only mean absence of diseases but also to be in good health. According to the World Health Organization (WHO), health is a "state of complete physical, mental and social well being, and not merely the absence of infirmity."¹¹⁷ However, this definition ignores the spiritual wellbeing, an aspect which is part and parcel of wholeness in the Kenyan context. Spiritual and relational dimension cannot be ignored in the Kenyan context. For this reason, wholeness may be described as the "totality of one's well being physically, mentally, socially and spiritually. Such a state of wellbeing in its totality is reflected in the Hebrew and biblical concept of *shalom*, which means "peace" in all cited perspectives of life."¹¹⁸ Though all people seek wholeness, it is not easily attained. Wholeness is tantamount to being in good health. For Steinke, "health is wholeness." He suggests that to be healthy means having all parts of the human component working together to maintain balance."¹¹⁹ This balance is not static but dynamic since there is a significant interplay of forces that influence one's pursuit of good health and wholeness. Alcoholism therefore, can be considered in relation to the person's restoration to the whole health, not only the individual in isolation, but also the family and community of in which the individual is part of .

Though wholeness could be considered differently by different people, for the Kenyan, the spiritual dimension to health must not be ignored since it is what essentially

¹¹⁷ "The Preamble to the Charter of the World Health Organization," Encyclopedia Britannica. Vol.8, p.68

¹¹⁸ J. Porter, "Peace," in *Dictionary of Pastoral Care and Counseling*, ed. Rodney J. Hunter (Nashville: Abingdon press, 2005):877.

¹¹⁹ Peter L. Steinke, *Healthy Congregations: A Systems Approach* (The Alban Institute, 1996), vi

defines the personality of one in the community. Mbiti argues that the “African (read Kenyan) is notoriously religious” supporting the perspective that the Kenyan is fundamentally religious. For Mbiti, religion is pervasive in Kenya. It is intricately interwoven with its social, economic, political and religious organizations.”¹²⁰ Therefore, one can not live a meaningful life outside of the context of the religious worldview of the community to which one belongs. The notion wholeness in this thesis will viewed in relation to the Jewish concept of *shalom*. This is because it reflects God’s vision for humanity and it incorporates the physical and spiritual dimension of both individuals and the environment to which he or she belongs. It is often translated as *peace* but it embraces a wider scope transcending space and time. Stotts explains shalom as

“the core meaning is that of wholeness, health and security. Wholeness, health and security do not mean individual tranquility in the midst of external turbulence. Shalom is not peace of mind, escape from frustrations and care of the surrounding environment. Rather, shalom is a particular state of social existence. It is a state of existence where the claims and needs of all that is satisfied; where there is a relationship of communion between and humans a and nature where there is fulfillment for all creation.¹²¹

It is obvious that this statement refers to shalom as “totality,” wholeness or wellness in its totality. According to Lartey, it “denotes not a state but a relationship of unity, solidarity, harmonious community, the exercise of mutual responsibility and confidence, the fulfilling of obligations and participation in community. It also includes salvation, not only in the sense of deliverance from evil and other spiritual forces, but

¹²⁰ John Mbiti, *African Philosophy and Religion* (Heinemann: Nairobi, 1999), 2-3.

¹²¹ Jack L. Stotts, *Shalom: The Content of the Peaceful City* (Nashville: Abingdon Press, 1973), 73.

“wholeness,” wellbeing and growth.¹²² This view is reflected in the general holistic conception of illness within the Kenyan context. According to Bishop Emmanuel

Milingo, healing can be defined as:

“Taking away from a person a disturbance in life which acts as a deprivation of self fulfillment and which is considered an unwanted parasite. In whatever way we take it, the expected result is to release someone from a stumbling block to human fulfillment...So to heal I our context, means to heal the whole person.¹²³

In Kiswahili, the word Afya, for instance, is translated as ‘health’ but embraces much more than the physical health. “Afya” means health & well-being—not just physical or external health but a fundamental state of mind.”¹²⁴

In this regard therefore, pastoral encounters must move beyond individualistic and private understanding of human problems to incorporate an integral whole of cosmic and social events. Therefore, the search for wholeness must focus on both the person to be cured, the broken ties and relationships to be restored. Relationships must become whole.

According to Abraham Berinyuu,

Africans are convinced that in the activities of life, harmony, balance or tranquility must constantly be sought and maintained. Society is not segmented into, for example, medicine, sociology, law, politics and religion. Life is a liturgy of celebration for the victories and /or sacrifices for others.¹²⁵

¹²² Emmanuel Iartey, Y. Some Contextual Implications for Counseling in Ghana,” in *Pastoral Care and Counseling in Africa Today*, Jean Masamba ma Mpolo and Daisy Nwachukwu, eds (Frankfurt am main: Peter Lang, 1991),40

¹²³ Emmanuel Milingo, *The World In Between: Christian healing and the Struggle for Spiritual Survival* (London: C. Hurst and Co., 1994), 24-25

¹²⁴ Amani Consulting Inc. <http://www.amaniglobal.com/afya.html> (Accessed, April 9, 2008)

¹²⁵ A.A Berinyuu, *Pastoral Care to the Sick in Africa: An Approach to Transcultural Pastoral Theology* (Frankfurt: Peter Lang, 1988),5

The notion of relationships being whole is because there is no differentiation between animate and inanimate, between spirit and matter, between living and non-living, physical and metaphysical, secular and sacred. It is believed that everything, including human beings, is in constant relationship with the cosmos and people are in constant relationship with such unseen forces and beings.¹²⁶ It follows then, that for wholeness or health to be restored in this relationship, a balance or harmony must be sought and maintained.

The church and healing and wholeness go hand and hand. “It is a holistic worldview that perceives God, humanity, nature and the spirit world as concerned with wholeness of life and relationships.”¹²⁷ It is for this reason “that medical practitioners, in Kenya, have emphasized the importance of relatives and community in the healing of a sick person.”¹²⁸

Dynamics Operative in Kenyan Family Systems

Family systems thinking recognizes that each member of the family, society, or organization does not have his or her own discrete identity or input but operates as part of the larger whole. Likewise, according to Mbiti, the identity of an individual is understood within the larger society. He asserts this by saying, “I am because we are, and because we are therefore I am.”¹²⁹ This is analogous systemic thinking that seeks to focus on the family relationships within which the continuation of one’s problem “makes sense.”

¹²⁶ Berinyuu, 5.

¹²⁷ Mwaura, *Religion and Health in Africa*, 68.

¹²⁸ Peter I. Gichure, “AIDS Stories as A Process of Healing,” *Religion and Health in Africa*, ed. Adam Chepkwony (Nairobi: Pauline Publications, 2006), 96.

¹²⁹ John Mbiti, *African Religion and Philosophy* (Nairobi: Heinemann, 1993), 108

Several unresolved issues in families tend to manifest in individuals in many ways, including alcoholism, and it is for this reason that family systems must not be neglected in any therapeutic process. In Kenya, the extended support community and larger community must be taken into consideration as well. The community is the determinant milieu in which the individual operates in Kenya. The prescribed roles and responsibilities that individuals fulfill keep the community alive and stable. Family and marriage are the mediums through which community life is sustained.

Kinship and family organization

Kinship is the means through which socio-political organization is understood in Kenya. According to Mbiti, “kinship refers to social relationships derived from consanguinity, marriage and adoption.”¹³⁰ The importance of kinship is in the fact that it determines political, religious, economic, legal, ethical, and social relations. Membership is based on patrilineal descent in clans and lineages.

Kinship plays a key role in political organization. The rules and principles of seniority, succession, and residence pattern are governed by the kinship system. It is the descent group that organizes ancestral rites. The kinship system determines who will worship at a particular shrine, who will officiate, which ancestral spirits are to be invoked, and where the rites and rituals should be performed. Ethics and etiquette as well as inheritance, property relations, residence patterns, and other economic relations are determined by the kinship system. Kinship determines the respective positions of men and women in society, of old and young, father and child, mother and child, and husband and wife. Mbiti suggests that kinship plays a greater role in the more homogenous rural

¹³⁰ Mbiti, 152

communities of Kenya than in urban communities. Social mobility and spatial change tend to diminish its importance, and people no longer depend on lineage property; status is no longer dependent on age or a person's position in the kinship system; gender roles are not maintained, and kinship groups are no longer localized. Nevertheless, kinship still plays a significant role among urban dwellers—it is acknowledged and comes alive in times of crisis, such as a medical emergency, death, or a funeral, and in marriage as well.

Marriage is another means of becoming a member of a kinship group. Through the institution of marriage, kinship is both established and extended. It is therefore a basic establishment of the Kenyan society. Because the kinship system strictly regulates it, marriage is said to be contracted between families and not individuals. It involves an elaborate process of prescriptions, procedures, and prohibitions and also entails certain rights and obligations. Family is the end result of the marriage process, it is the micro-unit of the clan or descent group. Thus members of a family are involuntary members of a kinship group.

Family is important in understanding the “identified patient” in the traditional Kenyan family. This is because whatever the symptoms are, they may not be derived from the individual but from the extended family in which she belongs. The individual's family is thus a subsystem of a larger system, the lineage. For this reason, in Kenya, anything that concerns an individual concerns the family. Therefore an individual's addictive behavior more often than not derives from some imbalances within the family system and has an enormous effect on the family by permeating through the entire system.

Relationality and community

In Kenya, nobody is viewed in isolation. Everyone is viewed in relation to the family to which one belongs. In talking about family of origin in the traditional Kenyan context, one could go as far as to look at lineages.

Life is relational, and the fact that spirituality pivots on relations presupposes that one's religion and spirituality cannot be exercised outside the context of one's environment, that is, kinship or the family from which it derives. One cannot disengage oneself from the religion of the community. Doing so would mean isolating from the group and disrupting one's sense of communal membership and security. This seeks to emphasize the fact that religion is not an individual affair but a communal one woven into the culture of the people. One therefore finds harmony in life through belonging to a larger harmony of life with others. "Communal life for the Kenyan incorporates the extended and nuclear family, the living and the dead."¹³¹

Alcohol abuse interferes with family and marriage relationships, thereby destabilizing community cohesion. Since this is contrary to community expectations, the person afflicted with alcoholism and his or her family will work at avoiding vulnerability and exposure to ward off any possibility of the shame experience.¹³²

Shame dynamic

Though shame could be positive or negative, for the purpose of this thesis, its positive dynamic will not be emphasized since the negative invariably outweighs the

¹³¹ Mbiti, 114.

¹³² Robert H. Albers, *Shame: A Faith Perspective* (New York: The Haworth Pastoral Press. 1995), 81.

positive as it cripples the life of the people afflicted by it.¹³³ “Awareness of shame has major implications for pastoral counseling, professional evaluation, treatment planning, and formal intervention. Shame is often very difficult to verbalize, but it is important to learn to talk about shame to receive help.”¹³⁴

In the *New Dictionary of Pastoral Studies*, shame is defined as “a painful emotional state of humiliation caused by the exposure, or the fear of exposure, of failure or deficiency.”¹³⁵ Stephen Pattison asserts that it is an acute sense of unwanted exposure, followed by an urgent desire to cover oneself.¹³⁶ According to Lewis Smedes, shame is a very heavy feeling, “a feeling that we do not measure up and maybe never will measure up to the sort of persons we are meant to be.”¹³⁷ Gershen Kaufman identifies shame as “an affect, an emotion or feeling.”¹³⁸ It is an acute sense of exposure, being seen as basically deficient in some fundamental aspect of being human, accompanied by a feeling of powerlessness. Kaufman vividly captures the inner experience of shame when he states:

¹³³ Albers, quoting Carl Schneider and Donald Nathanson, refers to the positive dynamic of shame as “discretionary shame” and identifies the negative form as “disgrace shame.” John Bradshaw in “Healing the Shame that Binds Us,” however, refers to this positive dynamic as “nourishing or healthy shame,” and to the negative as “toxic shame.” This thesis will use Gershen Kaufman’s reference to shame as either disgrace or toxic shame and as a phenomenon that is unhealthy for the human condition.

¹³⁴ John E. Keller, *Alcoholics and their families: A Guide for Clergy and Congregations* (New York: Harper Collins Publishers, 1991), 61.

¹³⁵ Wesley Carr et. Al, eds. *The New Dictionary of Pastoral Studies* (Grand Rapids: W.B Eerdmans Publishing Co., 2002), 336.

¹³⁶ Stephen Pattison, *Shame: Theory, Therapy, Theology* (Cambridge: Cambridge University Ppress,2000), 40.

¹³⁷ Lewis Smedes, *Shame and Grace: Healing the Shame We Don’t Deserve* (San Francisco: Zondervan Publishing House,1993), 5.

¹³⁸ Gershen Kaufman, *Shame: The Power of Caring*, 3rd edition (Rochester: Schenkman Books Inc.,1992), xi.

To feel shame is to feel seen in a painfully diminished sense. The self feels exposed both to itself and to anyone else present. It is this sudden, unexpected feeling of exposure and accompanying self-consciousness that characterize the essential nature of the affect nature of shame. Contained in the experience of shame is that piercing awareness of ourselves as fundamentally deficient in some vital way as a human being. To live with shame is to experience the very essence or heart of the self as wanting.¹³⁹

Whichever way one looks at the above definitions, one can surmise that disgrace shame is a feeling one would always want to avoid. This is certainly the case for families and individuals in Kenya, where fear of exposure leads to much energy spent in service of concealment. There is fear of being humiliated and embarrassed, despaired and anguished, unacceptable, unworthy. It is a primal feeling that seeps in and discolors all of one's life. Consequently, Albers asserts that there are basically two interrelated dynamics present in shame: "One is the exposure or fear and the other is a self-conscious awareness of being different from the prevailing norm of acceptability."¹⁴⁰

The shame dynamic comes into play when alcoholism interferes with the discharge of traditionally prescribed gender roles. This is the case when interference from alcoholism brings about role reversals between men and women. This in turn brings stress in the family system. "The stress in the wife's attempt to control drinking, social isolation of the family and transfer of the husband's role to the wife generally occur at an earlier stage than fearful reactions on the part of the wife, her feelings of hopelessness about being able to cope with the problem, decline or ceasing of marital sexual behavior, and the seeking of outside help."¹⁴¹ Unrelieved stress, particularly compounded with

¹³⁹ Kaufman, *Shame: The Power of Caring*, 8.

¹⁴⁰ Albers, *Shame and...Silence*, 53.

¹⁴¹ Kaufman, 9.

hopelessness arising out of expectations for change being dashed, leads to thoughts of terminating the marriage as a solution.

In Kenya, members of the extended family often intervene and try to save the marriage by attempting to talk the alcoholic out of his or her alcoholism. Divorce is neither approved of nor legally encouraged. However, the marriage often survives as most women consider many common-sense barriers against marital breakdown or divorce. They include “feelings of obligation to children, moral and religious restraints, external pressure from the extended family or local community, legal difficulties, a wife’s lack of an independent source of income, and an absence of anyone to take her partner’s place.”¹⁴² In Kenya, many of these factors clearly bear upon the decision to endure the hardship of alcoholism and any other prevailing hardship rather than escape from it. It is this enduring of women in alcoholic and often violent relationships that leaves them exposed to violence against them.

Leadership and decision-making roles are ascribed to the male members of society. In the event of male absence, as in the case of alcoholism, the common tendency is for the other members of the family to cover for the afflicted member. This covering for members of the family is to “save face” or keep intact the dignity of the family as it is supposed to be represented by the now-afflicted male member. The family not wanting to feel terribly exposed will consequently cover up its feeling of exposure with a set of defense mechanisms, most conspicuously denial. However, care must be taken so as not to confuse shame with guilt feelings, especially in relation to alcohol addiction.

¹⁴² Marcus Grant and Paul Gwinner, *Alcoholism in Perspective* (Baltimore: University Press, 1979), 80.

Shame is a major problem confronting both the alcoholic and family members. In distinguishing shame from guilt, Albers contends that “guilt is principally phenomenological in nature while shame is primarily ontological.”¹⁴³ Guilt relates to what we have done. Shame relates to what we are—it is a feeling of moral inadequacy. In guilt, one will merely say, “I did.” In shame, one will say, “I did; therefore I am.”¹⁴⁴ Guilt has to do with values and does not “reflect directly upon one’s identity or diminish one’s sense of personal worth.”¹⁴⁵

The unhealthy feeling of shame and unworthiness that is distorted, exaggerated, and utterly out of touch with one’s actuality as a human being becomes a kind of lingering sorrow in the alcoholic family. Albers suggests that, with its unavoidable, debilitating presence in the life of the alcoholic and his or her family, shame perpetuates certain primary dynamics that influence the phenomenon of denial, which creates a conspiracy of silence around addiction.¹⁴⁶ Such a situation tends to put undue stress on both the alcoholics and their families. For Albers, “the power of shame shackles all of the people who are adversely affected by addiction.”¹⁴⁷

The extended family plays a very important role in one’s process of differentiation. Each family member has a unique position that can dictate or nourish one’s natural strengths. As one becomes aware of the power of the extended family, one is able to take responsibility for oneself and make contributions that will seek to enhance

¹⁴³ Albers, *Shame and.. Silence*, 53.

¹⁴⁴ Smedes, 14.

¹⁴⁵ Albers, 53.

¹⁴⁶ Albers, 53.

¹⁴⁷ Albers, 57.

his or her relationships. In Kenya, systems thinking governs the ways relationships are handled. It is not uncommon for members of the extended family to get involved in the alcoholic issues of the nuclear family as they attempt to maintain balance within the family. Although there are times when their attempts help or even work for balance, in most times they create codependency.

Codependency

In the process of “covering for” and justifying the alcoholic lifestyle of the afflicted family member(s), the one doing the covering becomes codependent. The concept of codependency emphasizes how family members, the affected, can become as sick as those afflicted because they try to control the drinking and their lives are built around the one who is drinking. Clinebell says, “they organize their lives around ‘helping’ the addicted by attempting to control them, protecting them from painful consequences of their actions, and taking responsibility for their destructive behavior.”¹⁴⁸ Thus “co-dependents are obsessively dependent on the dependence of addicted members to maintain a sense of their own security, power, and self-esteem.”¹⁴⁹ Codependency is complicated by the characteristic Kenyan and African communal approaches to living.

Marlin says:

People who live with an alcoholic tend to develop personality traits similar to those of the alcoholic; even though they themselves are not addicted to alcohol. Spouses and children are addicted to the alcoholic in much the same way that the drinker is addicted to alcohol. For the alcoholic, alcohol is a mood-altering drug; and the moods of other family members change accordingly. Just as the alcoholic has compulsion to

¹⁴⁸ Clinebell, 202.

¹⁴⁹ Ibid., 402.

drink, the non-alcoholic spouse and children have compulsion to protect the drinker.¹⁵⁰

Mercadante is more candid by saying, “codependency is generally described as an inordinate, compulsive, and harmful dependence on another. Ego boundaries are blurred, denial is endemic, excessive sensitivity to others reigns, shame is pervasive.”¹⁵¹

Albers defines codependency as

A primary lifestyle disorder occasioned by adaptation to and being enmeshed with an unhealthy relationship or relationships which result in the loss of a person’s sense of self or a group’s sense of identity. As family members have adjusted, readjusted, and finally maladjusted to the dysfunctional situation, codependency occurs.

For Albers however, “codependency does not just occur in individual family members’ relationships with the addicted one and in the collective interaction of their family system but also, in congregations as social systems of shared faith.”¹⁵²

Closely linked to this concept of codependency is *enabling*. “This describes the behavior of codependent family members, friends, employers, or helping professionals, including the clergy, who unwittingly enable addicted persons to continue their self-other damaging behavior. This invariably includes futile, frustrating efforts to control the addicted person’s drinking or drug use.”¹⁵³ For Kinney, enabling occurs whenever “the family’s actions protect the alcohol dependent member from the consequences of

¹⁵⁰ Emily Marlin, *Hope: New Choices and Recover Strategies for Adult Children of Alcoholics* (New York: Harper and Row Publishers, 1985), 35.

¹⁵¹ Linda A. Mercadante, *Victims and Sinners: Spiritual Roots of Addiction and Recovery* (WJK Press, Louisville, Kentucky, 1996), 153.

¹⁵² Robert H. Albers, “Codependency: Characteristic or Caricature?” *Journal of ministry in Addiction and Recovery* 2 (1995) as quoted in Clinebell, 403.

¹⁵³ Clinebell, 26.

drinking. This is aimed at relieving their pain and, in an attempt to live with and around the illness, “the family’s behavior often unwittingly allows the drinking to continue.”¹⁵⁴

Due to communal approaches to living and relationships, the ploy of blaming others and scapegoating tends to feature in the life of the alcoholic and his or her family. The first person to be blamed by members of the extended family for a husband’s alcoholic lifestyle is the wife. This scapegoat situation will remain until the sense of shame is dealt with.

Scapegoat defense or blaming is thus utilized for transferring to blame others or to find a scapegoat for one’s sense of shame. Since shame produces such pain and confrontation with one’s own humanness and vulnerability, the transfer of shame through blaming or scapegoating becomes an attractive option. If there is another person, persons or group who will absorb the shame of others, the shame system is set in motion. Neither the blamer nor the one blamed ultimately deals with their sense of shame.¹⁵⁵

The sense of shame referred to here is rooted in the fear of exposure that a person and community will have concerning self-image—in case people see the “real” me with all my disgusting ways, deficiencies, and defects.¹⁵⁶ Scapegoating as defense for disgrace shame is therefore common among people afflicted with and affected by alcoholism.

Another special concern in the Kenyan family system is children. Children are not just the culmination of a marriage relationship but also an assurance and a certainty of the continuity of family lineage and name. This weighty value placed on children gets broken in a situation of alcoholism among the parents.

¹⁵⁴ Jean Kinney, *Loosening the Grip: A Handbook of Alcohol Information*, seventh edition (New York: McGraw Hill, 2003), 198.

¹⁵⁵ Albers, 78.

¹⁵⁶ Albers, 14.

The challenges facing the 21st-century Kenyan family also pose special dynamics visible in the Kenyan family systems:

The struggle for life is changing the relationship between man and woman. To make ends meet, women are joining the work force. Due to daily stresses spouses no longer have enough time for themselves and their children. At home arguments erupt more often than before and divorce occurs more frequently. Competition is dragging young people into drugs and alcohol to ease the pressure of life. Children and spouses, who have no love at home, look for human warmth elsewhere. They take risks. They go out and rely solely on peer groups for advice.¹⁵⁷

These challenges, in their own ways, influence the consumption of alcohol. They have also been compounded by the incurable HIV/AIDS pandemic, which is another special dynamic confronting the Kenyan family systems.

¹⁵⁷ Mugambi J. N. K, *The Church and the Future in Africa: Problems and Challenges* (Nairobi: All Africa Conference of Churches. 1997), 16

CHAPTER THREE

THE CHURCH AND ALCHOLISM

Different ways communities of faith have viewed alcoholism

The differing ways that communities of faith have responded to alcoholism are rooted in views of whether alcoholism involves sin and how that relates to the basic sickness nature of addictions. The views presented by the seven informants in this thesis are representative of the Kenyan church in differing ways in which it views alcoholism.¹ To articulate these views, Clinebell's list provides helpful ways in understanding how communities of faith have tended to view alcoholism.²

1. Alcoholism is as a result of personal sin. At no point is it sickness.

This view is based on the belief that alcoholism is caused by “immoral behavior based on misuse of free will.”³ Personal failure and weakness, which develops into a bad habit, tend to be the natural cause of action. Those people who believe that it is a person's choice to become alcoholic hold this position. Therefore, “if one chooses to become an alcoholic” he or she is directly responsible for the consequences that come with alcoholism. Embracing the position that alcoholism is purely sin is not strong enough. In

¹ See all The appendix.

² Clinebell offers seven differing religious angles of vision of how religious communities have responded to alcoholism in chapter ten of his book cited in footnote 19.

³ Howard Clinebell, 287

itself this position is “shallow, moralistic, and judgmental. It focuses on willful rule breaking. It is those understandings that reduce sin to a failure of the will and hence understand alcoholism as a simple deficiency in willpower.”⁴

It is not within the scope of this thesis to discuss the various disagreements among Christians as to whether drinking is a sin. However, if one chooses to apply a sin-only view, the downside of it is that “most addicts are compulsive to some degree, even before they became compulsive drinkers and users. Because personal sin requires personal freedom of choice, the sin involved in the early stages of addiction is limited by the degree that person’s freedom is constricted.”⁵

2. Addiction begins as personal sin that results in an obsessive-compulsive disease

Some people hold that alcoholism begins as a personal sin and then gradually develops into an obsessive-compulsive disease process.⁶ This view is seen as the dominant position of the Seventh Day Adventists. Those afflicted are no longer fully responsible since their drinking is done compulsively, to some degree beyond the control of their wills. However, they are responsible for having caught the compulsion or disease. This view has the limitation of oversimplifying the causes of alcoholism, ignoring the many factors that tend to diminish the freedom to choose not to drink or use. However, the view is more likely to result in effective education, therapy and public policy.

⁴ James B. Nelson. *Thirst: God and the Alcoholic Experience.*(Louisville:Westminister John Knox press, 2004), 59.

⁵ Clinebell, *Understanding and counseling Persons*, 287.

⁶ Ibid

3. Alcoholism is a sickness that is caused by the sin of voluntary excessive drinking.

Those who hold this position believe that “moral failures contribute to the mental obsession with drinking and purely biological factors result in abnormal physical responses to alcohol.”⁷ This position also points to alcoholism as a mental health issue. As a mental health issue, “alcoholism is due to alcohol’s chemical interference with brain function, which in turn disturbs the mind.”⁸ Since this helps one to recognize the unity that exists between mind and brain, body and soul, one cannot ignore the inevitable interrelatedness of body and soul, mind and brain. This makes it difficult to determine the extent to which the alcoholic may be held responsible for his or her alcoholism.

4. Alcoholism is a sickness caused by many factors involving both sin and sickness, responsibility and compulsivity.

This statement reflects the view that it is wrong to drink but also recognizes that there are other factors beyond the control the person caught in the addictive process.⁹ This view is similar to that of AA. It does not use the word “sin” in that it does not regard the drinking of alcohol as morally wrong. However, alcoholics are responsible for changing attitudes and feelings and for the moral failures that contribute to the mental obsession to drink.

⁷ Nelson, 42.

⁸ Nancy C. Andreasen. *Brave New Brain: Conquering Mental Illness in the Era of the Genome*. (New York: Oxford University Press. 2001), 6, 36.

⁹ Clinebell, 289.

5. Alcoholism involves sin in the sense that it has destructive consequences.

Destructive consequences from alcohol abuse tend to be the major reason for concern about alcoholism. The fact that destructive activities happen in the individual him/herself, family, and the rest of society depicts sinful condition. The sin condition is viewed from the angle of the destructive consequences that alcohol abuse brings along.

Proponents of this view believe that it is not wrong to drink alcohol per se. They recognize that flexibility may be employed on those who are “biologically programmed to develop the disease of alcoholism because of genetic predisposition. This is also to say that apparently some people’s bodies are more vulnerable to alcoholism than others.”¹⁰ The term “allergy” is also used to support this vulnerability to alcoholism.

Although the alcoholic is not allergic to alcohol in the literal, medical sense (comparable to an allergy to ragweed pollen, for example), he/she certainly has a ‘psychological allergy’ to alcohol in that he/she cannot use it without disastrous results. Thus the figurative use of ‘alcoholism is an allergy,’ in counseling and in the AA’s Twelve Step program, is a useful way of briefing the alcoholic on his condition.¹¹

6. Alcoholism is an illness resulting from social sins.

Those who hold this view claim that it is not the fault of the alcoholic for his or her alcoholism. The sin lies within the current social systems and culture, which contribute to the alcoholic situation of the individual. These factors include “abusive family systems, sexism, racism, poverty, the alcohol and drug soaked culture in which we live. These social systems are beyond the control of the individual. The individual is largely a

¹⁰ Nelson, 41.

¹¹ Clinebell, Jr., 46.

victim.”¹² However, “this does not mean that the human personality is a robot whose behavior is completely determined by internal or external forces. What is meant is that all behavior has psychodynamic causes. It is for this reason that the goal of counseling for spiritual or psychological health is the enhancement of self-directness, meaning growth in the capacity of a self to be responsible for its own behavior.”¹³ Despite this reality, “our society contributes in many ways to the causes of alcoholism. It therefore has an inescapable responsibility for both its prevention and treatment.”¹⁴

Handling the Sin/Disease Concept in Alcoholism

Among the Community of Faith in Kenya

The negative consequences associated with alcoholism have tended to greatly influence views about alcoholism held by the Kenyan church. These negative consequences have also tended to form the basis for theological interpretation of alcohol use and alcoholism as a byproduct. As cited earlier, the negative consequences of alcoholism in Kenya are rapidly increasing and are challenging the church to seek ways of doing ministry with people suffering from alcoholism and its related problems. Although the Kenyan church is ill-equipped in doing ministry with people afflicted with and affected by alcoholism, the great need for such a ministry will sooner than later necessitate the required prevention and treatment resources in Kenya.

It is important to note that greater concern is placed on the visible negative consequences that are caused by alcoholism—for example, motor accidents, domestic

¹² Nelson, 42.

¹³ Howard J. Clinebell, Jr. *Understanding and Counseling the Alcoholic*. (Nashville: Abingdon Press. 1968), 291-292

¹⁴ Clinebell, 290.

violence, family neglect, assault, rape, and spousal and child abuse. It may be assumed that more concern is placed on these negative consequences because their magnitude is often visibly greater. Such consequences naturally focus on those who are affected by alcoholism much more than persons afflicted with alcoholism. Focusing on mainly those affected by alcoholism will tend to neglect or ignore the alcoholic. Such a perspective will tend to address only a part of the problem of alcoholism. Alcoholism encompasses the alcoholic, his or her family, work, church, and all the networks of association that the alcoholic has. It is also important to note that “intoxication resulting from alcoholic beverages is often associated with the lack of control in matters relating to sex, drunkenness and violence.”¹⁵ Inebriety and immorality have influenced the sin attitude toward alcoholism in Kenya.

The view of majority churches in Kenya, as represented by the interviewed core group, understand alcoholism as a sin that must be repented of and that forgiveness must be sought from God. This view is also held by the Seventh Day Adventists, Baptists, Methodists, Presbyterians, Pentecostal, and charismatic churches. As understood from one of the informants, Roman Catholics hold the view that alcoholism begins as a sin and develops into a disease. Therefore the assumption of this thesis is that the Kenyan community of faith holds the views that alcoholism is a both sin on one hand and is a disease with identifiable symptoms on the other hand. A third view hovers between sin and disease to view alcoholism as a mix of sin and disease. To clarify, the three common views held by the community of faith in Kenya are:

- Alcoholism is purely sin.

¹⁵ Justin Willis, *Potent Brews: A Social History of Alcohol in East Africa 1850-1999* (Nairobi: East African Educational Publishers, 2002), 47-48.

- Alcoholism begins as a sin and develops into a disease.
- Alcoholism is sin and disease mixed together.

Alcoholism as Sin

The question of whether alcoholism is sin may be viewed from the premise of defining it as part of the nature and reality of the human condition. “Theologies give diverse descriptions of sin as missing the mark, disobedience, pride, sensuality, selfishness, inordinate self-loss, and injustice”¹⁶ to name but a few. Additionally, Albers defines sin in four ways, namely, “sin as basic anxiety and estrangement; sin as denial of finitude; sin as concupiscence; and sin as defiance and rebellion.”¹⁷ Nelson follows with the same idea of estrangement by defining sin “as profound estrangement. It is relational brokenness, separation from everything meaningful. It is alienation from ourselves, from those around us, and from our environment. It is separation from life itself. Fundamentally, it is estrangement from God, the source and ground of all that exists.”¹⁸

The aspect of sin as brokenness is appealing in its potential to restore wholeness and health. This aspect of brokenness is real to the person afflicted with alcoholism in the area of relationships. It is common for alcoholics to experience some form of detachment from their families and other relationships in the course of their alcoholism. It is not until some form of attachment is done in relationship that the brokenness is repaired into wholeness irrespective of the nature and extent of brokenness.

¹⁶ James B. Nelson. *Thirst: God and the Alcoholic Experience*. (Louisville:Westminster John Knox press, 2004), 66.

¹⁷ Robert H. Albers. *The Theological and Psychological Dynamics of Transformation in the Recovery from the Disease of Alcoholism*. (PhD Diss. School of Theology at Claremont. 1982), 302-306

¹⁸ Nelson 67

According to Albers, “these designations and definitions of sin avoid the moralistic, legalistic, and casuistic understanding of the word in relationship to the phenomenon of alcoholism. Alcoholism is one more manifestation of the reality of sin as separation from God and from divine intentions for human beings. Theologically the alcoholic should be viewed as one who is in need of help from God and fellow human beings.”¹⁹ This will neither take away the responsibility of the alcoholic for his or her situation, nor will it ignore the possibility of external sources of alcoholism such as true victimization or abuse in vulnerable situations like domestic violence. In the event of alcoholism resulting from victimization or abuse, such a source of alcoholism is not actual sin in itself, but it represents one being sinned against.²⁰

Alcoholism as Disease

Whereas the concept of alcoholism as a disease has been in existence for the last two centuries in the West, it is a foreign concept in Kenya. Names like Dr. Benjamin Rush and Thomas Trotter are pioneers for this concept in America and Britain respectively. Dr. Rush “broke from the traditional view that excessive drinking stemmed from moral depravity or mental illness. In his view alcoholism is a disease with all of the medical criteria, including identifiable causes (biological programming and brain changes), prognosis, and symptoms.”²¹ These identifiable signs and symptoms include “withdrawal, development of tolerance to alcohol, unsuccessful attempts to control one’s

¹⁹ Albers,309.

²⁰ Linda A. Mercadante. *Victims and Sinners: Spiritual Roots of Addictions and Recovery*.(Louisville: Westminster John Knox Press,1996), 40-41.

²¹ James B. Nelson. *Thirst: God and the Alcoholic Experience*.(Louisville:Westminster John Knox Press,2004), 42-43.

use of alcohol, increasing preoccupation with it in both time and energy, and continued use in spite of adverse consequences.”²² E.M. Jellinek was the first scientist “to make a breakthrough study of AA members, documenting the patterns of their alcoholism. Jellinek’s research established the predictable progression of the disease with such symptoms as blackouts, tolerance and withdrawal distress.”²³ A number of advantages make the disease concept appealing in the following ways:

The disease concept is further supported by the fact that alcoholism is marked by brain changes that explain otherwise inexplicable behavior. It is for this reason that we can understand relapses as well as continued sobriety. Also, the disease concept helps us to distinguish between cause and effect. This knowledge has helped show that many alcoholic persons suffer from both alcoholism and mental health problems. These problems co-exist in a dual-diagnosis rather than in a cause-effect relation to one another. Furthermore, the disease concept helps to undercut moralistic judgments and blaming, thus enhancing the chances of recovery. To focus on the recovery rather than the cause for alcoholism is a welcome view for persons in recovery from alcoholism. Lastly, the disease concept reduces our tendency to see evil as “out there” and external to ourselves. This will help in seeing alcoholism as a disease rather than a moral failure. This will help in its treatment and even prevention.²⁴

The assumption of this paper is that the disease concept could be easier to understood and well received in the Kenyan context. At face value, the fact that diseases are a common occurrence in Kenya would make alcoholism easily seen as one of them, with an easy appeal to prevention and treatment. Seriously, the already-cited identifiable causes, prognosis, and symptoms of the disease concept will help the Kenyan society in general and the community of faith in particular to deal effectively with the problem of alcoholism. However, the disease concept is not sufficient enough in dealing with the

²² Ibid, 45.

²³ Nelson, 44.

²⁴ Nelson, 45-50.

problem. “A person is neither described with medical categories alone, nor is sin the only metaphor for addressing the basic human problem.”²⁵ It is for this reason that a more comprehensive way may be sought in understanding alcoholism. This will, in turn, help to develop appropriate integral methodologies for its treatment and prevention.

Alcoholism as Sin, Disease and Everything In Between²⁶

It is clear that from the foregoing explanations that the concepts of sin and disease on their own are not sufficient in understanding and addressing the problem of alcoholism. To embrace all views in a given context and to work with them with the purpose of treatment and prevention of alcoholism is the focus of this paper. This integrative approach to understanding alcoholism is in line with the family systems perspective of alcoholism and recovery from it.

Therefore, alcoholism as a sin is viewed in three perspectives—personal, social, and original. “Alcoholism begins as a personal sin which results in an obsessive-compulsive disease.”²⁷ In addition, “alcoholism involves sin in the sense that it has destructive consequences. These include preventing people from developing their God-given capabilities for living fully and productively. Since sin is defined as something that harms persons, then alcoholism most certainly involves sin.”²⁸

Socially, alcoholism is a sin because of the “chaos and psychological insecurity of our world, the confusion and conflict of values regarding drinking and drunkenness, the

²⁵ Nelson, 59-60.

²⁶ Nelson, 41.

²⁷ Clinebell, *Understanding and Counseling Persons*, 288.

²⁸ *Ibid*, 289.

traumatic experiences to which many children are subjected. These are expressions of which the sickness of alcoholism is a manifestation.”²⁹

Finally, there is the matter of alcohol and original sin:

To some extent, “alcoholism involves the original sin not in the biblical literalism that holds that human nature is corrupted by the sin of a generic ancestor named Adam. Rather, it is attempting to describe the dynamic sociopsychological meaning that is implied in the concept of original sin. Whether the term original sin is used or not, the facts of experience behind the term must be taken into account in understanding alcoholic persons and their struggles.”³⁰

There are other factors that cause alcoholism that involve both sin and sickness. They are responsibility and compulsivity. This view does not regard the drinking of alcohol as merely wrong but sees that there are other factors that are beyond a person’s control in the process of alcoholism. Selfishness and its symptoms are mentioned as examples of other factors. Also, the alcoholic has responsibility for changing attitudes and feelings.” Questions about alcohol use and alcoholism are always part of the larger questions. They are not just issues of right or wrong, but rather, are matters about how covenanted communities can live with faithfulness.”³¹

The effort of embracing all views with the purpose of prevention and treatment of alcoholism in Kenya will help in bringing about the relevant approach to doing ministry with persons afflicted with alcoholism. In this connection, relevant theologies will be considered.

²⁹ Ibid 289-291.

³⁰ Howard Clinebell 291.

³¹ Howard Clinebell, *Understanding and Counseling Persons with Alcohol, Drug, and behavioral Addictions* (Nashville: Abingdon Press, 1984), 287.

Theologies Considered for Ministry with Alcoholics and Their Families in Kenya

The following theologies are based on Robert Albers' seven theological perspectives for ministry with the alcoholics and their families.³²

Theology of Grace

For Christians, grace is the dynamic outpouring of God's loving nature that flows into and through creation in an endless self-offering of healing love, illumination, and reconciliation ... a gift that is often given in spite of our intentions and errors. At such a time, when grace is so clearly given, unrequested, uninvited, even undeserved, there can be no authentic response but gratitude.³³

In the first step of the AA Twelve Steps to recovery, the person recovering from alcoholism acknowledges the existence of a Higher Power, surrenders him/herself to the care of that power, and attempts to live according to the will and way of God as God is understood by that person. For this reason, sobriety and sanity will be experienced as gracious gifts for the alcoholic person and his or her family. However, this does not imply that at the disposal to persons afflicted with alcoholism is cheap grace³⁴ as it were, rather, "The experience of grace and forgiveness is a painful process, but the key to sobriety is with serenity."³⁵ This is the case when "grace received and experienced is translated into grace operative in others."³⁶ Clinebell puts it this way:

³² Albers, *Theological and Psychological Dynamics*, 226.

³³ Howard Clinebell *Understanding and Counseling Persons with Alcohol, Drugs, and Behavioral Addictions* (Nashville: Abingdon Press, 1998), 273.

³⁴ The idea of cheap grace was forwarded by Dietrich Bonhoeffer, who emphasized that following Christ is costly, making suffering part and parcel of discipleship. The magnitude of the cross must always hit us. <http://www.victorshepherd.on.ca/Heritage/deitrich.htm> (Accessed April 19, 2007).

³⁵ Vernon Johnson, *I'll Quit Tomorrow* (New York: HarperSanFrancisco, 1980), 114-125.

³⁶ Robert H. Albers. *The Theological and Psychological Dynamics of Transformation in the Recovery from the Disease of Alcoholism*. (Ph.D. Diss. School of Theology at Claremont, 1982), 230.

When addicted people have gone through the deep water of suffering and have finally accepted the fact that they are not God, they often become aware of their deep need to trust and depend on God. When this occurs, their hearts often become open to receive God's priceless gift of grace. The gifts of grace and hope usually come as a surprise. These gifts may come via an AA sponsor, a Twelve Step group, or a caring treatment center counselor, all of whom have been surprised by the gift of grace themselves. At times the gift is channeled via clergy or other counselors who know this transforming gift personally.³⁷

In Kenya and elsewhere, the theology of grace may be experienced in the recovery community, which

helps to bring reminders from others when I take inventory of my life. I need to unburden myself to others, tell my story, and listen carefully to others' stories. I need the relief that someone else knows what it's like. I need to extend my help to others, not only for their sakes, but also to reinforce my own sobriety. I need a community with whom I can share experience, strength and hope.³⁸

Theology of Hope

Despair tends to hinge on every aspect of life for persons afflicted with and affected by alcoholism. Despair as experienced in alcoholism tends to leave an individual in a state of helplessness and hopelessness to the extent of giving up on life. It is for this reason that, out of despair, some persons afflicted with alcoholism contemplate terminating such a miserable existence.

However, with a theology of hope, persons afflicted with and affected by alcoholism will find meaning and purpose in life. The sharing of stories and experiences has been very effective in communicating and sustaining hope. This is the case with the stories and experiences shared in AA and Al-Anon meetings. The sharing of stories and

³⁷ Clinebell, 273.

³⁸ James B. Nelson. *Thirst: God and the Alcoholic Experience*. Louisville:Westminister John Knox press.(2004), 183.

experiences is not new in the Kenyan context. Daily interactions like greetings, mealtimes, and home visits are occasions for such sharing.

Theology of Community

In Kenya, the identity of the individual is understood within the group.

Whatever happens to the individual happens to the whole group, and whatever happens to the whole group happens to the individual. The individual can only say: "I am because we are; and since we are, therefore I am." Only in terms of other people does the individual become conscious of his/her own being, duties, privileges and responsibilities towards him/herself and others. When he/she suffers, s/he does not suffer alone but with the corporate group.³⁹

This cultural understanding of community in Kenya provides an almost-ready avenue in social responsibility for one and all in doing ministry with people afflicted with and affected by alcoholism. Faithfulness to the group regulates honesty and trust to cement the growing community relationship.

Alcoholics Anonymous is a worldwide group known for its social approach to combating alcoholism. It is within the AA group that individuals start experiencing recovery once mutual trust has been established between the group members.

It is the AA and its parallel group, Al-Anon, that tolerance, acceptance, informality and concern are practiced. These community virtues help establish a sense of relatedness and fellowship missing from the lives of the members of these groups. Relationships replace alcohol for the practicing alcoholic; relationships replace resentment, self-pity and misery for the family member.⁴⁰

It is through these new relationships that new avenues for independence and interdependence for both the alcoholic and his or her family can be created. Since the

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way of life is through community, initiating AA and Al-Anon will be applicable in Kenya.

Theology of Freedom

Theology of freedom is important for ministry with alcoholics and their families for the main purpose of experiencing freedom from past bondage to alcoholism and gaining a new life through forgiveness and reconciliation in the present and future of the alcoholic and his or her family. This is said with the understanding that

The process of recovery from alcoholism exemplifies freedom from the past with all of the issues endemic to the disease. For the alcoholic and family system the future is freedom through release of the past in order that the future might be embraced with its potential for growth. This freedom is God's gift for service to others and with it come the experience of serenity and joy in the new life of a recovering alcoholic.⁴¹

Theology of Mission

That the disease of alcoholism is challenging the church in Kenya to find new ways of doing mission both in church and society cannot be overemphasized. This challenge will help the church to be conscious of its call to ministry at all times. The mission thought of here is not the door-to-door evangelistic venture, although this could be welcome. Rather, it is the one that, as stated in the AA public relations policy, uses "attraction rather than promotion."⁴² The method is attracting people into joining the program rather than persuading or even manipulating them.

The AA and Al-Anon have a low-key approach and choose to demonstrate in lifestyle what they have to offer others rather than attempting to convict or convince anyone into conformity or compliance with their approach. The AA and

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Al-Anon theology of mission is not promotional, yet their very survival is contingent upon their outreach.⁴³

Mission through persuasion and manipulation will tend to be carried out by those who hold the view that alcoholism is purely sin. Since the majority of the Kenyan community of faith is inclined to this view, it is highly likely that persuasion and manipulation will dominate the supposed new lifestyle. It is for this reason that the AA way of simply attracting people to the lifestyle of sobriety will initiate and promote a new way of doing mission in Kenya. It is with personal conviction that this new way of joy and serenity will attract alcoholics and their families into the recovery process and into sobriety. The Theology of mission envisioned in these groups is “the reaching out to another human being the spirit of God is present incarnationally as within the relationship of any two people become available to each other.”⁴⁴

Theology of Ritual and Celebration

Ritual and celebration are part and parcel of the people’s life in Kenya. As an aspect of religion, ritual permeates every aspect of life so fully that it is not possible to isolate it. It is in this understanding that Mbiti says that “Africans are notoriously religious.”⁴⁵ “Rituals play a vital role in all cultural settings to perpetuate tradition or insure the transmission of truth and knowledge from one generation to another.”⁴⁶ In this

⁴³ Robert H. Albers. *The Theological and Psychological Dynamics of Transformation in the Recovery from the Disease of Alcoholism* (Ph.D. Diss. School of Theology at Claremont. 1982), 240.

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process of perpetuating tradition, caution must be observed in using and developing ritual for personal and corporate use. On this Ramshaw says:

All ritual has formal elements and draws on the social group's symbolic world view rather than a purely private set of symbols. However, there is a great variability among rituals in the degree of formalization. The fewer the people involved, the better they know one another's needs, the more flexibility and adaptation is possible within the limits of the ritual's meaning."⁴⁷

Ritual and celebration practiced and experienced in the AA and AI-Anon groups not only help provide avenues for transmission of tradition, truth, and knowledge, but they also provide an opportunity for orderliness and spirituality. AA and AI-Anon meetings provide examples for ritual and celebration. For example, the opening reading of chapter five of the Big Book reminds the members of the purpose of the meeting. Reciting the serenity prayer shows that the group has a spiritual element to it. Recognizing members' sobriety anniversaries nurtures the hope in the individual and group. The idea of coffee breaks during meetings as part of ritual is important. The closing with prayer and helping out with the cleaning and tidying up of the meeting hall are all marks of ritual for spirituality and reintegration into "normal" life. These aspects of ritual help to develop orderliness in the life of the recovering alcoholic.

Theology of Love in Action

Love is a critical element in ministry with persons afflicted with and affected by alcoholism. The love referred to here is

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love” cares enough to be confrontive in a non-judgmental way in order for the person to come to grips with his/her responsibility as a human being.⁴⁸

The Kenyan view of personal responsibility is based on people’s values, identities, and meaning in life.⁴⁹ Viewed from the kinship angle, “tough love” could not be a new practice in Kenya. It will in effect be supporting the community understanding of individual identity. It asserts that an individual is recognized entirely within the community. Without entering into the merits and demerits of this cultural understanding, the focus here will be on supporting a person afflicted with alcoholism to come to grips with his or her responsibility as a human being. Tough love will

Refuse to cover up for someone else’s behavior. It is to resist rescuing someone who is in trouble, in this case, the alcoholic. Rescuing one in trouble as in covering up is to perpetuate and reinforce a self-defeating behavior. Therefore covering up will become detrimental to a person’s growth and development. However, practicing “Tough Love” will allow the person to suffer the consequences of his/her behavior.⁵⁰

The emphasis here is on the word “allow,” but accepting, in love, the person as her or she is—afflicted with alcoholism—will help the person recover and become what God intended the person to be.

Sacrificial love is another type of love used in ministry with people afflicted with alcoholism. This type of love is referred to in the AA’s Twelve Step Program, which says: “Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and practice these principles in all our affairs.”⁵¹ The Twelve Step

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Another type of love is supportive love, a genuine acceptance of positive support for the purpose of sobriety and serenity. Supportive love will be offered with the awareness that the danger for codependency will tend to linger along the way of the recovering alcoholic and his or her family.⁵³ It is for this reason that conscious effort is made by the family of the alcoholic to offer positive support. It comes with the assumption that the family will be receiving counseling on their situation in relationship to alcoholism. “Theologically, the love of God experienced in the lives of people becomes incarnationally the vehicle for setting in motion the process in the lives of others.”⁵⁴

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Sacrificial love is another type of love used in ministry with people afflicted with alcoholism. This type of love is referred to in the AA's Twelve Step Program, which says: "Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and practice these principles in all our affairs."⁸³ The Twelve Step Program involves practical assistance among those suffering from alcoholism. This assistance is the literal

'presence and availability' of one for the other in need. It is to literally 'go anywhere, to anyone, at any time' to assist the other to maintain sobriety and serenity. This type of assistance is the sacrificial love which knows no bounds in its giving. It is the Agape Love talked of in the New Testament which is enacted in the AA groups and employed in relationship to others outside the group.⁸⁴

Another type of love is supportive love, a genuine acceptance of positive support for the purpose of sobriety and serenity. Supportive love will be offered with the awareness that the danger for codependency will tend to linger along the way of the recovering alcoholic and his or her family.⁸⁵ It is for this reason that conscious effort is made by the family of the alcoholic to offer positive support. It comes with the assumption that the family will be receiving counseling on their situation in relationship to alcoholism. "Theologically, the love of God experienced in the lives of people becomes incarnationally the vehicle for setting in motion the process in the lives of others."⁸⁶

⁸³ AA BIG Book, 106.

⁸⁴ Albers, 246.

⁸⁵ Albers, 246.

⁸⁶ Albers, 247.

Lutheran Theology Considered for Ministry with Alcoholics and their Families

Justification by Grace through Faith

The main teaching in Lutheran theology is that “we are justified by grace through faith.”⁸⁷ This teaching recognizes and affirms that grace is not only a divine gift to humanity, but “it is also the most powerful force in the universe. It can transcend repression, addiction, and every other internal or external power that seeks to oppress the freedom of the human heart.”⁸⁸ The power of grace is felt among people who have experienced God’s love in their lives. As May puts it, “grace is the active expression of God’s love. God’s love is the root of grace; grace itself is the dynamic flowering of this love; and the good things that result in life are the fruit of this divine process.”⁸⁹

Human beings respond in faith to this gift of grace from God. On faith and alcoholism, May says, “Faith is the human component of that mysterious interweaving of divine grace and human intention that vanquish the power of attachment to alcoholism.”⁹⁰ This response in faith to God’s grace is described as an “awakening to the presence of God, awarding the gift which enables a person to accept that gift and appropriate it in his/her life.”⁹¹ Nelson writes:

In the religious usage justification means being made just or righteous, put into a right relationship with God. Over against any suggestion that we can merit God’s

⁸⁷ Ephesians 2:8.

⁸⁸ Gerald G. May. *Addiction & Grace: Love and Spirituality in the Healing of Addictions* (New York: Harper SanFrancisco. 1988), 4-5.

⁸⁹ *Ibid*, 120.

⁹⁰ *Ibid.*, 131.

⁹¹ Robert H. Albers. *The Theological and Psychological dynamics of Transformation in the Recovery from the Disease of Alcoholism* (Ph.D. Diss. School of Theology at Claremont. 1982), 318.

love by anything we do or possess, God's love for us depends entirely on the divine initiative. Paul typically used the cross to express this, "While we were still weak, at the right time Christ died for the ungodly. ... God shows love for us in that while we were yet sinners Christ died for us" (Romans 5:6, 8). In alcoholic experience, it is precisely when we have hit bottom that we know that only a power greater than ourselves can restore us to sanity. Furthermore, precisely when we have nothing of our own merit to offer, we realize that the power greater than ourselves is truly gracious.⁹²

Additionally, Nelson says it is

When we are most vulnerable that we are also more dependent upon and open to grace than any other time. It was when I had to admit that I was powerless to bring about that for which I most deeply thirsted. It was then that justification by grace, grace as a deep sense of acceptance, began to become more real than it had ever been. This awareness of God's acceptance regardless of who we are or what we do is justification by grace through faith.⁹³

God's acceptance regardless of who we are may sound like human beings have leeway or power in controlling the grace of God for their use. Rather, "God's grace is a real gift. Grace is not earned. It is not accomplished or achieved. It is not extracted through manipulation or seduction."⁹⁴

These facts of grace are applicable in the recovery process of the person afflicted with alcoholism and his or her family. This means that by grace the process of recovery from alcoholism can be initiated and sustained by the alcoholic and his or her family as well as the society and community of faith.

⁹² James B. Nelson. *Thirst: God and the Alcoholic Experience* (Louisville:Westminster John Knox Press2004),124

⁹³ *Ibid.*, 133-136.

⁹⁴ Gerald G. May. *Addiction & Grace: Love and Spirituality in the Healing of Addictions*. (New York: Harper SanFrancisco. 1988), 126.

Forgiveness and Repentance

Forgiveness and repentance go together in the relationship of justification by grace. Used in the religious sense, forgiveness is offered by God, and human beings respond to it and receive it by way of repentance. “When the justifying grace of God becomes a reality in the life of an individual then there is a true change of heart, a true ‘turning around’ or repentance which is characteristically initiated by confession.”⁹⁵

God’s forgiveness

is more than superficial glossing over of human infirmity; rather it is the divine decree that a new dynamic is operative in the relationship between God and human beings. This new dynamic has three dimensions namely: wholeness, expiation and reconciliation. In all these dimensions God’s forgiveness is unconditional, eradicating the barriers between God and human beings.⁹⁶

Therefore, forgiveness creates and opens up a loving relationship between God and human beings. In forgiveness, a person’s health is made whole or restored.

This is in relationship to those who are ill, diseased, or suffering from the debilitating influence of demonic powers in biblical imagery. Forgiveness also takes the form of atonement or expiation when used in conjunction with sin as guilt. If sin is conceptualized as rebellion and defiance, forgiveness takes on the character of reconciliation and removal of the barriers between God and human beings as well as human beings themselves.⁹⁷

These three dimensions of forgiveness are applicable to persons afflicted with alcoholism and their families. The idea of forgiveness as healing or restoring a person’s health fits well in the dis-ease concept of alcoholism. The alcoholic urgently needs his or her sanity restored as part of the whole healing for him/herself and his or her family.

⁹⁵ Robert H. Albers. *The Theological and Psychological Dynamics of Transformation in the Recovery from the Disease of Alcoholism*. (Ph.D. Diss. School of Theology at Claremont. 1982), 324.

⁹⁶ *Ibid.*, 320.

⁹⁷ *Ibid.*, 320.

Guilt and shame are common aspects of alcoholism that need forgiveness. To alleviate both guilt and shame through forgiveness will help to:

Eliminate perfectionism which theologically is an attempt to be saved by the works of law and opens a person up to accept his/her humanity. Luther saw that guilt drove a person in *curvatus se*, that, is back into himself/herself. It prompted people to dwell on their shortcomings and the subsequent wrath of God. Forgiving one another also spares the family system from incurring the wrath of each other which may be more real than the wrath of God. It frees each person from guilt as well as the sense of defiance and rebellion. Reconciliation also becomes both possible and probable as the message of forgiveness is appropriated, accepted and applied.⁹⁸

Therefore, forgiveness of the self and others is a critical move in the removal of guilt and anxiety in the person afflicted with alcoholism as well as his or her family. It is the assumption in this paper that the community of faith has a critical role to play in helping the alcoholic come out of his or her guilt and anxiety accompanying the alcoholism. Its participation in the process of forgiveness for the alcoholic and his or her family is critical. However, the process of forgiveness may not be complete until the process of repentance is also initiated and worked through by the alcoholic.

Repentance is the human response to God's forgiveness. "Repentance is done through confession for the amendment of life within the community and restitution to those who have been done injustice because of sin. Lutheran theology states that one cannot rectify the relationship between God and human beings but that human beings are responsible and accountable for the amendment of life."⁹⁹ The biblical story of the Prodigal Son (Luke 15:11-32) helps to illustrate this point of responsibility in making

⁹⁸ Ibid., 321-322.

⁹⁹ Robert H. Albers. *The Theological and Psychological Dynamics of Transformation in the Recovery from the Disease of Alcoholism*. (Ph.D. Diss. School of Theology at Claremont. 1982), 323.

amends with God and humanity. The prodigal son went to his father after realizing the futility of his condition and sought his father's forgiveness. His "coming to his senses" is viewed as the Spirit's prompting the son's confession of his sin, repentance of it, and receipt of forgiveness. The father's forgiveness is out of the generosity of heart and not because the son confessed his wrongdoing. This generosity of the father is God's mercy and also God's grace, which is neither earned nor merited by us.

Therefore, repentance happens when a person experiences God's forgiveness and in response the person confesses his or her sin. "Lutheran theology is concerned that confession is not to be seen as a way to earn God's favor nor as an act which serves to terrify one's conscience but as a way of unburdening one's sense of sin and guilt and thus enjoy more completely the freedom afforded by this action."¹⁰⁰ It is for this reason that "a man/woman is not justified because of any merit s/he has acquired, nor is s/he justified without being radically changed."¹⁰¹ The radical change in an individual means that a person's life is no longer the same. The community will feel the change, too. The story of Zacchaeus (Luke 19:1-10) illustrates the power of repentance. "Restitution is made because it is fitting and proper. It is not so much payment or reimbursement to make up for the past faults as it is a responsible moving or positive move towards reconciliation with one's fellow human beings."¹⁰²

Therefore in repentance an individual is moved to the confession of sin which results in being restored into relationship with God and community. This also helps in

¹⁰⁰ Ibid., 324.

¹⁰¹ Albers, 324, in quoting W.P. Paterson, *Conversion* (New York: Charles Scribner's Sons, 1940) xii.

¹⁰² Albers, 325.

recognizing that through restitution, the responsible person moves toward reconciliation with other human beings. It is therefore theologically appropriate for these concepts to be used in doing ministry with people afflicted with and affected by alcoholism.

The AA steps four and five are helpful in thinking about the need for and practice of repentance is expressed in steps four and five in the AA program. Step four is *made a searching and fearless moral inventory of ourselves*. Step five is *admitted to God, to ourselves, and to another human being the exact nature of our wrongs*. For alcoholics, guilt, shame, resentment, and remorse are the common dynamics in the inventory. These are forgiven, and the alcoholic may begin a life's journey of repentance, restoration, reconciliation, and restitution. This life of repentance and forgiveness is the life of one who is both a sinner and a saint.

Sinner and Saint Theology

Lutheran theology of “*simul justus, simul peccator*, at one and the same time justified and sinful, came out of Luther’s understanding of the relationship between sin and justification.”¹⁰³ This is to say that, although the power of sin has been conquered in the death and resurrection of Jesus Christ, the human condition of sin still continues as long as human life persists. “The struggle against sin and suffering continues against the insurmountable odds which lead to despair; but it is a struggle in hope and confidence.”¹⁰⁴ It is the hope and confidence that sustains the life of the person of faith who is sinner and saint at the same time. It is the hope of a better life and the confidence of faith in this life now and eternally is achievable with God’s help. However, the life

¹⁰³ Ibid, 326.

¹⁰⁴ Albers, 327.

now is not equivalent to the life in the eschaton, which is yet to be fully realized. The life now is a foretaste of the life to come. In this context the person recovering from alcoholism may find purpose for maintaining sobriety in life. However, the sinner/saint theology recognizes that the process of recovering is marked with ups and downs as it were.

The person is still human, subject to foibles, frailties, and failures indigenous to the human condition. It is easy to “slip” in thinking and drinking. Thus Step Ten in the recovery process admonishes the person to continue to take inventory because it recognizes the reality of the human condition. The person is enabled to walk by faith in a Power greater than self who strengthens and supports him/her in the midst of life’s exigencies as well as excitements.¹⁰⁵

CHAPTER FOUR

MINISTRY WITH THE ALCOHOLIC AND FAMILY

If the war on alcohol abuse is to be won, the Kenyan clergy must become more knowledgeable about alcoholism and alcoholic people and their families. The clergy must also change some traditional attitudes and approaches used when dealing with alcoholic people and their families. The recognition, assessment, and treatment of alcoholic people and those affected by addiction has been turned over almost entirely to the mental health professions while the minister’s attitude is one of indifference, passivity, or rejection. The issue here is this that the clergy, or anyone else, for that matter, cannot afford to be indifferent or passive in such a serious situation of alcohol abuse and addiction.

¹⁰⁵ Ibid, 328-29.

Furthermore, the church cannot afford to leave education, law enforcement, and recovery totally in the hands of the mental health professionals and government agencies. The church has traditionally been a place of refuge for its people in crisis. It should be no less of a place in this alcohol and drug crisis.

There is no doubt that Kenyan Christians tend to expect too much from their clergy. This can be understood when one takes into consideration the Kenyan religious and cultural background. In Kenya, religion permeates all spheres of life. "The Kenyan clergy, as spiritual leaders, should appreciate this fundamental principle; and their way of thinking, acting, believing and living should portray this basic attitude to human and divine life."¹⁰⁶ Kenyan Christians expect their pastors to offer them spiritual leadership and nourishment. Clergy are in a privileged position of power and authority for the betterment of community life. Therefore the role of the pastor in ministry with the alcoholic and family can neither be ignored nor assumed.

In a situation where church members are moralistic, judgmental, and condemning toward the recovery of the alcoholic. It is for this reason that clergy in Kenya must be aware of what it takes to be involved in ministering to alcoholics. Given that ministering to alcoholics is a new area in Kenya, the need for education and awareness on alcoholism is very critical if this ministry will become effective. It should be clear at the onset that unless the pastor has a firm foundation of knowledge about alcoholism, he or she cannot be helpful. Secondly, whichever way alcoholism is construed is invariably a determinant

¹⁰⁶ C.M. Mwikamba, "Challenges and Problems of the Clergy: Some Trends in Kenya," in *Pastoral Care in African Christianity*, ed. Douglas W. Waruta and Hannah W. Kinoti (Nairobi: Acton Publishers, 1994), 227.

of the way “we diagnose, treat, and feel about alcoholism.”¹⁰⁷ It is therefore very important for one to clearly and consciously be aware of one’s personal views, theories, and assumptions toward drinking. Such views could either be helpful or harmful. Accordingly, “the way one views alcoholism constitutes the meaning that alcoholism holds for him or her and thereby highly influences how one experience, judges, treats, copes with, feels about, and lives with alcoholics.”¹⁰⁸ It is for this reason that some information on the models of alcohol addiction may be critical in doing effective ministry with alcoholic families.

Keller provides a theological perspective to understanding alcoholism.¹⁰⁹ The basis is emphasizing acceptance of the alcoholic as a fellow human being. Keller employs the term “estrangement” to explain the nature and condition of humanity. The fact that humanity by nature is incapable of letting God be God, leads to egocentrism which, in part, contributes to alcoholism.¹¹⁰ Therefore, estrangement applies to all people irrespective of our addiction status. This knowledge of our broken condition may in it self motivate the pastor to accept and empathize the one in addiction. It is for this reason that “the pastor’s disposition becomes the starting point and foundation upon which a comprehensive view of pastoral ministry with the alcoholic and the family can be

¹⁰⁷ William F. Kraft, *The Normal Alcoholic* (New York: Alba House Publishing Company, 1999), 22.

¹⁰⁸ *Ibid* ,22.

¹⁰⁹ John E. Keller, *Ministering to Alcoholics* (Minneapolis: Augsburg Publishing press,1966), 1,3

¹¹⁰ *Ibid*,4.

established.”¹¹¹ Albers names two attitudes that a pastoral care provider must be aware of and work at as he/she engages in this ministry, namely identifying with the alcoholic and assessing motivation for engaging in this ministry.¹¹² Identifying with the alcoholic and being aware of own compulsivity will be critical for the pastor and Identifying with and a willingness to admit one’s own humanity is critical to effective ministry with the alcoholic and family. Identifying with the alcoholic is an affirmation of our own inadequacies with regard to obsessive compulsive behavior which is no different with alcoholism. The pastor’s motivation for doing this ministry is the second attitude that the pastor must be cautious about.

“Whether clergy can realistically hope to be effective in counseling with alcoholics, particularly if you are of the opinion that “only an alcoholic can help an alcoholic,”¹¹³ can be argued that in the contrary. According to Clinebell, “clergy who are effective in working with addicted persons, and who cultivate ongoing relationships with twelve Step group members, develop a reputation for success in this area.”¹¹⁴

However, “working with alcoholics is often difficult and involves many discouragements, but it is also exceedingly worthwhile. Therefore, there is no valid basis for clergy to feel that they cannot help some alcoholics because they are ministers or are

¹¹¹ Robert H. Albers, *The Theological and Psychological Dynamics of Transformation in the Recovery from the Disease of Alcoholism* (Michigan: University Microfilms International, 1982), 349.

¹¹² Albers, 350-351.

¹¹³ Howard Clinebell, *Understanding and Counseling Persons with Alcohol, Drug, and Behavioral Addictions* (Nashville: Abingdon Press, 1984), 304

¹¹⁴ *Ibid*, 304.

not alcoholics.”¹¹⁵ The minister has a vocation responsibility to share the gospel of Christ, the good news of God’s love to all people, including alcoholics. The fact of estrangement from God and from fellow human beings and the need for resolving it becomes a pastor’s task in an alcoholic situation.¹¹⁶

When the family seeks help from the pastor they believe that that they might be able to provide additional perspectives. One of the important is the concept of alcoholism as illness and the realities to be faced in terms of its probable course and prognosis. For the family members of the alcoholic, it is a relief to make clear decisions on possible cause of action given the situation of alcoholic family. The pastor’s knowledge about alcoholism will help him/her to help the family to sort out their feelings, attitudes and behavior. “In all the splendid striving to educate the pastor about alcoholism, the chief and natural ally of the pastor is the family of the individual whose use of the alcohol has brought dis-ease in his life.”¹¹⁷ It is usually the family who contact the pastor, quite often the wife. Family members feel both despair and disgrace about the problem, not knowing what to do except let the sick family member “hit bottom,” or die. Pastors, like physicians, being both frustrated and busy, have been forced to use prayer and the pledge to achieve what was an apparent “mission impossible.”

Given that clinical pastoral training is unavailable in Kenya, the only alcoholics seen are those hospitalized as any patient, and often hopeless. Few pastors and family members realize that the majority of persons identified as problem drinkers have never

¹¹⁵ Ibid, 305.

¹¹⁶ Keller, *Ministering*, 10.

¹¹⁷ Rev. Frank K. Mcdowell, “The Pastor’s Natural Ally Against Alcoholism,” *Journal of Pastoral Care* 26 (1972)

been in hospital except for non –drinking needs; have never lost a job either (if they have one). Therefore, the family is the natural ally in dealing with problem drinking. It is important in preventing the disease in such partially functioning drinkers from reaching chronic or hopeless levels. It is also a means of breaking up the illness before the illness breaks up the family and marriage.

The pastor has an opportunity to help the alcoholic’s wife. It is possible that the pastor may not have a direct opportunity to counsel the alcoholic but his wife. It is necessary to help her make the difficult transition from the role of the “enabler” to that of one being helped. “Enabling is perhaps the most well-intentioned obstacle to acceptance and recovery. Enabling often centers on denying or rationalizing alcoholic behavior, taking responsibility for the alcoholic, and facilitating the alcoholic’s drinking.”¹¹⁸ By gently encouraging the wife to look at her own feelings and reactions, the pastor helps her become aware of how her own needs as a person are not met. This helping relationship from the pastor provides the wife a “ladder” for her coming down from her lonely pedestal of “enabler” to accept help for herself. However, the pastor must be careful with the whole process of counseling the wife in the absence of the husband addict. It is important for the pastoral care giver to be cautious of the possibility of crossing sexual boundaries. The pastor, as care giver, must be able to reflect upon relational dynamics in which his needs become fused with those of the care receiver and thereby feeling compelled to use sexual contact to act in overpowering ways. Reflecting on such dynamics is not only learning how to provide pastoral care; it is part of the ongoing work of being a caregiver. There have been instances where the husband has discovered the

¹¹⁸ Kraft, 123.

wife's visit to the pastor and has become suspicious. In the process, the intension of helping the addict becomes distracted. However, openness of the addict to the help of the pastor reveals his genuine concern for him and not primarily the wife's representative.

Counseling with the wife of a drinking alcoholic is essentially crisis counseling. Its method will be primarily supportive-adaptive rather than insight oriented. At this period in her life the wife is too disturbed and threatened by awful feelings of failure to look deeply within herself. The main goal for the pastor's counseling is to help her deal constructively with the runaway family crisis in which she is emotionally submerged.

More often than not, the alcoholic is not ready to receive help at the time his wife first seeks pastoral help. In this case the pastor can begin almost immediately to help her protect and strengthen the non alcoholic part of the family.

Engaging the family system

Systems theory is useful for rehabilitation of the alcoholic and those that have been influenced by him or her such as family. "Systems theory basically states that since people are integral members of a system such as family, neighborhood, or any kind of community, they interact with and influence one another."¹¹⁹ This is to recognize that people are connected and understood fully within the context of their relationships. No one lives or acts in isolation, and we are all affected by each other's behavior.

In Kenyan culture, family system is part of, if not wholly, who we are. In describing the nature of family relationships, Mbiti's says it well in his assertion of communality and interrelationships in his famous quote, "I am because we are, because

¹¹⁹ Kraft, 37.

we are, therefore I am.”¹²⁰ It is for this reason that marriage becomes the meeting-point for the three layers of human life according to African religion. These are the departed, the living and those to be born. The departed come into the picture because they are the roots on whom the living stand. The living are the link between death and life. Those to be born are the buds in the loins of the living, and marriage makes it possible for them to germinate and sprout.¹²¹ This is to emphasize, one hand, the intricate nature of family system in Kenya, and on the other, the unavoidable need for care for all people who have been influenced by the one who is alcoholic. It is with this perspective that the pastor in Kenya must consider certain prerequisites in family system as crucial in doing ministry with those afflicted with and affected by alcoholism. Albers identifies crucial prerequisites as, “acceptance, empathy, worth and love.”¹²²

Communicating a Sense of acceptance

Communicating a sense of acceptance is critical when working with the alcoholic family system. Alcohol abusers suffer rejection and ridicule and acceptance would be most helpful when relating with them. Albers emphasizes that “alcoholics and families have sensitive antennae for picking up judgementalism, moralism and rejection.”¹²³ So, the pastor will need to exercise acceptance of the alcoholic and/or family member where she/he is rather than where we might want them to be. They might be angry, hostile, resentful and hateful and accepting them may prove therapeutic and sign of grace.

¹²⁰ John Mbiti, *African Religions and Philosophy* (Nairobi: Heinemann, 1969), 108.

¹²¹ Ibid, 98

¹²² Albers, 360-369.

¹²³ Ibid, 361.

Therefore, “it is important to acknowledge the pain as it is to help family members practice the virtue of acceptance to heal one another’s pain.”¹²⁴

However, “when the pastor and congregation members are emptied of shameful feelings towards alcoholics and their family members, they will communicate feelings of acceptance and will evidence in education and discussion about alcoholism.”¹²⁵

Communicating a Sense of Empathy

Once the pastor has established acceptance of the alcoholic as a person and not a problem, the pastor may proceed to establish a sense of empathy or understanding. Empathy is meant “being accurately aware of the other’s feelings; entering into the other’s experience and attempting to understand and express their feelings.”

It is important to distinguish empathy from sympathy. Sympathy is not what the alcoholic and family need in the pastoral relationship. It is highly likely that the pastor may find him/herself feeling for the alcoholic and family as a “self- defeating cycle of dependency.”¹²⁶ Therefore, empathy is important at the initial phase of the work with the alcoholic and his or her family.

Communicating a Sense of Worth and Love

The pastor who wishes to work effectively with alcoholics and their families must convince him/herself that the alcoholic is not only worth saving, but can be saved. A sense of worth and love encourages responsibility and accountability to cushion against

¹²⁴ Linda Berg-Cross, *Basic Concepts in Family Therapy: An Introductory Text*, Second Edition (New York: Haworth Press, 2000),525

¹²⁵ Keller Alcoholics and families, 63.

¹²⁶ Albers, 363.

slipping back into the addictive lifestyle. The pastor needs to communicate the reality of love without condoning the person's abusive drinking behavior. In such a situation the pastor's use of "tough love," will be allowed to help the alcoholic and family to confront the problem. In the process of confronting alcoholism "love may take on a sacrificial character in that it is willing to risk rejection and hostility in order that a breakthrough of the defenses might occur and healing to begin."¹²⁷

The pastor communicates love to the family by being available to listen to their story. In so doing, the pastor frees them of the paralyzing sense of responsibility for the alcoholic's drinking. This will also help them to focus away from the drinking of one of them creating an opportunity for intervention and healing.

The Pastoral Role in Intervention

As cited earlier in this thesis, the pastor occupies a strategic position for influencing change and healing for the alcoholic and his or her family. It is also clear that the pastor's knowledge of alcoholism and its intervention mechanisms are crucial. Albers identifies five pastoral functions in ministry with people afflicted with alcoholism. These functions are catalyst, correlator, coordinator, confessor and conciliator.¹²⁸

Catalyst

The pastor's role as a catalyst to the alcoholic's healing and that of his or her family members may provoke significant change. "To be an effective catalyst, the pastor must detach him/herself from the situation in order to be objective and precipitate change

¹²⁷ Albers,366.

¹²⁸ Albers, 369.

rather than perpetuate the cycle.”¹²⁹ As a catalyst, a pastor often faces the risk of rejection and failure in the ministry with those afflicted with alcoholism. However, the pastor may find comfort in the hope found and experienced in the theology of the cross.

Correlator

The pastor’s strategic position to interpret faith and the life of the alcoholic and his or her family helps in the healing process. As a correlator, the pastor recognizes that he/she is part of the greater team that contributes to the healing process of the alcoholic. The pastor brings an added dimension as a correlator or theological interpreter and translator of human experiences.”¹³⁰ Albers discusses three dimensions of correlation, namely, surrendering of oneself and ones’ problems as a sign of trust in God; the family member(s), especially the spouse to trust God by “releasing’ and ‘relinquishing’ the alcoholic to God and the pastor to model faith in relationship to the alcoholic and family. In case the addictive cycle returns, the pastor must ‘release’ the person drinking to the care of God. This release is a in the recognition of owns limitations and God’s infinitude.

The pastor serves as a correlator in giving interpretation and integrity to suffering. According to Keller, suffering may be the vehicle whereby the gift of surrender can be given.

Such surrender is one of the great hidden potential blessings of suffering. Fortunate is the person whose problems get him into trouble and anguish serious enough to bring him to surrender, and from which he turns to God in faith and commitment to learn that the Father is waiting with mercy and strength sufficient.¹³¹

¹²⁹ Albers, 372.

¹³⁰ Albers,374.

¹³¹ Keller,43.

In this statement, Keller seems to reflect the unfortunate suffering the alcoholic and family bring onto him/herself before the process of surrendering begins. However, we are reminded that life that a surrendered life itself to God is not without problems. It is the grace of God that the pastor finds meaning in surrendering. It is the “giving in” rather than “giving up” that the pastor conveys to the persons afflicted with alcoholism and their families.¹³²

Coordinator

crucial. The coordinating involves educating on the disease of alcoholism, the dynamic and alternatives of the same. The pastor can also help in coordinating as liaison between family and outside sources of help. The pastor does not insist on being the coordinator, but s/he is in a strategic position to do just that, knowing the alcoholic, the family and the resources available in the community who deal with alcoholism. In this position the pastor, becomes conversant with the interdisciplinary or holistic approach to therapy for alcoholics and family. It is for this reason that Albers emphasizes that “God is indeed active in the whole world to bring health and healing through various channels and agencies whether the name of God is used or not.”¹³³ So, the pastor’s role in coordinating these resources for healing of individuals and families is a holistic approach.

Confessor

The term ‘confessor’ is here used to refer to the involvement of the pastor in active listening to the alcoholic’s drinking story. Although the term ‘counseling is used

¹³² Albers,378.

¹³³ Albers, 382.

today in such situations, ‘confessor’ as described in the Fifth Step of the A.A’s Big Book, alludes to the pastor or priest by stating, “the properly appointed authority whose duty is to receive it or someone ordained by an established religion.”¹³⁴ It is such a person who will hear “the great necessity for discussing ourselves to someone, we tell our story to someone who will understand, yet be unaffected.”¹³⁵ The art of listening is crucial in offering ministry of presence for the alcoholic and family members. As already cited earlier, the guilt and shame that accompanies alcoholism pushes the alcoholic and family into withdrawal and isolation. Therefore, as confessor, the pastor is to be supportive in accepting the person in the telling his or her story so as to allow the outpouring of the spirit in confession in confession.

Therefore, as confessor, the pastor is not ‘just listening’ but actually “shares this moment of mutuality as when two people are gathered together and the presence of God is deeply felt. As the person experiences unqualified acceptance and attention, a deep bond is established and the person will return and share in confession again and again in the future.”¹³⁶

Conciliator

As alcoholic families begin to pick and piece their lives together, the pastor comes in as a conciliator. The reality of the situation is that often times the deterioration and dysfunction of the family system is at such a level that reconciliation is not a viable option. Given that reconciliation and forgiveness among individuals takes time, may

¹³⁴ A.A Big Book, Fourth edition (New York: A.A World Services, Inc., c2001), 74

¹³⁵ Ibid,74.

¹³⁶ Albers, 386.

“creatively direct conciliatory efforts towards accepting and appropriating this fact that in the lives of those involved.”¹³⁷ However, the role of the pastor a conciliator is to unite individuals and families, and both with God.

The pastor is in a strategic position to perform this role and the already cited roles in order to bring about healing and transformation in the life of the alcoholic and his or her family. The pastor becomes an instrument of grace as he/she works firmly and effectively with the family system. However, the pastor alone may be overwhelmed with handling alcoholism, alcohol abuse and the alcoholic person and their families. Equipping congregations is the way out in doing ministry with persons afflicted with alcoholism.

Equipping congregations

The need for equipping church members in an understanding and caring attitude toward alcoholics and their families is crucial for effective healing and integration. A pastor who is silent on alcoholism sends a negative message. Members assume that the pastor has no knowledge, understanding or interest. They will also believe that the pastor is moralistic or believes there is no alcoholism in the congregation. Members need to know that that pastor understands, cares and wants to help, and that they hope that the congregation will be a helping fellowship.

Given the moralist attitudes that exist in Kenya, the pastor will need to be very intentional in communicating about alcoholism to the congregation. Given the pastor’s privileged position of power and authority and the respect they earn from congregation and community, the pastor stands a great chance to influence change. He/she must take

¹³⁷ Ibid, 386.

advantage of the trust and respect earned from the congregation to communicate about alcoholism. Also, since Kenyans are more community oriented, find their personal identity in and through communities,¹³⁸ the pastor will need to work from communal relationality perspective. This will be to the pastor's advantage if he/ she will do his ground work well in involving the whole community and to reflect communal change. Given that as the pastors serve in ministry, society expects them to know the real physical, spiritual, emotional, socio-political and socioeconomic needs of the people they serve. Therefore, "knowing" the needs of the people will help the pastor communicate easily on team building for support in the congregation. The purpose is to develop plans for ongoing education of adults and youth on alcoholism and other addictive behaviors for intervention and healing. The goals of this ongoing education may include

"the task of helping the abstinent youngster to understand his/her behavior in an environment in which most other s are drinking. There is the task of making the youngster who drinks aware that alcohol is not just another social beverage, but an intoxicant which in specific amounts for a given individual has specific effects. There is also the task of helping youngsters to understand the alcoholic as a person with a behavior disorder who can be and ought to be helped. As such understanding increases, the probability of developing attitudes and resources in therapeutic milieu for the alcoholic will increase. What is needed is not less alcohol education, but alcohol education which is realistically supplemented by a broad concern for identifying and helping the youngster with problems of social and personal development, whether or not his/her problems are alcohol."¹³⁹

¹³⁸ C.M. Mwikamba, "Challenges and Problems of the Clergy: Some Trends in Kenya," in *Pastoral Care in African Christianity*, ed. Douglas W. Waruta and Hannah W. Kinoti (Nairobi: Acton Publishers, 1994),228.

¹³⁹ Keller, *Ministering*, 146.

Public awareness on alcoholism and related problems is a strategy for prevention in “socio cultural causes of alcoholism.”¹⁴⁰ To encourage people to work together for change of the widespread and dangerous attitudes, customs and practices that push people to destructive addictions. The second strategy is to teach people how best to defend themselves against these social forces during the struggle to correct them in a broad societal basis.¹⁴¹ These strategies could be used in congregations through support teams.

Support team ministry can also do much towards making the church a place of welcome for recovering alcoholics and families of alcoholics. The support team or members of the laity are example of the pastor’s leadership skill of delegation and theological understanding of priesthood of all believers. Therefore, the problem of having few pastors, a common problem in Kenya, may be looked at from how the pastors use available time and resources for the good of the community.

Empowering women

Discussion on war against alcoholism in Kenya cannot conclusively end without discussing the role of women. Women have been mentioned with regard to their vulnerability in the patriarchal system. Most of them experience sanctioned violence in the form of wife beating. On this Oduyoye says, “Some men see wife beating as a duty and are proud for their compliance. Even worse is to hear women talk about wife beating they receive as a normal part of their marital relations.”¹⁴²

¹⁴⁰ Clinebell, 84.

¹⁴¹ Ibid, 84.

¹⁴² Mercy Amaba Oduyoye, *Daughters of Anowa: African Women & Patriarchy* (New York: Orbis Books,1995), 166

In such violence against women, the need to empower women to gain self esteem and confidence is crucial.

The church as healing community should reach out to battered women, their children and their husbands. It should bring God's compassionate and healing presence to such families. Thus the mission of the church is not to encourage battered women to remain in abusive relationships but rather to rescue them and seek to bring a rebirth in their abusive relationship that will lead to a affirmative and healthy relationship. Separation may in some instances lead to healing in both the abuse and the abuser.¹⁴³

Ecumenical Efforts in ministering with the alcoholic and Family

The Random House Dictionary explains the term "ecumenical"

a general, universal, pertaining to the whole church, promoting and fostering Christian unity through out the world, of or pertaining to a movement especially among protestant groups since 1800s aimed at achieving universal Christian unity and church union through international interdenominational organizations that cooperate on matters of mutual concern.¹⁴⁴

Ecumenical efforts in cultural context can be rewarding given the common goal of bringing wholeness and healing among people afflicted with alcoholism in Kenya. Motivated by the compassion of Christ and love of humanity the churches in Kenya can engage in ministry with persons in alcoholisms. This ministry will strengthen ecumenical relations for unity. Catholic and evangelical cooperation on social and cultural issues where both traditions share common goals, one example being the fight against abortion. The accord also stressed mutual allegiance to the Apostles' Creed, world evangelism, justification "by grace through faith because of Christ," and encouraged "civil" discourse over doctrinal differences. Alcoholism is one issue of common concern that churches

¹⁴³ Waruta and Kinoti, 113.

¹⁴⁴ The Random House Dictionary of the English Language , Second Editon, Unbridged (USA: Random House Inc., 1987)

could cooperate. Churches working together is not new. Protestant 45%, Roman Catholic 33%, indigenous beliefs 10%, Islam 10%, others 2%.¹⁴⁵ The on alcoholism will be helpful since find opportunity work together. It is the goal of this thesis that ecumenical relations will include the non Christians who form the 22% of Kenya's religious map¹⁴⁶. Such efforts will be powerful in combating alcoholism. Given As cited earlier, the Roman Catholic Church is already working with three alcoholic treatment centers two in Nairobi and one, Asumbi. There is an opportunity in working together as well as learning on starting to provide similar service in the Kenyan Lutheran church. Working with the Roman Catholic Church will give us a national outlook since the Lutheran church is an ethnic church.

Ecumenical efforts in doing ministry with alcoholics and their families are a means of doing compassion pastoral care (revise to read 'mission' or NT mandate). The goal of these efforts is not to pursue church unity to form one religion as it were. Rather, it is to enable the alcoholic and his or her family to seek and experience 'unity,' rather healing of body, mind, spirit and community. This healing is the sobriety that the AA movement propagates and which has benefited many recovering alcoholics in many parts of the world over the years.

Clinebell identifies possible area ecumenical interactions: to encourage each other to welcome A.A. Al-Anon, Alateen, and A.C.A. Congregations allowing use of fellowship halls for AA meetings. Clinebell underscores the importance of ecumenical

¹⁴⁵ Infoplease, <http://www.infoplease.com/ipa/A0107678.html> (Accessed on April, 8)

¹⁴⁶ Ibid.

relations for strategies in doing ministry with people afflicted with alcoholism and other addictions;

to work and encourage community agencies to make current information about addictions and their treatment widely available; to spearhead and initiate basic education and treatment programs in community and schools, to mobilize public support for local and state addiction program for out reach. Also, ecumenical relations may encourage designing joint strategies, resources, and action plans¹⁴⁷

The fact that the Roman Catholic Church has opened two centers in Nairobi's suburbs of Karen and Ridgeways in the last two years shows the dire need for treatment and support systems for those afflicted with alcoholism. According to Suja, the counselor at the Asumbi center cited earlier, the AA principles and approach to treatment and healing work for them. Therefore, its approach is relevant and applicable in the Kenyan cultural context. The AA group therapies resonate with the communal approach that Kenyan cultures employ in providing care for family and kin. It is for this reason that

the pastor will also have discovered that he; himself cannot do an A.A job on the alcoholic. He will see with his own eyes at meetings... that the man or woman who has actually been through the appalling experience of alcoholism has an edge on him that no substitute knowledge can replace. For one thing, the sober A.A member is the embodiment of hope. He is the living promise that it can be done. He makes faith in the possibility of recovery a thing that can be seen and touched and heard- himself.¹⁴⁸

This realization and acknowledgement on the part of the Kenyan pastor will reflect a wholistic community. On one hand it will help check patriarchal tendencies inherent in culture, on the other hand involve all members of community in the healing and restoration process of alcoholism.

¹⁴⁷ Clinebell, *Understanding and Counseling Persons*, 460.

¹⁴⁸ Clinebell, *Understanding Persons*, 316-317.

CHAPTER FIVE

CONCLUSION

The aim of writing this conclusion serves both as summary of and proposal for a holistic pastoral care for alcoholism, as well as its implications for pastoral care in Kenyan Church. Given the obsessively compulsive and multi-causal nature of alcoholism, the holistic approach to its understanding and treatment is here proposed for the church in Kenya.

The negative consequences that alcoholism brings to the addict and his or her family can neither be ignored nor dismissed. These consequences pose great risk to one's physical wellbeing and health, as well as that of family and society in general. The individual's life becomes destabilized as well as that of the family. Given that family includes the nuclear, extended, unborn and the dead, this broad meaning of family requires "broad" approach to the intervention and treatment of alcoholism. Dysfunctional effects of alcoholism are experienced in the destruction of career, family relationships become broken and one's spiritual life gives way to despair and hopelessness. The whole family becomes dysfunctional as each member tries to adjust to new roles emanating from alcoholism.

In examining the nature of alcoholism, this thesis underscores the importance of addressing the physical, psychological, social, spiritual aspects of alcoholism. Physically, alcoholism does much damage to the alcoholic. The biological make up of a person is damaged, if not destroyed like in the case of the liver. The brain also experiences

irreparable damage by alcoholism as by other drugs. It is for this reason that more attention is needed to address the physical damages in effort to bring healing and wholeness. Much attention is to be paid in the stages of withdrawal as care is observed to prevent further damage or eventual death of the person.

Psychologically, alcoholism destabilizes the emotional system of an individual. Since alcoholism is named as a drug, it does cause mood changes and thereby interfering with the emotional makeup of one. It is for this reason that in addressing alcoholism considerations must be given to issues of low esteem, isolation, selfishness, depression and rebellion.

Socially, alcoholism impacts heavily on the rest of family members. The spouse becomes as sick as the alcoholic in her adjusting to the alcoholic situation. The children become ill too, as is the extended family members. It is for this reason that the alcoholic must be resocialized into family relationships through the healing and wholeness therapies. Treatment programs such as the A.A and other twelve step programs provide excellent opportunity for re-membering alcoholics into community. Congregations also become equipped into becoming communities of care in situations of alcoholism. These recovery programs are critical in guarding against issues of co dependency from generation to generation.

Spiritually, alcoholism takes away one's control rendering one powerless. This aspect of alcoholism is a major principle of the A.A. The aspect of surrender acknowledges the powerlessness of the alcoholic and the need or readiness for the Power Greater the self to take control of the alcoholic's life and meaning. The thesis reflected on spirituality of the Kenyan people which is part and parcel of their religious life. However,

the missionary spirituality that the Kenyan church inherited was judgmental and moralistic towards alcohol use, and by extension alcoholism. It is for this reason that aspects of acceptance are critical if healing and restoration is to be recaptured in the life of the alcoholic and his/her family.

Furthermore, the theologies of ministry considered in this thesis are very beneficial in the understanding and healing of the alcoholic. The theologies of grace, hope, mission, community, freedom, ritual and celebration, and love in action. The Lutheran theologies particularly, touch on the human brokenness and God's grace in its teachings on justification by grace through faith, forgiveness and repentance and sinner/saint condition of humanity. The theology of community is particularly relevant in the Kenyan context which focuses on belongingness in the community of individuals. This notion and practice resonates with the theology of community which, particularly, emphasizes on the relationality of human nature, without which a person is forever restless until this need is satisfied. This is the mandate of the gospel of Christ, to bring wholeness and healing for all humanity.

The thesis also, highlights and emphasizes the role of the clergy in the recovery process of the alcoholic. This, however, is done with consideration of equipping congregations, women and youth, as groups that are in vulnerable situations with regard to alcoholism. The clergy are the ones to whom families and individuals turn to in time of crisis. They have unique position in society in their care giving roles and positions. Pastoral counselors must then observe their attitudes towards alcohol use and abuse as well as, their boundaries when providing counseling and other pastoral duties with alcoholics and their families. However, the pastoral role must not be construed for

patriarchal tendencies; it must be guarded against it. It is for this reason that equipping congregations, women and youth as support team will guard against this evil.

The thesis also reflected the importance for the pastor to be well informed in the area of alcoholism as well as resources for education, healing and treatment. This knowledge will help the clergy to perform his/her pastoral intervention effectively as “catalyst, correlator, coordinator, confessor and conciliator.”¹

Addressing special dynamics in Kenya, the thesis acknowledges the strength of relationality and communality for resilience in relationships. This fits well with the Kenyan understanding of family whose definition traverses time and space. In this regard, Mbiti views family in terms of past, present and future (unborn, living and the dead). This view of relationality becomes effective in handling alcoholism and any other situations needing healing and restoration. It is for this reason of communality that dynamics of shame and denial become prevalent in the Kenyan communities.

Denial and shame are great hindrances in the healing and treatment of alcoholism. However, pastoral care providers must meaningfully offer empathy and be non judgmental in their approach. This, of course, takes personal assessment on attitudes regarding alcoholism, the alcoholic.

It is important to note that this work is not exhaustive, but hopes to begin a process of better understanding alcoholism in its pervasive, encompassing and insidious nature. It is also in this same breath that this thesis begins a unique context of alcoholism and addictions for pastoral care in Kenya.

¹ Albers, *Theological and Psychological Dynamics*, 369-386.

APPENDIX ONE

THESIS QUESTIONS

1. Is alcoholism a problem in Kenya?
2. Is alcoholism a disease?
3. What is the situation of men to women suffering from alcohol abuse?
4. What is the church attitude towards alcohol use and abuse?
5. How do you understand 1 Timothy 5:23 A little wine is good for your stomach?
6. What can the church do to reduce alcohol abuse?

APPENDIX TWO

Interview with Lucy Mungai
Presbyterian Church of East Africa

Is Alcoholism a problem in Kenya? It is a problem. I have seen it break homes and destroy lives. In the Kikuyu language the name “njohi” means “something that binds and you cannot come out of it”. This is same name for alcohol. Excessive use of alcoholic beverages often makes one not to function appropriately. Today young people are victims. People have trouble using alcohol moderately. It is taken as something to help one escape problems. The youth take it to experiment on what it feels like when used.

Is alcoholism a disease? The word disease for alcoholism is new but another word with similar meaning was used. The word “bewitched” was used to refer to the extent of the problem. In this case it strengthens the “njohi” word, to mean ‘bound’ and in need of release of some sort and especially the spiritual kind. People see alcoholism as a moral failure and in effect as a sin. I personally think that alcoholism is a disease since I have heard people confess that they cannot on their own stop, they need help.

What is the situation of men to women suffering from alcohol abuse? Few women drink compared to men. In the past it was the older women who drunk due to cultural and patriarchal belief that when women reach menopause and beyond, they become equal to men in certain ways, especially on leadership and decision making matters. In this case then, they become free to drink alcohol, the male drink.

What is the church attitude towards alcohol abuse? Judgmental and condemning. In the PCEA church drinking of alcohol disqualifies you from any leadership position. Many people who drink alcohol consider themselves ‘outsiders’ even if they are not told so.

How do you understand 1 Timothy 5:23? People quote this to justify their drinking, especially when they are found out. Serving wine at dinner often makes people uncomfortable and it is bad in our context. I am not against use of wine during the Holy Communion. However, there are options for those who are recovering and want to be cautious on their intake of alcoholic beverages. Since alcohol is viewed as sin, however if it used for ‘holy’ purposes and it becomes misused then it should be removed completely from church. There are known cases of clergy misusing altar wine.

What can the church do to reduce alcohol abuse? Help start AA programs for men, women and youth. This may help find alternative ways to quit drinking without necessarily getting converted, since the alcoholics already feel alienated the AA program might help them regain self-confidence and to seek for help as opportunities availed themselves. The AA program might best explain what it really means to be an alcoholic. There are people in church who drink. Help them understand that alcohol itself is a sin; it

is like disposing off the bottle which is not the case. As church we are all 'recovering sinners'. It could be rather hard to convince self-justifying people of such a theory. The church may also need to provide education using pulpit sermons and otherwise. Let the people learn the definition of alcoholism and its impact on individuals and families. Let them suggest ways of recovering; let the church direct them to the relevant support places. The church really needs to have the interest on the people suffering from alcoholism at heart. In this way the church will not be the 'purifying the church', there will be no witch hunting on who is drinking. Pastors to speak on this regularly during church gatherings, youth meetings. Church to get experts to speak, and have people discuss among themselves. Since the church is already fully involved with HIV/AIDS programs, this could be a possible opening for education for education for alcoholism.

APPENDIX THREE

Interview with Canon Mbogho Rosemary
December 2006 at my house

Is alcoholism a problem in Kenya? Yes. The effects of Alcoholism are seen everywhere. Individuals, families and the whole community are affected by alcoholism. My own father was an alcoholic and my own brothers have followed suit. Alcoholism has sinful effects on the whole creation. Alcoholism is increasing rapidly among families. Families are under threat with alcoholism. It also has linkages to HIV/AIDS. Some of the causes of alcoholism include; poverty, marital conflicts, unemployment, socio-economic class.

Alcoholism as disease We think of alcoholism more of brokenness. It is the brokenness in relation to sin. However, it is also a disease since it entangles ones life to the extent of being unable to help oneself.

Situation of men and women Kenya culture deters women from consuming alcohol in excess. Men are more likely to be alcoholic than women. The culture tends to allow men to be intoxicated with alcohol than it would women. However, women drinking in the urban places are not uncommon. My own sisters did not drink while my brothers did.

Church attitude towards alcohol abuse it is a distortion of God's good creation. The church is against alcoholism. Despite this attitude, alcoholism is a problem in the church with clergy is included. The church teaches and promotes abstinence from alcohol use as the sure way to avoiding alcoholism. Those who suffer from alcoholism are often sacked from their church position if under church employment.

What can the church do to reduce alcohol abuse? Interventions by the church are good for the health of the larger community. The church needs to talk about, preach and even pray about the situation of alcoholism. The church needs to create support systems such as counseling. It may also provide education for the youth and the rest of church members on the prevention and treatment of alcoholism. The church to work with family in the recovery of the alcoholic. The church needs to recognize the generational patterns of alcoholism, for instance, the adult children of alcoholics. Church be the voice and advocate for social transformation in schools and politics. Church also to work with other churches for ministry with people afflicted with alcoholism. Advocacy for support systems by the church will reach to the past and the future.

APPENDIX FOUR

Interview-Telephone- with Julius Osoro
June 30, 2007.

Is alcoholism a problem in Kenya? It is a big problem. It affects all people, men, youth and women. Especially it affects those in prime age between eighteen and thirty five. Men are mostly affected. Cases of women alcoholics are also present in areas with high poverty levels for example slum areas.

Is alcoholism a disease? If you cannot control it then it is a disease. In this case alcoholics choose to take alcoholic beverages which may cause alcoholism. Therefore, it is not a disease

What is the church attitude towards alcohol abuse? The Roman Catholic Church in Kenya condemns not the person but the behavior of alcoholism. Preaching against alcoholism during church services, teaching about it during seminars. In the city of Nairobi there are four parishes that are active on the AA program. These are Makadara, Umoja 1, Kariobangi North, and St. Theresa's East Leigh.

1 Timothy 5:23 says, "a little wine is good for your stomach". We need to control alcohol and not alcohol to control us.

What can the church do to reduce alcohol abuse? To teach and train people in specifically prone areas to become aware of what alcoholism is. To empower people economically and spiritually to combat it and lead healthy lifestyles. The slums in the city of Nairobi are fertile grounds for alcohol abuse. To assist individuals and families to break the cycle of poverty could be helpful. In Nairobi city, at the slum of Mukuro wa Njenga members of the community have formed community support groups for economic empowerment.

APPENDIX FIVE

Interview Peter Kingoina
June 24, 2007 Tel. conversation

Is alcoholism a problem in Kenya? I may not know about the whole of Kenya, but from the village I come from alcoholism is a problem. It affects both the young and old, men and women. The elite women and the very poor women are most affected of the women. The elite are more liberated and want to try and use alcoholic beverages as their male counterparts do. The very poor women drink because of lack of activities to do in the midst of poverty. Otherwise, generally. Men drink more than women.

Is alcoholism a disease? When alcohol abuse goes beyond control then it becomes a disease. In the village I come from, I know people who wake up in the morning and start drinking alcohol. They are not able to attend to any other function except their drinking habit. They are completely unable to manage themselves.

What is the church attitude towards alcohol abuse? The Seventh day Advent church preaches total abstinence from any intoxicating substance. The body is God's temple which must be kept pure in reverence to God. Alcohol abuse impairs judgment and optimum body functioning. When a church member is found drinking openly, he/she is removed from the fellowship. For those who drink privately, it is their business. The church does not have a platform in the community unless it is their members. For their members, the church has a Three Week to Stop Drinking program. The health department within the church also helps those who may need their services.

How do you understand 1 Timothy 5:23? It is a prescription as in medicine. It is not meant for food, entertainment, it is not permission for drink.

APPENDIX SIX

Interview with Rev. Jacob Kanake- Methodist Church in Kenya

Is alcoholism a problem in Kenya? Alcoholism is a big problem. The place I come from in Kenya, the Meru region, I have seen it kill people, wreck families. This is not something new. I saw my neighbor drink from his childhood. As an adult he could not sustain relationships. His wife run away from him because he took food from home and sold it to buy alcohol. Neighbors run away from him because he was a disturbance. He died five years ago. His second son is also drinking heavily. Available alcoholic beverages include the traditional and the modern ones. In the past, alcoholism was not a big problem, people followed cultural values, both African and Christian, which enhanced self control and discipline. These are broken down today.

Is alcoholism a Disease? We never used the word 'disease'. Alcoholism was associated with families. It was called "alcoholic families". To borrow the word from the western context and mainly because of the effects the word "disease" fits well.

What is the situation of men and women suffering from alcoholism?

Among the Meru people of Kenya, alcohol consumption is associated with men. Men drink more than women. They are the ones who go to beer drinking places especially bars and come home singing loudly on the way. They spend more money and resources to drink. The number of women drinking is small. Those who drink are not considered respectively, they are believed to be following men's culture. They tend to assume leadership of family and want to behave like men. Other women adapted to drinking early in life and so it becomes their lifestyle. In a family where both men and women drink alcohol there is constant fighting. Families with only men drinking adapt to this life in silence.

What is the church's Attitude to alcohol abuse? The Methodist church in Kenya does not allow its members to drink alcohol. This attitude is greatly influenced by the East African Revival which emphasizes morals. They are against drinking of alcohol and also prescribe a dress code for its members especially women.

The Methodist Church Standing Order 119 is against intoxication of any kind within the Methodist premises including, hospitals, schools, business area. There shall be no drinking or selling of alcoholic beverages in such premises. The church has a penalty for those found guilty of this offence. Punishment depends on the extent of the sin.

Discipline is for all members including the clergy. Pastors can be defrocked, although I am not aware of anyone who has been defrocked. However, in the event of alcoholic

tendencies, the pastor will be defrocked under a different Order, that of Preach, Behave and Enforce (See Methodist Book 'Deed of Church Order and Standing Orders)

How does the Church treat alcoholics? The Methodist Church has a court which is properly constituted to represent both the accused and the accuser. There is a famous case where a church woman was accused of brewing local alcoholic beverage. In the court she pleaded guilty but asked to be told the difference was between the local brew and the conventionally manufactured alcoholic beverages. The point was that the chairperson for the church Elders' council was selling whisky in his shop. The case was deferred for another time, which has not happened to date. However, the church still maintains that consuming alcoholic beverages is a sin. Repentance is therefore, expected in the form of the discipline an individual undergoes. Methodist church has a period of 3 or 6 months and one year tome of counseling for those who are found under the influence of alcohol or are alcoholic. The Class leaders are charged with the responsibility of providing the necessary pastoral counseling.

Class leaders provide a crisis type of counseling in the absence of the pastor. The pastor meets with the class leaders and teaches them the basic skills of counseling. Although the pastors teach; they do not have good training skills. The available seminaries have curriculum which is not well structured and do not pay attention to specialized areas like alcoholism and other addictions, as well as marital relationships.

Through equipping pastors, the lay people will be equipped.

What is your response to 1Timothy 5:23, "a little wine for your stomach" We never even read it, we ignore it. As a pastor I have never stood on the pulpit to say, "Just a little wine is not bad". I do not think I will either. We tend to think and say that it is the Roman Catholics who say that. Paul was prescribing medicine not wine. I do not know which phase of fermentation the wine was when Paul prescribed it. Having grown up in a sugar growing area, I remember, that we made a drink from Sugar cane and drunk it before it fermented completely. Taken in small limit it is alright. Excess is sinful. It is hard to break a habit. My theology is against drinking alcoholic beverages. As a youth I tried drinking but I felt awful and never did it again. Since I know the effects I'd rather not drink it.

What can the church do to reduce alcohol abuse? Let the church be the church. I mean that it should avoid being compromised and taking sides on alcohol use and abuse. In Kenya, the church fears to face the problem when it is the clergy or a rich person who is afflicted with drinking. People should be taught what it is. The church should also enforce or oppose government efforts that promote alcoholism. For instance, the recent decay over the government's passing a bill to allow traditional brewers to operate their businesses. The church reacted strongly accusing the government of killing its people.

Rev. Jacob Kanake is a Methodist pastor from Meru region of Kenya.. He ha been Meru Synod's secretary for 5 years. He acted in this position as the Bishop's Assitant. He is currently A PHD Pastoral Care student at Luther Seminary.

Thank you Pastor Jacob!

APPENDIX SEVEN

Interview with Rev. Clement Moturi

Is alcoholism a problem in Kenya? Alcoholism is a problem affecting every sphere of society. It affects the family, Christianity, economy and the community.

Is alcoholism a disease? It is a disease as well a sin. As a disease it causes malfunction due to addiction. As sin alcoholism defiles the body which is the temple of the Holy Spirit.

What is the situation of men and women suffering from alcoholism? Men suffer more than women. Our culture allows men to drink alcoholic beverages and it is an accepted norm for men act in drunken manner unlike women.

What is the church attitude towards alcoholism? It is condemning. The Pentecostal church sees it as a sin. The holier- than- thou attitude is rampant among our people. My coming to America has exposed our people to more understanding and accepting. The type of Christianity teaching we inherited has contributed to the way we view alcoholics.

How do you understand 1 Timothy 5:23? A little wine is good for your stomach? This is a personal health issue. Wine is not necessarily 'hard'. It can be prescribed as medicine, just like morphine in the case of reducing pain. However, little by little increases chances of dependency.

What can the church do to reduce alcohol abuse? The church needs to develop ministry dealing with alcoholism. And other chemical addictions. To set up support systems in Kenya lacking in resources.

APPENDIX EIGHT

Notes from Kenyan Church Leaders Interviews November 2006-June 2007.

Alcoholism as a problem

- Affects all irrespective of gender or age
- Men affected more: attributed to African patriarchal cultural influences.
- Women elite, urban, rural and slum
- Young people influenced by media and peer
- Dual diagnosis among alcoholics

Alcoholism as Disease

- Term “disease” new in Kenya
- Characteristics of alcoholism fit well in disease concept.
- Lack of control
- .It is a personal choice?

Alcoholism as a sin

- It is being “bewitched”
- An individual is “bound”
- It defiles human body which is the temple of the Holy Spirit

Church attitude to alcoholism

- Wholesale condemnation towards those who use and abuse alcohol
- Church against use and abuse of alcohol: Rules and regulations to curb alcoholism
- Disciplinary measures against church workers involved in alcohol abuse e.g. termination of job, undergo counseling for a certain period of time.
- Alcohol abuser often viewed as ‘outsiders’ in the community of faith
- It is viewed as a personal a personal choice
- Continued consumption of alcohol is seen as stubbornness.

Church’s role to reduce alcoholism

- Awareness creation and sensitizing community on alcoholism
- Congregational ministry for those afflicted and affected with alcoholism.
- Pastoral Care in theological seminaries to focus on alcoholism
- Alcoholism to be viewed in relation to other drugs, especially among youth.
- Alcoholics’ Anonymous and the 12 Step Program applicable in Kenya

Highlights:

The remarks of all interviews are easily categorized in broad themes. These categories have meaningful numbers of responses from the seven leaders who were interviewed.

Emotional Tone:

We cannot be certain that these comments were recorded precisely as the church leaders reported them, but assuming they were, I have in the difficulties/challenges responses highlighted words that seem to suggest a stronger emotional intensity and a sense of being convinced/right about the personal stand on alcoholism.

Overall reaction

It seems very easy to see the position of the church leaders regarding alcoholism in Kenya. In contrast, it is difficult to ascertain the biblical basis for such a position. However, it is clear that many of the church leaders are contented with abstinence as the only possible way that an individual could reduce the problem of alcoholism.

To know how deep this subject affected those who reported them, it would be helpful to know the tone in the room when the discussion of alcoholism as a sin and disease occurred. The tone was that of helplessness in the face of alcoholism and the sense of blame to those afflicted with alcoholism could be felt.

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