Pastoral Counseling of Recovering Alcoholics After Treatment

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I. Where Does the Pastor Fit In?

There is a wealth of information available to pastors on counseling alcoholics from the standpoint of diagnosis, referral, and intervention—the process of getting an alcoholic started on the road to recovery. But what happens when the alcoholic returns from treatment and comes in to see the pastor, either because of the pastor’s involvement in the intervention and/or referral to treatment or because the alcoholic desires pastoral assistance for some other reason? Where does the pastor fit into the alcoholic’s recovery process? There is very little published information available to guide pastors in this counseling context. It is my intention to try to provide some guidelines for this situation, whereby the pastor can fit into the alcoholic’s recovery process, both to help advance the recovery and to avoid hindering or short circuiting what was begun in treatment. I will be emphasizing alcoholism and the alcoholic who has completed an extended treatment program (typically 15, 30, or 90 days, or longer). Most of what I have to say, however, is directly applicable to people addicted to drugs or other substances who have completed treatment—and only slightly less applicable to alcoholics who have not gone to treatment but have been active in the early stages of the Twelve Step recovery program of Alcoholics Anonymous (AA). (The Twelve Steps of AA are presented in the Appendix.)

Apthorp (1985) has defined the role of the church, and by implication the pastoral counselor, with the following restrictive statement:
“If the church has any business at all in the substance-abuse field, if it has any calling to minister to alcohol- and drug-related problems, its most important religious role, its most useful pastoral role, is to do one and only one thing: create a local Church environment in which there is hope of redemption.” (p. 165, emphasis in original)

Because alcoholics returning from treatment have begun to actualize the “hope of redemption” in the reality of ongoing recovery, it is incumbent on the pastoral counselor to avoid impeding their recovery. Clinebell (1968) speaks of helping alcoholics in the resynthesis of life (pp. 245-48), but pastors can be only a part of this resynthesis, participating in the process begun in treatment. The pastor’s actions should be governed by the treatment objective of long-term sobriety, which adds some qualifications to Apthorp’s already restrictive statement.

The environment for recovery has already been created and nurtured by treatment. Thus the pastor’s role is as one of a number of contributors to the ongoing creation and maintenance of that environment. Treatment will have immersed alcoholics in a guided recovery tailored for their situation, and an individual aftercare plan will have been developed to enhance continued recovery. Thus it is important that the pastor not attempt to take over the recovery process on the basis of limited information or for ulterior motives. And finally, the pastor should be aware that the alcoholic may be motivated, consciously or unconsciously, to resist or derail the recovery process in order to have an excuse to drink again. Thus the pastor should beware of being misled or manipulated for this purpose by the alcoholic. In essence there are three guidelines for counseling the alcoholic who has returned from treatment. Pastoral counselors should (1) cooperate in creating continued recovery, (2) not get in the way of the recovery, and (3) not be too gullible or allow themselves to be conned or manipulated.

In showing how these guidelines manifest themselves in pastoral counseling relationships, I will limit the discussion to four aspects of the pastoral counselor’s involvement in the ongoing process of recovery after treatment: (1) the overall aftercare plan developed by the treatment center, (2) the alcoholic’s involvement in AA, (3) the alcoholic’s working of the Twelve Steps of AA, and (4) the spiritual searching and growth of the alcoholic. In one sense, these represent a decreasing hierarchy. The aftercare plan is the overall structure for the individual alcoholic’s ongoing recovery as laid out by the treatment center. It will usually include participation in AA, which will