
THE ORTHODOX CHURCH-RUN PROGRAM FOR THE TREATMENT OF ADDICTIONS IN ROMANIA

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Abstract

The article covers the details of the National Anti-Drug Program initiated by the Romanian Patriarchate in 2008, and inquires into the several issues raised by its 12 Steps inspired therapeutic formulation: the heterogeneity in the attitudes of the Orthodox regarding the AA movement, God's 'Anonymity', the necessity of absolute abstinence, the disease concept of addiction, as well as their pastoral implications.

Keywords: Romanian Orthodox Church, addiction, Alcoholics Anonymous, 12 steps, therapeutic programs

1. The beginnings: 12 Steps in post-revolutionary Romania

The history of the use and abuse of alcohol and other psychotropic substances and societal reactions in Romania is still in infancy [1-3]. The Romanian Orthodox Church did not make a very consistent reckoning of it until the beginning of the past century, when the 'Lord's Army', an Orthodox movement that targeted the spiritual awakening, was born (amongst other reasons) out of a stringent conscience that alcoholism was a moral pest to be refuted at any cost [4].

In the only attempt to establish the history of the Alcoholics Anonymous (AA) groups in Romania, among the factors that made possible the rooting of the 'tree of life' - as Mary Theresa Webb calls the AA - into Romanian soil after 1989, the authoress enumerates the following: several contacts with members of the movement in USA and Belgium, involvement of a number of social assistance professionals, as well as the readiness to help (by providing spaces for the meetings) shown by some denominational parochial communities [5]. One particular person is worth mentioning here, Floyd Frantz, who is both an addiction counsellor and a missionary for the Orthodox Christian Mission Center of the Orthodox Church in America. He relocated to Cluj-Napoca and, in 2001, he managed to open *Saint Dimitrie Basarabov Program for Addiction Education and Counseling in Romania*, the first Romanian Orthodox Church (ROC)

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endorsed program on behalf of alcoholics and drug addicts. *Saint Demetrios* program has contributed to the setup of several *AA/Al-Anon* groups in Cluj-Napoca and surroundings (Săvădisla, Sânpaul), as well as of two other therapeutic programs organized with the help of the *ROC*, namely *Saint Nicholas Center for Counseling and Rehabilitation of Persons Dependent on Alcohol and Other Drugs* at the ‘*Solidarity and Hope*’ Foundation in Iași (2004) and the *St. Nectarios the Wonderworker Association* in Bucharest (2008).

In 2004, the National Anti-Drug Agency (*NADA*) presented the *ROC* with the proposal of a collaboration protocol. However, the Holy Synod thought it was not the right time to sign a protocol on a national level, and recommended that each bishopric set up some forms of cooperation with the county branch offices of the *NADA*. This has already happened and, as a result, there are tens of smaller protocols established in the eparchies, archpriestships, and parishes [G. Aniculaie, online at <http://www.ziarullumina.ro/articole;2104;1;37694;0;Preot-medic-psiholog-doar-impreuna-pot-ajuta-un-dependent.html> (accessed 03.11.2012)].

Meanwhile, in 2007, the ‘*Solidarity and Hope*’ Foundation in Iasi filed a petition with the Synod suggesting that the *ROC* institute its own nation-wide program against the abuse of substances. The proposition was accepted, and the Romanian Orthodox Church National Anti-Drug Program (*NADP*) was initiated in 2008. It is not clear why the Holy Synod was initially reluctant to accept the *NADA* proposition. In any case, after the launch of the *NADP*, its initiator and coordinator stated in an interview: “The Orthodox Church cannot take up the programs of the *NADA* indiscriminately, because sometimes, these stand for the enacting of a materialist paradigm in a man’s life, with all that that entails, both on a therapeutic, and on a spiritual level” [G.C. Popa, online at <http://www.ziarullumina.ro/articole;2057;0;53199;0;Un-curs-de-terapie-a-adictiilor-va-fi-introdus-in-scolile-teologice.html> (accessed 03.11.2012)].

2. The agenda of the *ROC*’s National Anti-Drug Program

According to the sole systematic public presentation of the *NADP* - to be found on its official website - the Program’s stated goal is “to create an anti-drug network throughout the Romanian Patriarchate”, scheduled to take shape through the following three objectives: “the establishment of counselling centres, training of professionals in addiction and information activities in the course of Pastoral of Theological Institutes and in the religion classes in schools/colleges” [<http://www.ortodoxantidrog.ro/en/activitati.html> (accessed 03.11.2012)]. The presentation insists that the priests be the main target group - with theologians, Religion teachers, and social workers within the Church as a secondary target group - so that they are able to achieve two types of roles within their parishes. First, to act as a vector in the prevention campaign aimed at the youth and their parents from within the parish, by implementing specific catechetical activities - as emphasized by Bishop Cyprian of Câmpina, the Holy Synod member responsible with the social-philanthropic activity of the *ROC*

[<http://www.ziarullumina.ro/articole;2104;1;37694;0;Preot-medic-psiholog-doar-impreduna-pot-ajuta-un-dependent.html>]. The second is to identify early-on the problem-consumers, and direct them towards specialized services. As for the priest's main capability, that of being a spiritual leader, it is mentioned only in the context of its need to be augmented by "specific training to meet the needs of those who face the physical and spiritual disease of dependence and to help them get in the necessary recovery" [<http://www.ortodoxantidrog.ro/en/cursuri.html> (accessed 03.11.2012)]. Naturally, the role of the clergy in the *NADP* can only be central, as the entire mission of the Church orbits around the priest's calling to be a shepherd (and a father) to his flock. When we lecture the first line of the programmatic declaration of the *NADP*, which states that "we believe that addiction is primarily a problem of spiritual nature and that the Romanian Orthodox Church has the ability and duty to heal its spiritual children" [<http://www.ortodoxantidrog.ro/en/misiune.html> (accessed 03.11.2012)], it makes us see that the Church not only has its own vision about the addiction phenomenon and the proper therapeutic means to fight it, but it also holds the competence to tackle this issue appropriately *through its clergy*. On these lines, Bishop Cyprian's following declaration becomes relevant: "the priest... brings that 'extra something' that only he has, and which is a gift from the Holy Spirit as, unlike the doctor or the social worker, the priest exudes a certain warmth and devotion towards the person. These are qualities that may have an extraordinary impact on someone, in that they make people aware of their wrong chosen paths that lead to self-destruction, and then prompt them to come to their senses and mend their ways, to become aware of their departure from their natural 'ego', and finally return to their respective families, friends, and society." [<http://www.ziarullumina.ro/articole;2104;1;37694;0;Preot-medic-psiholog-doar-impreduna-pot-ajuta-un-dependent.html>] However, the digest of the stated goals of the *NADP* mainly to *the training* of clergy points to the need for an 'extra something' to be acquired by them, too. This is openly admitted on the *NADP* website, at least as far as the issue of the use of illegal drugs (and, supposedly, that of other recent addictive behaviours) is concerned, for we are told that, unlike alcohol consumption, these do not benefit from 'canons and pastoral rules' formulated by the Tradition of the Church.

The *NADP* manages more than the strictly pastoral activity of the priest. Its agenda also proposes that it stand at the centre of a network of organizations (several charitable organizations, religious bodies, institutions of the Romanian state or of the European Community are mentioned here) that are meant to provide a complete range of services to meet the needs of the addiction challenged persons. In a concentric diagram, the *NADP* is represented as surrounded by its collaborations with the Theological Institutes, the Orthodox NGOs, the parish priests, the AA groups, other, not specified, organizations, and the *NADA*. If we take into account the roles of each identified partner, we can safely assume that, in reality, the *NADP* points here to the counselling and the anti-drug centres (as they are tagged) which, we can also assume, provide the

information sessions, the counselling and the rehabilitation programs specified in the objectives.

The online presentation gives us but little information about the specific contents of these programs: the therapeutic methods indicated therein are the individual and group counselling sessions - which are briefly described in religious terms as 'peer confession' and 'prayer for thy neighbour', in the light of a well-known verse (5.16) from the Epistle of James: "Confess your faults one to another, and pray one for another, that ye may be healed. The effectual fervent prayer of a righteous man availeth much", and the group therapy, for which it is recommended to get in contact with the mutual help groups (AA, Al-Anon). The presentation also refers to the centres that are already established by the *ROC* in Cluj, Iași, and București, alluded to above. These programs provide specialized information and counselling services to those who need to recover from alcohol and drug abuse, smoking, gambling, compulsive overeating, sexual addictions, as well as from co-dependency. According to the understanding of addiction as a bio-psycho-social-spiritual impaired condition, the therapeutic model stated is the so-called Minnesota Model adapted to 'combine' with the Orthodox spirituality [O. Bălinișteanu, online at <http://www.ziarullumina.ro/articole;1664;0;35915;0;Ce-presupunere-recuperarea-unui-dependent-de-droguri.html> (accessed 03.11.2012)]. We may suppose, then, that these active centres and their programs are already serving as models for the network of therapy programs that the *NADP* intends to implement.

3. The Orthodox Church and the Alcoholics Anonymous

The attempt to find out how other Churches relate to the AA movement and the 12-Step method does not return many results. In Greece, the movement's presence is rather modest, and there are no official stands coming from the Church, which is mainly concerned with primary prevention. A source stated that some parishes offer locations for meetings [Δεσπούλα Χαντζή, online http://www.ekdd.gr/ekdda/files/ergasies_esdd/16/12/901.pdf (accessed 15.07.2012)]. However, in 2005, the periodical 'Parakatathiki' of the Pan-Hellenic Organisation for the Greek Orthodox Tradition published an article of prof. Elena Androulaki, under the title 'Alcoholics Anonymous: A way out of dependence or dependence?', where AA is accused of practising methods that are not scientifically proven, of promoting a false spirituality, of being tied to the occult, of being a sect that controls and emotionally manipulates its followers, while depersonalizing them through the compulsory anonymity and by trading their dependence for another. These accusations come as no surprise; the article was written with the sole purpose to incriminate, it contains evidence based mostly on secondary literature, and the few critical voices raised by some ex-AA members cannot be considered conclusive [6].

In Russia, where the AA movement entered during the Perestroika, it is a lot more present, and its relationship with the Orthodox Church far more intense. Some AA groups are exclusively made up of Orthodox Christians, and the

Russian Service Office established ties with the Church, as many priests collaborate with the AA, but there are no official contacts with the heads of the Church as yet. One staff member said: “the most conservative part of the Russian Orthodox Church does not recognise us and considers us heretics.” “The indiscriminate blending of different religions is the very worst thing one can imagine”, stated one clergyman, thus denouncing the religious implications of the 3rd Step [T. Titova, *Alcoholics Anonymous Controversial in Russia*, online at <http://www.keston.org.uk/kns/misc2/3AACONTR.html> (accessed 15.11.2012)].

In turn, a number of members of the hierarchy have spoken publicly in favour of the AA methods. “Certainly, they are of Christian, Gospel nature”, Bishop Alexey of Orekhovo-Zuevo declares, while Bishop Illarion Alfeyev of Volokolamsk said “They have much to teach us”. Both the former patriarch Alexy II (d. 2008), and the current patriarch, Cyrill have similar discourses. The former’s interest in AA is of a missionary import, as a lack of cooperation from the part of the Orthodox Church may permit the sects to ‘take them up’, as well as a moral issue, for it involves servicing people who are terribly hurt, and in need of recovery. At the same time, Patriarch Alexey rebukes the dogmatic indifferentism and asks that these programs be infused with the religious and moral elements of Orthodoxy, through catechesis and integration in the life of the Church. He also points out that the success of the methods may depend upon the cultural background, and as such, the use of these methods in Russia must be ‘intensely looked into’. Even more open, the current patriarch votes for the adoption of all methods that do not deny the Christian faith and do not employ practices pertaining to “witchcraft, occultism, magic, and anything that cuts man off from faith and grace”. He considers that “there are no theological preconditions for rejecting this program”, and the negative attitude displayed by the clergy towards the 12 Steps reflects their “degree of awareness”. [*The Inexhaustible Cup: On Getting Help for Alcohol and Drug Abuse*, online at <http://www.pravmir.com/the-inexhaustible-cup-on-getting-help-for-alcohol-and-drug-abuse/> (accessed 15.11. 2012)].

Outside the AA the 12-Step method is used by the therapeutic communities that employ the Minnesota Model, for ex., by the ‘Old World’ Christian Charity near Moscow, whose rehabilitation program combines the AA experience with the Christian tradition (especially Orthodox), and with knowledge extracted from psychology, medicine, and sociology. With the blessing of Metropolitan Yuveneriy of Krutitsy and Kolomna, the program is supported by a few Orthodox priests and parishes. Another program that uses the 12 Steps and collaborates with the AA is ‘Metanoia’ Rehabilitation Centre at Danilov Monastery in Moscow. Its manager, Starets Jonah Zaimovsky, asserts that a part of those recovered become practising Christians [<http://www.pravmir.com/the-inexhaustible-cup-on-getting-help-for-alcohol-and-drug-abuse/>].

Within the Orthodox Diaspora and especially the one in the USA, which is the land of AA, this program seems to enjoy a favourable though distant position. The Orthodox Christian Mission Center of the OCA in Florida is a

supporter of the activity of the *Saint Demetrios Program* in Cluj; similarly, a number of American Orthodox priests - such as Fathers Meletios Webber and George Aquaro - came to Romania in order to support the initiation of the *NADP*. The Orthodox Christian Association for Medicine, Psychology and Religion, which is a professional association concerned with pastoral counselling does not however, give any particular importance to this subject. In a book dedicated to the way the Orthodox spirituality can free the mind and heart from the bonds of addiction, the Orthodox author Victor Mihailoff, recommended as a former addict and one of Australia's foremost expert in addictions, has positive remarks about the AA and the 12 Steps, only he does that *en-passant* [7]. The only research consecrated to the relationship between the 12 Steps and the Orthodox spirituality belongs to Father Meletios Webber, and it is a comparative introduction to the spirituality of the AA, as well as a plea for the importance of the 12 Steps in the recovery from addictions, and their relevance on the path to repentance for any faithful concerned with his salvation [8]. Quite recently, the Right Reverend Archimandrite Andrew (Zoran) Vujisić has compiled 'The Neptic-Psychotherapeutic Treatment Guide for People with Substance (Ab)use Disorders', a handbook based on a model provided by the US Substance Abuse and Mental Health Services Administration, which incorporates elements of psycho-education, relapse prevention, cognitive-behavioural therapy, family therapy approaches, as well as the 12-Step Program support, with practices and principles found in the Orthodox Church for treating adults who abuse or who are dependent on stimulant drugs [9].

Practically, there are only two other recovery programs within therapeutic communities in Orthodox countries outside of Russia, and they are running at Kovilij (Serbia) and Agia Skepi (Cyprus). Only the first one employs therapeutic methods drawn from the 12 Steps. A third program is informally operating at the Grigoriou monastery in Mount Athos, under strictly traditional recovery principles: work, confession of thoughts, prayer, group discussions, voluntary attendance to the services and the Holy Mysteries.

4. The 12 Steps and the Orthodox spirituality

The development of *NADP* on the basis of 12 Steps and related to AA – that have proved successful in other socio-cultural environments, and increasingly in our very own courtyard, too – raises a series of issues. From a theological point of view, these refer to the relation between the 12 Steps philosophy and the Orthodox spiritual doctrine.

There are obvious similarities between the two, and they are essentially due to the fact that the AA was rooted in the Oxford Group, an American independent religious organisation interested in the 'spiritual revival' of the Early Christianity, which has been completely handed down by the Eastern Church. These are: submitting oneself to God's will, repenting and trusting He would help, resorting to a 'sponsor', confessing one's thoughts, focusing on a daily spiritual program, turning what one requests from God unto one's

neighbour, embedding our whole lives into these principles. It is not by chance that the ‘serenity prayer’ is congenial with the prayers of the Orthodox Church (see especially the Morning Prayer attributed to the Optina Fathers or to Metropolitan Philaret of Moscow).

As previously mentioned, the main objection surrounds “God’s Anonymity”- as Father Meletios Webber aptly coined it – which seems paradoxical for a movement that pleads for a personal relationship with the divinity. However, it is justifiable by several traits. Universalism: AA is for anyone in need, regardless of their faith; it is not an accident that the evangelical role model for ‘my neighbour’ is a Samaritan. Then, pragmatism: it is highly important *to discover* God, and experience His divine interventions, and not to find an intellectual common ground *about* Him. To this argument, some might oppose the belief that only a *true* faith can manage and mediate grace. The reality is that the grace – God’s uncreated energies, according to the Orthodox doctrine - is everywhere and always active, taking different forms, especially within any act of conversion and repentance. What the 2nd and 3rd Steps require, is not the claim to have found the true faith, but the subjective commitment *to accept* the grace, in any shape or size God would will it upon one, through surrender to His mercy and appeal to His loving care. Jesus did not respond to something else when He did unto the Canaanite woman *according to her will*. Even if the case is about a *re-discovery*, for the religiously educated person, it will never be about the same ‘god’ as before, the one misconstrued and rejected by egotry. It is impossible to impose God on others; He reveals Himself only deep within the heart, and between hearts. As Father Meletios also stated, attraction and not imposition is the trait of the true faith [8].

Another issue is raised by the principle of complete abstinence, precisely because from a spiritual point of view the uncontrolled consumption is but a symptom of the real problem, which is the alienation from God [10]. The generalization of that principle from alcoholism to all other types of addictions seems unrealistic, for example in the case of overeating, compulsive buying, or sex addiction of married persons whose spouses stay with them. By insisting on complete abstinence, the idea is that, even if the consumption used to be a mere surrogate for a spiritual void in the beginning, now it became the main problem, and a controlled consumption is an unlikely alternative. This means that, although abstinence *per se* does not solve the underlying problem, it does become an indispensable condition towards reaching a solution [11]. Yet, the very achievement of abstinence is impossible without some changes regarding the solution to that problem, otherwise the relapse, or the so-called “dry drunk” comes along [11, p. 61]. The question is now, if the spiritual healing - through repentance and forgiveness - happens, then why shouldn’t the physical healing take place, too, at least sometimes? Is the addiction a condition as invalidating as the amputation, say, of one’s legs? [12] But “is it easier to say, Thy sins be forgiven thee; or to say, Arise, and take up thy bed, and walk?” (Mark 2.9) The AA’s answer points to the need to understand addiction as a *disease*.

Surprising as it might be, the biggest issue that the philosophy of AA pose for the Orthodox doctrine and for its role within a pastoral program of the Church, could be the very notion that addiction is a chronic disease, and more exactly the way in which this is interpreted and promoted inside the Church. Its importance derives from the statement that the Church's historic lack of success in the treatment of alcoholism may also be credited to the failure to recognize that alcoholism is a disease of the soul *and* the body [10, p. 22, 41, 53], as well as from the important role that the *NADP* assigns to the education on addiction as a disease. We need to specify that the initiators of the *NADP* focus mostly on alcoholism, and there is no mention in the presentation of the specificity of addictions and their treatments. The Program itself is named 'anti-drug', and yet the majority of its current beneficiaries are the alcoholics. In a former version, the handbook devised for the lectures at the Theological Institutes was called 'The Pastoral Care for the Persons with Addictions'. In its final version, the title reads '... with Alcohol Addiction', but in the publisher's note and throughout its pages there is either the explicit suggestion that what works in the case of alcoholism is true for all addictions [10, p. 6, 11, 23, 41, 63, 89], or only imply the said equivalence, as there is no mention of likely limits and differences.

The notion that alcoholism is a disease - like diabetes, which is the preferred analogy nowadays -, has always played a major role in supporting the AA philosophy. Although AA is *not* the originator of this notion (as many tend to believe), and the official AA literature and its founders *do not* use the term 'disease' - but illness and malady - and moreover, they *never even* intended to define alcoholism, the AA saluted the medical *interpretation* of their condition as a disease, more specifically an 'allergy', because "it makes sense. It explains many things for which we cannot otherwise account" [12, p. xxi]. Therefore, the medical theory was received by the AA because it explained a series of characteristics of the experience of being an alcoholic and of the method proposed by AA: why the alcoholic cannot control his alcohol intake, which progresses speedily, why he is unable to treat himself, but is in an imperative need of help, why it is necessary to focus on avoiding the consumption altogether, and not on any prospective causative factors, why it can be treated but not cured - 'once an alcoholic, always an alcoholic' - and why the only cure is complete and utter uninterrupted abstinence. Without all of these, there would be no AA. At the same time, the notion had a decisive role in the moral destigmatization of the alcoholics, and in the change of public concern, that has shifted from incrimination, coercion and prohibition to treatment, support and recovery. The medical model of alcoholism commanded attention and covered the public eye, including the AA, especially through the rise and spread of the Minnesota Model (1948-50) and through the influential work of E.M. Jellinek, *Disease Concept of Alcoholism* (1960) [13].

There are issues here that require attention. For the AA, as well as for the Minnesota Model, the important thing is that alcoholism is not a single disease, but a threefold one, bearing spiritual, psychological, and somatic components, and, if we look at the decisive role of the support group, we infer it is a fourfold

disease. Further on, this notion will forgather with the so-called bio-psychosocial model of health [14] thus facilitating the idea of an integrated clinical approach, in multidisciplinary teams. However, the acknowledgement of the spiritual element beyond the Twelve-Step Facilitations, the more recent edition of the Minnesota Model, remains marginal and controversial in the medical and psychiatric world [15]. This shows that the *relationship* between the four dimensions of health, illness and recovery is complex and exposed to reductionist interpretations, from the epistemological perspective of each professional area, as it is fully shown through the numerous concurrent attempts to define addiction [16]. The rapid progress in medical scientific research brings mutual changes in this relationship. The medical notion of addiction has much evolved from “allergy” to „a state of periodic or chronic intoxication” [17] and then to “a primary, chronic disease of brain reward, motivation, memory and related circuitry”, where “the dysfunction in these circuits leads to characteristic biological, psychological, social *and spiritual* manifestations” (my emphasis) [American Society of Addiction Medicine, *Public Policy Statement: Long Definition of Addiction*, adopted: August 2011].

Although widely accepted, the medical theory of addiction is also disputed, even in relation to the compulsive and irreversible character of the addictive behaviour. For instance, cannabis consumption does not affect the dopamine levels in the midbrain, but it generates addiction. From an epidemiological standpoint, addiction appears to be a spectrum of disorders with a spectrum of recovery characteristics [18]. Alcoholism looks different when observed in clinical population and in general population. According to its official statements, the AA applies itself to ‘real alcoholics’, people who do experience compulsion, which is neither a proof that this is the only possible situation, nor that addiction *is* compulsion [18-20].

Leaving aside the appropriateness to subscribe to a theory that is controversial even amid scientific circles, we have to ask: Is the *NADP* ready to include in its approach a bio- point of view, where the spiritual manifestations are cerebrally *sourced*, and the role of spirituality is to provide a very effective means to cope with stress factors and confer a state of peace and happiness, in the same way that other holistic, or ‘entheogenic’ methods can induce a dopamine release? Recent research claim to have identified the ‘God genes’, the dopamine vesicular transporter gene (VMAT2) and the dopamine D4 receptor gene (DRD4), and is now researching for the dopamine agonist therapy to reduce cravings and prevent relapse and drug-seeking. A medication based on dopamine activators that do not down regulate dopamine receptors would actually facilitate the acknowledgement of the 12-Step programs! [21]

We are far from that kind of “illness which only a spiritual experience will conquer” [12, p. 42] and from its medical analogue, the ‘allergy’. No doubt, the evolutions in the medical world do not cater for the attitude of the Church, but neither is the Church compelled to embrace serenely ‘the brainhood hypothesis’, the reduction of the person to a brain and of the soul to cerebral functions, which is exactly the refuted materialist paradigm cited above. Further, is the biological

determinism compatible with the Christian view on self-determination? The craving is a real terrible suffering that drastically limits the volitional control of one's behaviour, but the alcoholic has not lost his will. On the contrary, the required effort of will in order to *accept* one's helplessness, to *surrender* to a "Higher Power", and to *engage* on the path of the Steps can be compared to that of "cutting one's will" during the exercise of Christian "self-renunciation". Just as Floyd Frantz would note, "the alcoholic is weak when confronted with alcohol, but not with alcoholism." [10, p. 49] Furthermore, the isolation of the addiction issue inside the body of the afflicted individualizes its causality, in contrast with the signally communitarian spirit of the AA (the reason the movement is accused of being a cult). It is debatable that one sins alone - just as the experience of co-dependency proves - yet for the Church, the restoration is only possible in communion, hence the very existence of the Church.

5. Conclusions

AA and 12 Steps have considerable strengths, since are based on experience and practicing spirituality, and are self-through-others directed, yet *spiritu-bio-psycho-social* might be not the same as *bio-psycho-social* even when *spiritual* is added. When attempting to draw an integrated model to understand and approach addiction, the four anthropological dimensions cannot be juxtaposed like in a chain of pluridisciplinary views and interventions, where each one asserts its own competence within its professional limits. In reality, each one has repercussions upon the other dimensions, thus claiming mutual coherence and comprehensiveness. The Christian notion of *passion* as a sinful habit is more apt at the integration, while accounting for *synergic* action between the faculties of the soul and the body, the etiopathological variety of addictions and the moral impasse of their "willing slavery" [22], than the imposition of an animal-derived notion of disease on the puritanistic notion of sin. Surely, the Church is thus challenged to re-evaluate its traditional dichotomist anthropology.

This is obviously a problem whose solution cannot be reached too early for the pastoral urgency to help the addicts. In this sense, it is highly important to fully support the initiative to act on the basis of the best recovery experience at hand, and according to a spiritual practice that is fairly accepted by the medical community, though not for the same reasons. However, we must meditate whether the Twelve Step Facilities and the connection with the AA should pen a national program of the Church, or whether a therapeutic eclecticism, open to other spiritually compatible programs, would not correspond in a better way to the complexity of the human nature, behaviours and contexts.

Anyway, the fact that in the existing programs the priest comes after the group and the addiction counsellor is telling, and this is where a last problem arises: as much as they rescue some and become useful to others, are the 12 Steps – or any other therapeutic methods ingenerated *extra ecclesia* - really necessary for a pastoral activity directed towards the addicts *from within the Church*, when we know that man's 'rebirth' is the very reason why the Church

lives? [23] Apart from a few notable exceptions, its failure to approach and treat alcoholism and drug addiction is remarkable. However, the explanation may not lie in the lack of competence of the spiritual methods, but rather in their lack of implementation, as probed *a contrario*, for instance, by the experience of the therapeutic community at Grigoriou monastery. As Floyd Frantz emphasizes, “one of the most significant aspects [...] is that people do not simply develop a daily reflection, meditation and prayer program” [10, p. 103-104]. Unfortunately, the complacency felt regarding the *daily* spiritual life in general, the prevalence of formality, and the ‘anonymous’ ecclesiastic communities may not contribute to the fight against the proliferation of addictions. The Church’s appeal to the 12 Steps and the AA, the American contribution to the “path towards repentance”, as Father Webber tags them, are indicators of a pastoral impasse. It is quite true that the alienation from God in the case of such passions is so severe, that the affiliation to the Church is practically annulled. Nevertheless, the ‘sheep lost’ are still members of our families and our communities. The disease concept is debatable, but the communitarian ethos of the AA is resolute. While the addicts are taught and aided by these programs to help themselves, it is the Orthodox Christian communities that have to learn over and over again the steps towards their own transformation.

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