Providing Pastoral Counseling for Alcoholism Recovery: Understanding Mind and Spirit in the Alcoholics Anonymous Twelve Step Program

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Abstract

Although individuals and their families suffering from the scourge of alcoholism often seek solace from pastoral counseling, numerous clergy members feel at a loss since substance abuse issues were not part of the pastoral curriculum. This article informs the pastoral counselor of pertinent information designed to help with regard to 1) assessing the severity of the abuse/dependency, 2) examining the etiology of alcoholism, and 3) exploring the spiritual dimension. In addition, specific information details the impact of alcoholism upon the brain and how the 12 Steps of the AA program and daily sponsorship combine to evoke a spiritual experience associated with recovery.

Key Words Alcoholism, addiction counseling, pastoral counseling, brain function

Introduction

Pastoral counselors have served a wide array of emotional and psychological needs of their parishioners including those struggling with alcoholism. Although most of the scientific research involving alcoholism has focused upon biological and social learning aspects of addiction and recovery, the spiritual dimension has gained notoriety since the origin of 12 Step groups like Alcoholics Anonymous (AA). This article shall examine the various etiologies of alcoholism and explore the growing popularity of the spiritual solution as offered within AA.

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What is alcoholism?

Members of Alcoholics Anonymous (AA) believe that a person is an alcoholic when life becomes unmanageable (Alcoholics Anonymous, 2001). This idea makes great sense to those who are familiar with the 12 Step program, but not everyone has an in depth knowledge base unless associated with AA or Al-Anon. Perhaps a closer look at this definition is required: 1) to fully appreciate what alcoholism means to the average person, and 2) to promote a deeper understanding of the mind/body issues for the counseling of those with addiction issues. For pastoral counselors trained to examine spirituality, in a practical sense, alcoholism actually begins when an individual places a higher priority on drinking than upon the care for loved ones or personal responsibilities. However, researchers and clinicians in the United States usually rely on the diagnostic criteria, which differentiate alcohol abuse from alcohol dependence through the current standards of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). The DSM–IV includes non-overlapping criteria for dependence and abuse by providing for the sub-typing of dependence based on the presence or absence of tolerance and withdrawal.

The DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders-Text Revision, 2000) criteria for Alcohol Dependence includes a maladaptive pattern of alcohol use, which leads to clinically significant impairment or distress, as manifested by three or more of the following seven criteria, occurring at any time in the same 12-month period:

1. Tolerance - a need to consume increased amounts of alcohol to achieve intoxication.
2. Withdrawal - including the need to consume alcohol to relieve withdrawal symptoms.
3. Alcohol - consumed in larger amounts over a longer period than intended.
4. The persistent desire to control alcohol use.
5. A great preoccupation with obtaining, consuming alcohol, or recovering from its effects.

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6. A marked reduction in other activities because of alcohol use.

7. Continued alcohol use is unaltered despite knowledge of having a persistent or recurrent physical or psychological problem that is caused by alcohol consumption.

**Various etiologies and theoretical frameworks explaining alcoholism**

Most studies of alcoholism etiology have focused on genetic factors or psychosocial aspects (Jacob et al., 2001). Other factors have included genetic (Cotton, 1979; Heath et al., 2001), learning (Johnson, 1973), and stress (Glavas & Weinberg, 2006). Spear et al. (2005) suggested two broad theoretical frameworks to explain the increased affinity for ethanol based on: 1) effects of mere exposure, and 2) associative conditioning between ethanol's odor, taste and pharmacological consequences.

Based upon the observations of Dr. William Silkworth, Alcoholics Anonymous (2001) described a two-fold aspect of the disease as a mental obsession and a physical allergy. Other theories (Johnson, 1973) include learning, seeking and harmful dependency. Initially one learns that consuming alcohol produces euphoria. Subsequent use can lead one to seek ever-increasing opportunities to consume alcohol until harmful dependency leads to physical damage.

**Spiritual etiology**

There are specific issues that pastoral caregivers and counselors should be aware of regarding this malady. Within the fellowship of AA resides a belief that alcoholism affects a person physically, emotional and spiritually (Alcoholics Anonymous, 2001). Clinebell (1998) and Kurtz (1979) believed the addiction to alcohol has its roots in the realm of spirituality. Specifically, those who drink in an alcoholic manner do so to experience a mood change to transcend daily events. The resulting sensation of drinking alcohol for the alcoholic provides momentary feelings transformation

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and bliss. It is as if the alcoholic ego transforms into a terrible tyrant by placing unrealistic demands upon others in order to sustain rule as the god of a shrinking domain. It is important for pastoral counselors to note not only the shift in focus away from solid spiritual principles and toward selfishness and self-centeredness, (Alcoholics Anonymous, 2001, p. 62), but also the resulting family dynamics which become distorted over time.

May (1988) viewed addiction as a form of idolatry. May emphasized the twofold problem with addiction as attaching desire to the addicting substance and also developing a mental obsession toward the same substance. Although most normal individuals express appreciation for the assistance received from others and at some point later attempt to return to the previous level of self-sufficiency, the alcoholic uses the assistance of family members to ensure the drinking behavior with the purpose of elevating an anesthetized ego. Compounding the issue within the addiction process is the frequently observed phenomenon of the alcoholic’s behavior. When reminded of the frequent times in which support has been provided, the alcoholic’s response is rarely one of thankfulness, but of hostile anger and vile resentment. The result of reminding the alcoholic of the dependency upon the assistance of others fosters irritation, contempt and rage. Family members display a mixture of stunned surprise, extreme amazement, baffling confusion and emotional devastation at the alcoholic’s reaction. The resulting family pattern becomes a re-doubling of the family’s attempt to assist the addict until the complaints end. As this newly-set family pattern becomes firmly fixed into place, then all other actions become subservient to drinking. The end result only succeeds in promoting the selfish behaviors of the alcoholic.

**Learning and the brain**

Recent advances in brain imaging technology have helped educators to understand the relationship between types of learning with specific anatomical structures of the brain. Sprenger (1999) reported that long-term memory involves two structures of the brain’s limbic system: the Sacred Spaces: The E-Journal of the American Association of Pastoral Counselors, 2013, vo.5
hippocampus and the amygdala. Specifically, the hippocampus helps in recalling sights and sounds while the amygdala stores the emotional aspects of those events. Sousa (2001) believed that information is more likely to be stored in long-term memory when it makes sense and has meaning. This recommendation is especially important for counselors who work with clients in recovery.

**Storytelling and memory**

The elaborate sharing of personal stories in AA meetings evokes strong sentiment within the listener and assists in the connecting of story-related images with concepts in a coherent and meaningful fashion. Such a process, inherent within AA meetings, will enable a person to remember with greater clarity. Norden (2007) indicated that activity within the left hippocampus is associated with the process of storytelling and the development of a sense of self. The process of storytelling within AA meeting in which an AA member tells one’s story of addiction and recovery is crucial to the development of a recovery identity. Rappaport (1993) viewed the function of storytelling process in AA as establishing a sense of history by providing order and meaning to one’s experience. In addition, Sprenger (1999, 2002) remarked that storytelling utilizes multiple “memory lanes” by processing the minutest detail and capturing the entire idea simultaneously. The story format dynamically improves upon the retention of semantic data by combining both the emotional with cognitive aspects while weaving details within the global concept or big picture. The weaving of details is enhanced when the individual becomes an active participant in the learning process. Similarly, Thompson and Thompson (2000) indicated that higher levels of active participation stimulated more areas of the brain. The specific results of this process included improved retention. In essence, the more areas of the brain that are activated, the greater the amount of information is retained.
Impaired memories

Excessive ingesting of alcohol damages brain cells, distorts memory and warps perceptions. Prolonged drinking continues to disturb the memory process especially when emotions are involved. Resentments, in the form of mental replays of hurtful events, promote selective recollections which magnify the faults and actions of others. Resentments simultaneously minimize the perceived effect of one’s own behavior, thus rationally nullifying the responsibility for harmful behavior during drinking episodes. Various types of memory seem to originate from specific areas of the brain. While the amygdala has been implicated in emotional components of memory, the hippocampus becomes activated with the long-term aspects of both episodic and semantic memories. The prefrontal area becomes engaged in the temporary storage of short-term memory and the manipulation of ideas of the working memory. The cerebellum, which is responsible for fine motor coordination, serves double duty with procedural movement memory and automatic memory that occurs without conscious intent. Figure 1 illustrates areas of the brain and their associated memory functions.

The triune brain in conflict

Figure 2 illustrates the process of conflict with regard to Paul MacLean’s concept of the triune brain (Sandoz, 2004). This illustration provides further insight into the process which promotes abusive drinking. At the most primitive level, the reptilian brain produces the fight/flight/fright response. From that point the areas of higher functioning produce resentment, fear and anger. These sentiments fuel the alcoholic’s desire to seek relief. At this point it is important to recall Vernon Johnson’s feeling chart with regard to learning, seeking and harmful dependency. In time the person develops a love-trust relationship with alcohol that leads to a mental obsession.

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Eventually the love-trust relationship with alcohol becomes breached and the alcoholic feels betrayed due to the effects of tolerance. As the symptoms of the addiction become more pronounced the mammalian brain experiences fear, anger and an accumulation of stress.

The ultimate impact of the triune brain conflict results in mental confusion and helplessness with a strong desire to find relief as soon as possible.

**Figure 2 Paul MacLean’s Brain Conflict**

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Case Study

In the following case study, I (2004) provide details of a person in recovery under the pseudonym of Jackie Brown (JB). In addition to the varied activities associated with attending Big Book studies, JB found the day to day contact with his AA sponsor in early sobriety to be crucial. A “Big Book study” refers to a specific type of AA meeting in which portions of the book, Alcoholics Anonymous, are read aloud and clarified to the newcomer. The frequent ritual of meeting with an AA sponsor (by phone or in person) not only reinforced what JB had learned at the Big Book studies, but also promoted his application of the 12 Step program in his life. The process involved a daily regimen including a mental/emotional realignment of his thought patterns associated with the development of resentment, unresolved anger and the development of fear.

Sponsor contact

The ritual of daily contact with the sponsor helped JB to review the events planned for during the day and to address any issues which would evoke apprehension, fear, worry, or concern and lead to a relapse. This “hands on” guidance of the sponsor helped JB to acknowledge how his thoughts and feelings had become distorted due to his addiction. The sponsor would offer feedback regarding how JB would “go off on his old thinking patterns” and why his former ways of thinking, feeling and behaving would only lead to an eventual relapse along with the creation of more fear, anger and resentment. At this point the sponsor would connect JB’s increased emotional discomfort with the intensifying desire for a drink. Through the guidance of his AA sponsor JB began to discern patterns of thoughts, feelings and behaviors, which led to his drinking behavior. The sponsor would remind JB of what information he gained from the Big Book studies by Sacred Spaces: The E-Journal of the American Association of Pastoral Counselors, 2013, vo.5
frequently quoting from, or having JB read pertinent passages of the book, Alcoholics Anonymous. For example, “They are restless, irritable and discontented, unless they can again experience the sense of ease and comfort which comes at once by taking a few drinks” (Alcoholics Anonymous, 2001, pp. xxvi-xxvii).

**Daily application of the 12 Step Program**

Other helpful recovery-focused actions were examined with the sponsor on a daily basis. These included those personal behaviors, thoughts and emotions deemed helpful in improving sobriety along with a review of those actions that run contrary to recovery. The daily custom involved much instruction and discussion with the sponsor. There was much elaboration as to what actions needed to be taken as well as the rationale behind those actions. As time passed JB began to realize that the spiritual element had become more relevant as he followed the program in the applied manner. As his thinking process began to clear, JB began to examine specific emotions related to various issues of life, in addition to learning "new" and more appropriate ways of responding. As a direct result of the daily sponsor contact JB began to experience a growing sense of self-confidence and self-efficacy. In addition, all of his troubling issues were brought to his sponsor daily in a prayerful context where JB would present them to God, as his higher power, and would offer prayers for each area of concern. In addition, when he felt troubled during the day, there were actions that he took immediately as directed in Alcoholics Anonymous.

**Big book tabs as page markers**

The duration of the AA daily maintenance routine (including the taking Steps 1, 2 and 3 along with purging of fear, anger, and resentment) lasted about 20 minutes. However, one method utilized by JB to speed up the process of following the directions in the reading of certain Sacred Spaces: The E-Journal of the American Association of Pastoral Counselors, 2013, vo.5
passages from Alcoholics Anonymous included the insertion of page tabs in his Big Book on those pages listed in bold print and underlined. In addition, specific paragraphs referenced on the sheet were highlighted in a vibrant color on those pages of Alcoholics Anonymous for quick and easy detection.

**Steps 4 and 5 — Catalyst for the spiritual experience**

Steps 4 and 5 assist in the process of resolving the memories associated with fear, anger, and resentment through a written inventory. As seen in Figure 1, the various regions of the brain are differentiated by function: recall of information, procedures, emotions, and eventful episodes of one’s life. In this it is important to remind the reader of the function of the hippocampus and the amygdala in long-term memory. Specifically, the hippocampus aids in the recollection of events and the meaning of those events while the amygdala provides the associated emotional aspects. Austin (1998) believed that a specific set of brain activities occurred within the neural network that links the amygdala with other regions during a spiritual experience. The result of such a process promoted the brain’s release of the analgesic and euphoric chemicals known as encephalin and the endorphins. This neural event described the process of getting rid of the negative emotional valences of memories stored in those limbic regions. Austin thought that this circuitry process not only amplified the level of neural functioning, but also produced a dynamic shift resulting in the neural unification of various parts of the limbic system with the prefrontal cortex and other regions. The resulting effect was a reduction of selfish drives and motives along with the removal of fear.

For a person in recovery the process of the spiritual experience unfolds in the following sequence of events: Initially, the process for one addicted to alcohol begins with the acknowledgement that the production of resentful mental images habitually stimulate limbic
regions reinforcing fight/flight/fright response. This neural ‘Fear Link’ between amygdala and the orbitomedial frontal cortex is continually activated and the resulting agitation is so profound that it drives the person to seek relief in the form of drinking alcohol. However, once the individual completes the 4th and 5th Steps (a process of not only writing down the information, but also verbally sharing the patterns of behavior with another person), then the negative emotional pattern stops. This process breaks up of links of the aversive chain of neural events within the limbic system which prompt resentment, push anger, and produce fear.

If the 4\textsuperscript{th} Step Inventory is performed correctly, then the person completing it will realize that much of these troubles are of one’s own making. Insights include how the mind has deceived one into believing one’s own lies and motives which justify misdeeds and taking action resulting in harm to others. The person in recovery understands that all of one’s actions were based upon selfishness, a self-centeredness which compelled one to live for the thrill of the moment and cast away moral principles of proper action. The 4\textsuperscript{th} Step Inventory helps the person to not only correct false memories, but also to connect the areas of memory together. In doing so one acknowledges a sense of simultaneous loss and gain. The loss involves a willingness to let go of selfish drives and motives. This loss occurs simultaneously with a loss of fear. Norden (2007) specified four brain regions in unlearning one’s fear response. These areas include the amygdala (emotions), the hippocampus (learning and memory), the prefrontal area (will and decision making), and the reticular formation (involving alertness and selective attention).

The gain that occurs within the spiritual experience involves the opening of a neural pathway which allows for the reception of input in a new way. The activation of this neural circuit produces a novel pattern of interaction among specific areas of the brain resulting in an endorphin cascade (Austin, 1998). The effect includes a psychic change in which there is a transformation of the old automatic behavioral responses that were previously connected to the Sacred Spaces: The E-Journal of the American Association of Pastoral Counselors, 2013, vo.5
mental obsession to drink. Figure 3 offers a hypothetical graphic rendition of the spiritual experience: The thalamocortical master switch connects the thalamus with other brain circuitry. This process integrates posterior regions of the associative cortex and the amygdala with the orbitomedial frontal cortex (Austin, 1998).

Figure 3 Neural Connections during a Spiritual Experience

Exerting the 4th step inventory

The 4th Step involves a written inventory of fear, resentment, anger and harm done to others. The process includes the accessing of long-term memories, which activate the amygdala, the hippocampus and the working memory of the prefrontal cortex. The resulting four-column chart (as described on page 65 of Alcoholics Anonymous) examines (1) who, (2) performed Sacred Spaces: The E-Journal of the American Association of Pastoral Counselors, 2013, vo.5
what behavior, (3) which hurt/affected the alcoholic. However, the fourth column (described on page 66 of *Alcoholics Anonymous*) is often glossed over or omitted as it is not located on the same page as the description. However, completing the fourth column is essential as it verifies how the alcoholic was responsible due to initiating actions based upon selfishness and one’s defects of character. As a result of completing the 4th Step written inventory, the AA member forgives self, others and begins to seek reparations for those harmed.

**4th step connects memories with a written inventory**

Figure 4 illustrates the detailed path of 12 Step program which culminates with a spiritual experience/spiritual awakening. One of the reasons that the 4th Step inventory is written is because memory is fallible. The detailed aspects of resentments are examined. The source of one’s anger is explored along with one’s fears and how one has harmed others. The inventory process logs events in specific categories, such as resentment, anger, fear and harm done to others (including sexual behavior) and the resulting patterns are scrutinized. As these items are written down and tallied, the ego defense “denial” cannot distort or erase what is entered.

Similarly, once the person has accepted responsibility for what is written, blame is no longer shifted onto someone else. By the time the written portion has been completed, the painstaking process reveals in an organized format the truth which is delineated from the deceitful lies and distorted defenses of the ego. Upon further examination one begins to unearth patterns of behavior prompted by one’s defects of character as evidenced by the entries of column four. Insights arise and patterns emerge regarding one’s thoughts, feelings, and behavioral habits. The insights provide a profound understanding of the automatic processes involved in obscuring the truth with false memories and the fabrication of “lies” to avoid responsibility or escape punishment. Realizations emerge regarding the warping of one’s Sacred Spaces: The E-Journal of the American Association of Pastoral Counselors, 2013, vo.5
perceptions, based upon the immediate satisfaction of the instincts.

**Figure 4 The 12 Step Program and the spiritual experience**

In Steps 4 and 5 one discovers the truth about oneself and shares that information with another person. Specifically, one is able to see clearly what defects of character (personal shortcomings) have led one to act upon selfish motives at the expense of others. Steps 6 and 7 include prayers for willingness to remove of one’s defects of character, Steps 8 and 9 include seeking the Sacred Spaces: The E-Journal of the American Association of Pastoral Counselors, 2013, vo.5
forgiveness of self and others, along with the making of amends. During this phase of recovery the AA Promises (found on pages 83 and 84 in Alcoholics Anonymous) begin to be fulfilled along with the culmination of a spiritual experience or awakening.

Throughout the 4th Step process, the AA member continues to activate more areas of the brain as well as to stimulate the connecting neural pathways. In essence, the dynamics include an activation of those areas which previously had become dormant due to effects of prolonged heavy drinking. There appears to be some evidence of a pattern regarding the activation of the spiritual experience as one completes the process of the 4th and 5th Step. AA co-founder Bill W. reported having a second spiritual experience after he completed Step 5 with Fr. Dowling (Alcoholics Anonymous, 1984, pp. 241-243). As I indicated in my earlier study (Sandoz, 1999), all participants who claimed to have a spiritual experience/awakening had completed Step 5.

Prior to occurrence of spiritual experience, Alcoholics Anonymous declares that the alcoholic is “without defense against the first drink” (p. 24). One of the reasons for this is clarified in the same text: “We are unable, at certain times, to bring into our consciousness with sufficient force the memory of the suffering and humiliation of even a week or a month ago”, (p.24). However, after attaining the spiritual experience, the person in recovery not only remembers the painful consequences of drinking, but also would “recoil from it as from a hot flame” (p. 84). Such a process implies that a neural connection has been made and that the memory process has been repaired.

**Working with other alcoholics in recovery and the spiritual experience**

AA co-founder Bill W. indicated that “experience shows us that nothing will so much insure immunity from drinking as intensive work with other alcoholics” (Alcoholics Anonymous, 1976, p. 89). This same idea was repeated several times and through various events within the life of Sacred Spaces: The E-Journal of the American Association of Pastoral Counselors, 2013, vo.5
Bill W. who felt “amazingly lifted up” (p.15) whenever he reached out to another for help. Furthermore, Bill W. specified that “when all other measures failed, work with another alcoholic would save the day” (p. 15).

**Re-charging the spiritual experience**

Regarding the recovery process for the case study, JB reported that while helping other alcoholics to recovery he often felt a physical sensation that closely resembled the physiological and emotional aspects of his spiritual experience. Such descriptions of the sensation included intense joy that was emotionally uplifting and satisfying. JB described the process as a recharging of his spiritual experience. In interviewing others in recovery who claimed to have had a spiritual event, comparable reports have been told to the author of this article.

Similar anecdotes have been reported to the author by mental health, addiction and pastoral counselors who have counseled individuals in recovery. In addition, the author has found such reports to include the emotional experience of exhilaration to be commonly associated with helping others in various aspects of recovery. In giving to others the recovery that one has received, there is return of the thrilling sensation associated with the spiritual experience along with a profound sense of gratitude. This observation of this phenomenon requires closer analysis and demands further study. It is my belief that the sensation associated with the recharging of the spiritual experience is related to the medial prefrontal cortex which contains “mirror neurons” that link bodily sensations with the brain stem, limbic and cortical regions (Ratey, 2008).

**The AA model and the effect of the spiritual experience**

In the section entitled “The Doctor’s Opinion” in the Alcoholics Anonymous text, Dr. Silkworth describes his concept of alcoholism as being two-fold in nature, affecting both the mind

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and the body of the alcoholic. He referred to this as a physical allergy and a mental obsession. Pastoral counselors should be aware that the direct effect of the spiritual experience is upon the mental obsession that alcohol had upon the individual (Sandoz, 2004). After having a spiritual awakening/experience, alcohol loses its potent power to convince the alcoholic that drinking alcohol can occur safely without consequences. However, the alcoholic has a daily reprieve that is contingent upon the maintenance of one’s spiritual condition (Alcoholics Anonymous, p. 85). As such, the power of the spiritual experience manifests itself in the mind of the alcoholic and not in the body. Specifically, there is nothing that one can do about the physical allergy. Figure 5 illustrates the spiritual experience as the result of the Twelve Step program—the process which nullifies the mental obsession aspect of alcoholism.

**Figure 5. The Effect of the Spiritual Experience**

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Summary

In this article the reader was taken along the path of defining alcoholism from the perspective of Alcoholics Anonymous as well as the psychiatric view. In addition, various etiologies of the disease were discussed including learning, biological aspect and in response to stress. However, most of the article provided detailed information the spiritual aspects related to recovery for the pastoral counselor. Specifically, the information contained in this article provided information regarding the impact of alcoholism upon the brain and how the 12 Steps of the AA program and daily sponsorship combine to evoke a spiritual experience that produces a psychic change sufficient to recover.
References


Thompson, M., & Thompson, J. (2000) *Learning-focused strategies notebook.* Boone, NC:

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