
THE PASTORAL OF PEOPLE WITH ADDICTIONS

PRINCIPLES OF PASTORAL AND CATECHETICAL PEDAGOGY

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Abstract

Among the aspects of spiritual life, the pastoral intervention for people with addictions (of different kinds) is the social extension of an ascetic vision, hard to transmit through the simple theoretical expression. Hence the need to develop a pastoral catechumenal intervention, based on a strong content and arguments according to the principles of active pastoral pedagogy. It is through this intervention that Theology continues its project of social education without which the words of Jesus Christ, the urge for pastoral intervention could not be fulfilled: "You are the salt of the Earth; but if salt has lost its taste, how can its saltiness be restored? It is no longer good for anything, but is thrown out and trampled under foot." (Matthew 5.13)

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1. Introduction to context

If we are witnessing today the objection to Christian morality or to the Christian model of life, this is because of the need of the modern world to reactivate in Christianity the spirit of social intervention - the foundation of the Gospel. Therefore, defining education as such, Orthodox theology records: "the academic theological knowledge remains alive as long as it is not disengaged from life itself, to the extent in which it refuses the absolutization of its academicism by falling into formalism. Theology remains a gesture of becoming in life through which the spiritual child in relationship to divine grace is shared what his father lives into Christ, the God-man, in so far as it seeks continuous grinding of man within the coordinates of the pedagogy of divine grace expressed through spiritual paternity." [1] Beyond this definition, remains the reality of the need for coordinates of a pedagogy of grace, be it conceptually minimal – as far as the addicted person is concerned. From this point of view, the construction of viable pastoral strategies in collaboration with the

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interdisciplinary teams of specialized centres established on the principles of psycho-medical intervention becomes an important effort of communication and communion in the Holy Spirit. Romania has now a number of models of good practice, one being Blue Cross Romania and another one being the series of pastoral projects carried out in AA collaboration with the Romanian Orthodox Church [2], many of them developing projects of common methodology. The Romanian Orthodoxy has realized, in its active pastoral, that social assistance was not the space of proselytism of any kind, that being close to the addict was a mission related to the living Christ, He Himself willing to reveal intervention models, to reveal, to propose and support them.

2. Systematization of context

One of the most important problems of catechumenal pastoral ministry proposed by the pastoral of addicted people is *the leadership's profiling*, management and intervention as such. Held in Sibiu, from 8 to 13 October 2012, the General Assembly of the International Federation of the Blue Cross, which I attended as President of Blue Cross Romania, addressed this subject in its specialized seminar. The concerns of the first day were linked to identifying those qualities related to building a dynamic and successful management intervention. The importance of an economically dynamic person was obvious to all groups- a person able to access and manage funds, willing to make important efforts to coagulate financial collectives, of business support. Group discussions in the two days of debate, also highlighted other qualities, without which the culture of intervention in the context of addiction has to suffer:

1. Humility and spiritual quality, under the circumstances of the degradation of Christian values of the intervention in this field, of the transformation of the beneficiary of the assisted services in a financial target, a support for therapy. The Christian quality of confession in the process of rehabilitating addicts becomes very important, especially given the fact that the addictive crisis is due precisely to disorientation concerning the spiritual priorities of their own lives.
2. Willing to communicate and capable of strengthening the community - thus disposed to personal efforts in dialogue and the proposal of community projects in consultation with the other actors of the pastoral process. These are not only the qualities of a good communicator but also of a participant in the liturgical life of the Church, a man born again, dynamic in the work of the Holy Spirit that makes all things new.
3. Practical/pragmatic with a broad vision of his work, proving knowledge of the field and a full valuation of the pastoral staff involved in the pastoral process of addiction (either of support or beneficiary).
4. Discreet, taking into account the fragility of the others, thus emphasizing the human qualities able to not embarrass intervention in the field, a field where the beneficiaries are a human wound, an unintended victim of their

own volitive inactivity and also of the social-moral complex in which they live their lives.

5. Responsible, taking into account the moral of the Gospel, the model of intervention proposed by Jesus Christ, The One who always takes the side of the sinner in order to release him/her from sin; able to identify this model and put it into pastoral practice.

Out of these, the six axes of pastoral intervention in the situation of alcohol and other substances addictions have separated and crystallized- the axes which mark the strategy of the International Blue Cross: Christian spirituality in the service of deliverance from sin, solidarity, excellence in the act of intervention, respect, autonomy and integration/personal integrity [3]. These are important references in deciphering a project of pastoral intervention, especially that in today's juncture the Blue Cross here in Romania is, for more than 20 years, a model of good practice, with a broad ecumenical collaboration (between the Orthodox Church and the Lutheran CA Church), with an outstanding popular area of interference (different nationalities and different social strata. Our insistence on this approach is related to our personal contribution to building the model of intervention, focusing on the elements of Christian asceticism, imposing in the logics of the therapeutic act the catechetical project, the teaching and learning of the contents of faith necessary to maintain abstinence by spiritual means: prayer, fasting, participation in the liturgical life of the community. In respect to the various options of faith, the catechetical team involved in the project of intervention keeps alive the faith in a living God, mindful of the person, Who does not want human suffering or his/her social decomposition [4]. In order to understand the spiritual dimension of the pastoral intervention and to develop a pedagogy of grace which should correspond to the Orthodox theology, the view expressed by Father Sophronius of Essex, disciple of Saint Silouan the Athonite and his foremost interpreter, becomes fundamental. Showing that God is a living God, dynamic, lacking the tearing apart of a being of a pagan theogony (in the sense of becoming divine ...), Father Sophronius writes: "God is not suffering, but He is participant in the life of the human beings. God loves, has mercy, suffers, is merry, but none of these leads to the collapse of His being (in his teasing), to relativism, to passion. God takes care of His creation to the smallest detail- with mathematical precision He saves like a father, like a friend; He comforts like a mother; He takes part in the history of humanity, in the life of every person, but through these He does not bring any change, or shaking, or sequence in the Divine Being Itself." [5] Hence the sobriety necessary for the pastoral intervention, the need for pastoral (spiritualization) of the educational discourse, the creation of an educational ethos marked by cultural commitment in favour of the person with addictions [6].

3. Pastoral priorities of active catechumens in the field of addiction

To always seek arguments in the field of materiality of disease, at any cost, or to spiritualize at any cost the elements of disease gained from syncope in private life has been identified as an extremely risky process for the therapy or for the sick. We are in the era of bringing arguments to addictions, of identifying social convulsions determined by these and by the complexity of medical or social intervention [7].

Hence results the priority of defining correctly the phenomena which oxidizes the spiritual life and the health of the modern person, our contemporary. Based on the typological definition of alcoholism by E.M. Jellinek [8], one of the most prominent experts in Gestalt Therapy, Michael Craig Clemmens wrote, identifying the perspective of the addict as suffering from a physical illness, such as diabetes or asthma: "This model seemed inappropriate in working with addicts for two reasons (we will remember just the first one for our first excursion, n.n.). Firstly, the concept of addiction as a disease often relies on customers to avoid responsibility for their own behavior. Placing essence on an external process, on a certain something, the addicts may refuse either to assume their own behavior when they are intoxicated or the benefits that derive from that behavior. Sometimes, even sober, they explain their actions with: 'My disease goes into action'. This type of projection out of oneself, coupled with the belief that 'I have nothing to do', decreases quantitatively the addict's exploration of new behavioral recovery options." [9] Therefore the therapist talks about the type of the disease, the need for therapeutic auto-modulation. One should also note that this type of construction of an analysis opens interesting perspectives; in theory, many of whom we minister are suffering from one of the worst addictions: addiction to suffering. It is there that one should identify the interdisciplinary path of communication and highlight the steps in assuming the guilt of being sick or addicted to various substances or family of a sick or an addict.

The catechumenal effort must be directed towards identifying and clarifying educational relationships between addiction and cultivation of personal or communitarian Christian virtues, identifying group or generational drama, not forgetting about the relationship between alcohol consumption and the ethnic profile of the addict [10] or the social degenerations that may cause moral fracture defined through addiction: family violence, corruption of the person addicted to the dealer, child pornography, sexually transmitted diseases, etc. As far as teenagers - a focusing point of the pastoral - are concerned, UN has been signalling since 2003 the major risks arising from substance and behaviour abuse, not giving though the pastoral intervention of the Church any trace of record [11]. Therefore one of the priorities of the pastoral catechumen is to reiterate in the current treatment model the basic and dynamic Christian values by which the Church has kept within moral limits helping one's neighbour. For the pastoral consciousness of the modern Orthodoxy, one should note that the wave of sociological perspectives can stifle the Christian perspective [12]. It is a

priority of contemporary Christian pastoral, not only in its Orthodox vision to rebuild dialogue with the Human sciences of intervention in case of addictions, with the managerial factors of the construction of the therapeutic intervention. And this must begin by recalibrating the curricular area of Pastoral theology by balancing the pastoral theory with the practice in special pastoral, especially of addicts - a pastoral segment expanded by many new addictions, severe for many ordinary Christians: workaholism, addiction to TV, Internet, pornography, including child pornography, gambling, drug dependence or addiction to shopping (as compulsive), all built on the same patterns of psychosocial response [13]. They become very difficult to refute in a missionary plan, especially if they produce major financial interests, some of these dependencies bringing significant percentages to the country's budget. A fragile aspect is even building relationship and their manifestation in the couple or family relationship, in their institutional expression, at school or at work.

A minimal pastoral plan should include several elements of catechumenal teachings and of pedagogy of pastoral intervention. They can be summarized as such, knowing that emotional recovery depends fundamentally on different spiritual stages subject to social or family pressure [14], so catechumenal pastorals must build models of intervention, professional and spiritual alike. Some practical directions can help us:

1. Taking the addict out of isolation - here the priest or the pastoral operator must intervene together with the pastoral groups, formed by age and elective affinities, generational culture, avoiding the construction of a moralistic discourse, devoid of evangelical moral of the healing of a neighbour through love.
2. Avoiding the inefficient theorizing - in the direct sense of avoiding speculation on healing or exhaustion in agony; therefore the negative thematic homilies which stigmatize sins without offering ways through which the sinful life can be avoided.
3. Establishing a space of pastoral intimacy for the addict or the family, avoiding the pastoral show, often inefficient. In the pastoral community, we cannot function according to the Anonymous Alcoholics' principles but AA communities must be established in order to develop the appropriate frame for confession [15]. I think that a pastoral aspect is also building some special centres for therapy for the addict's family and also the extension of programmes specialized in addictions in the Homes for the Elderly (assistance centres).
4. Decency of the pastoral intervention, in agreement with the family, especially with the addict; avoiding constraints of will which are fruitless. An important pastoral point is to avoid pastoral cynicism - therapists already know that they are not always right and that the dialogue based on moral values becomes constructive only with a liturgical finality.
5. Loyalty of the pastoral visit programmes in the special centres and choice of the topics that can optimize the subject's relationship with God. Experience proves that only the priests or catechumen willing to give the addicts much

of the time dedicated to training could build a real relationship with beneficiaries.

6. Avoiding some psychologist stereotypes like: think positive, everything can be solved, everything will be fine, for messages that can nurture Christian faith, hope and love. Orthodox theology has enough support to theoretically propose practical solutions related to asceticism in rehabilitating a person with an addiction and also in motivating the addict to define some evangelical, confessional contents.
7. Maintaining an active pastoral support for memory healing, both in relation to the entire community and to the family. The one who forgets this pastoral pedagogy principal also forgets the central motif of Resurrection, the Church being a Source of Healing through forgiveness, not only through Confession but also through forgiveness of one's neighbour and forgiveness by one's neighbour.
8. Switching to a suitable homiletical message proper to the drama of the family or of the neighbour of the person who is in an addictive crisis, the preaching can make sensitive the catechumenal opinion of the community. Excesses and exposure of human suffering in response to a community member's faith or lack of faith are prohibited. The lack of kindness of some pastoral messages, the public condemnation of such behaviour is not always the most appropriate way of pastoral intervention. The building of the catechumenal discourse must have as an end the development of a culture of progressive journey towards self healing.
9. The correct identification of the pastoral and catechumenal means in relation to the suffering of the person and his/her need for safety. Avoiding some initiatives of 'clarification' of an addict on the nature and the course of the disease, avoiding invention of some absurd or metaphorical solutions. We must not forget that we are just companions and not doctors or specialized therapists, the development of specialized behaviour requiring time and continuous training.
10. Decency in pastoral behaviour consisting in the development of family relationships that avoid cheap intimacy. Care in knowledge of interlocutors and respect for the fragility of the pastoral moment. One must not forget that addiction is born from and nourished by a number of crises, many due to the lack of communication and communion between fractions of the same mysterious body, the Church of Christ.
11. Education of specialists to propose therapy. Despite the abundance of orthodox psychoanalysis and psychology books, I endorse to the opinion expressed by Father Thermos that there is no such science but there is psychological or psychotherapeutic Orthodox intervention through the attitude of the person who is intervened upon, through his/her human and professional attitude and faith [16]. Developing cooperation with specialists in medicine or psychology, development of joint educational programmes are beyond the interest of parishes but should combine into major institutional interests.

12. Establishing collectives of specialists available to parish or diocesan community. It is very important to have a human basis in the intervention of the parish, to know whom you can rely on when you start pastoral work. Thus it is clear that one should establish the basis of an educational behaviour, proper for such multidisciplinary interventions and avoid patching through dysfunctional programs or programs which are functional only on paper.

4. Conclusions

Of all pastoral areas, the one linked to addictions involves organizing and discretion superior to other directions. Attentive to the contamination of the model proposed by a world built on addictive consumerism and hedonism, the orthodox model proposes a way of life in Christ in which the professionalism of the pastoral intervention cannot miss. It is extremely important for the intervention model to remember that we are dealing not with cases of intervention but with people who can be educated through the grace of the Holy Spirit. Therefore, the priority for the Church is not to mingle with the financial interests that develop around some wounds of the society and to develop a socially active theology which is determinant for the missionary ethos of contemporary Orthodoxy.

Another aspect to be highlighted in the pastoral related to addictions is to avoid pastoral *karaoke*, to avoid a pastoral that wants, at all costs, to meet the challenges of a society indignant at addictions but which makes no real long-time efforts to rehabilitate the unfortunate people involved in the process of addiction. Church cannot replace State; it cannot, for instance, create a national anti-drug or anti-alcohol agency, a police station specialized in combating drug trafficking, but it can develop support networks or support groups. Its greatest obligation is to reinforce the pastoral educational programs of its experts (priests, teachers, catechists) towards a continuous training, such as the challenge proposed by the moral fractures which feed the spiritual dysfunctions related to addictions. Hence, the major obligation of the Church is to carefully select its ministers, the difficulty of specialized intervention of priests or active Christians in recovering addicts being clear to us through the practice of psychotherapy. The programs run by the Church must not forget the catechetical aspects, the presentation, the motivation and the rehabilitation through the holy word being extremely important in this context. The model proposed by the Blue Cross Romania, with the active involvement of two catechists and the catechetical development of a permanent dialogue with the beneficiaries of the rehabilitation programmes proved in time (10 years) favourable for the development of continuous relations both in monitoring and supporting and in training the liturgical life of the Church.

The Church is always facing tsunami-like social challenges, the polls of resistance - the prayer, the fasting, the attending of service, the catechesis, the active homily, the expository preaching - looking outdated, obsolete. The

Church transmits its contemporaries specialized in social projects its pastoral belief: with God, by love of people. It is the image recorded by a Romanian pilgrim to Mount Athos where, in one of the great monasteries (Grigoriou) a group of young people addicted to various substances are helped in treatment by integrating them in the life of the monastery in the most natural way. Asked about what treatment keeps them young, the people responded: Love for the fathers in the monastery. And these ones, ask, love for the abbot! It is one of the ways by which the Church not only cures addictions, but proposes salvation.

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