

What Does the Bible Say About Wine and Alcohol Abuse?



Grace Communion International



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Alcohol

Many religions prohibit the use of alcoholic beverages. Some claim that the Bible also prohibits the use of alcohol.

Wine and other alcoholic beverages are mentioned in the Bible. If the Bible prohibits the use of these beverages, then the Bible must be wrong. Will the Bible show it? Will it show that wine and alcohol are forbidden?

Proper use

One of the first mentions of wine is by Melchizedek, priest of the Most High God at Salem (Jerusalem) during the time of Abram, whose name was later changed to Abraham. Melchizedek “brought forth bread and wine” for Abram and his companions (Genesis 14:18). The Hebrew word translated *wine* in Genesis 14:18 is *yayin*. This word is used over 130 times in the Hebrew Bible to mean *fermented wine*, not grape juice.

This same beverage, when used *excessively*, causes drunkenness. Genesis 9:21 says that Noah drank too much *yayin* and became drunk. Lot also became drunk on this beverage (Genesis 19:30-36), and so did Nabal (1 Samuel 25:36). Nevertheless, God told his people to enjoy *yayin* at the yearly festivals (Deuteronomy 14:26). In addition to using wine as a beverage, God also commanded the Levitical priests to include in the sacrifices a portion of wine (*yayin*) as a drink offering (Exodus 29:40). These scriptures make it clear that there can be a *right* and a *wrong* use of wine.

Naturally fermented wine is between 10 percent and 14 percent alcohol. Higher alcoholic wines are fortified wines. On special occasions God even allowed use of what is translated as “strong drink.” This term comes from a different Hebrew word — *shekar* — which is used 22 times in the Old Testament, and refers to alcoholic drinks made from dates and other fruit.

Bible Really Says

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The high alcoholic drinks called hard liquor today (40 percent to 50 percent alcohol, or 80 to 100 proof) did not exist in Bible times. They are produced by distilling grain-based mash or material from other sources. They did not come into widespread use until the Middle Ages. The danger of these high alcoholic drinks is that, unless one dilutes them, they easily lend themselves to abuse, drunkenness and alcoholism. (Liqueurs, flavored and sweetened distilled liquors, are somewhat different in that they are usually served in small amounts and sipped slowly.)

The Bible says that God gave wine to make men *glad* (Psalm 104:15). Why have some people turned this blessing of God into a curse? The answer is that many people do not follow God's instructions.

A blessing of wine was prophesied as a heritage to the chosen people in Genesis 27:28: "May God give you heaven's dew and earth's richness — an abundance of grain and new wine [*tirosh*]." The Hebrew word *tirosh*, meaning "new wine," is used in 38 places in the Old Testament. People sometimes conclude that this word means grape juice, or fresh-pressed juice of the vine. However, Hosea 4:11 states: "Old wine [*yayin*] and new wine [*tirosh*] take away their understanding." Grape juice could not have this effect. *Tirosh* is an intoxicating wine if used in excess.

New Testament instruction

John the Baptist did not drink wine (*oinos* in the Greek) or any other form of alcohol because it was prophesied that he wouldn't (Luke 1:15). However, Jesus Christ did drink *oinos* (wine) (Matthew 11:19; Luke 7:34). Jesus did not preach against the use of wine; instead he did like most other Jews of his day. He drank wine *in moderation*. In ancient times it was normally diluted with water for drinking, and was one of the principal beverages at that time — as it is today.

Jesus' first miracle was to change water into wine (*oinos*). Some people

who preach total abstinence claim that this miracle was to turn water into grape juice. Imagine if you can a Jewish wedding banquet where everyone drank only grape juice! (The ancients did not have refrigeration or any other method of preventing grape juice from fermenting.) On this occasion, Christ turned six jars of 20 or 30 gallons each into wine (*oinos*). This was no small miracle. This wine was of the finest quality — “You have saved the best till now” (John 2:10). At wedding feasts, the hosts normally started with the best wine, and they would bring out lesser-quality wines later.

Jesus gave a parable involving the fermenting process of *oinos* in Matthew 9:17. At that time, instead of having metal or glass bottles to enclose wine, the skins of animals were used. The fermentation of the wine could burst an old skin, but it would not break a new stretchable skin.

Another proof that *oinos* is fermented wine is the fact that the apostle Paul said, “Do not get drunk on wine [*oinos*]” (Ephesians 5:18). Paul did not mean to avoid getting drunk on grape juice! Paul instructed Timothy, “Stop drinking only water, and use a little wine [*oinos*] because of your stomach and your frequent illnesses” (1 Timothy 5:23). He said to use only *a little* wine, not a whole lot. The purpose of this wine was Timothy’s frequent stomach ailments; small amounts of wine can help some stomach problems.

Some of the Corinthians Christians were getting drunk at the Lord’s Supper (1 Corinthians 11:21). They were using fermented wine, probably following the example that Paul had set for them. Paul did *not* tell them that they were using the wrong kind of wine. He simply told them to eat and drink at home, and to participate in the Lord’s Supper in a respectful way. In Romans 14:21, Paul says that it is good not to drink wine or eat meat if it offends a weak brother. He is referring to fermented wine; grape juice wouldn’t offend anyone. The implication is that there’s nothing wrong with the wine in itself, only if it offends a weak brother.

Abuse, drunkenness condemned

Both the Old and New Testaments contain many examples and commands against excessive use of alcohol and drunkenness. Drunkenness is listed as one of the works of the flesh (Galatians 5:21). That means it is the result of the undisciplined, indiscriminate use of alcohol. Jesus warned his followers not to be drunk (Luke 21:34).

The apostle Paul told the Corinthian church to “you must not associate with anyone who claims to be a brother or sister but cannot control his or her drinking (1 Corinthians 5:11-13). This refers to people who will not face up to or won’t even *try* to overcome drinking problems, not people who are working on and overcoming their problems. The Bible says that drunkards will not enter the kingdom of God (1 Corinthians 6:9-10, Galatians 5:21). No one who abuses alcohol should be ordained in the ministry of Jesus Christ (1 Timothy 3:3, 8, Titus 1:7). If a minister drinks, it should be in moderation.

Throughout the Bible, God criticizes those who are “heroes at drinking wine and champions at mixing drinks” (Isaiah 5:22). Excessive drinkers are committing an evil (Proverbs 23:20-21, Isa. 28:1-8). When used improperly, wine is a mocker and deceiver (Proverbs 20:1). Those who “linger over wine” and spend a great deal of time in drinking will find all kinds of woe, sorrow and trouble (Proverbs 23:29-30).

Prohibitionists focus on the verses that condemn or show the results of *wrong* alcohol use, but neglect those verses that show there can be a proper moderate use.

Outstanding antiseptic

Another use of wine that has been recognized for millennia is the antiseptic qualities of wine. The germ-killing qualities of wine are greater than the same proportion of alcohol in water – and a good natural wine is not as damaging to the flesh as some strong antiseptics are.

Jesus showed he knew the benefits of wine as an antiseptic when he gave the parable of the good Samaritan. In this case a man had been injured and had a severe wound. The good Samaritan “bandaged his wounds, pouring on [olive] oil and wine [*oinos*]” (Luke 10:34). The oil softened the flesh; the wine helped kill bacteria.

Use this knowledge

Some people reject this truth from the Bible about alcohol. They have made up their minds that the use of wine is always wrong. The Bible shows we are not to judge or condemn those who honestly hold such beliefs (1 Corinthians 10:23-33).

Alcohol is not a necessity of life. In God’s eyes, one does not have to drink to show maturity, virility or sociability. And because of the enormous destruction caused by alcohol abuse today, many people have decided that it is better to abstain even if the Bible does not require us to (see for example Howard H. Charles, *Alcohol and the Bible*, published by Herald Press in 1981). That is a more respectable position than trying to argue that the Bible itself forbids the use of alcoholic beverages.

Alcoholics, or anyone who reacts adversely to alcohol for any reason, should not drink alcohol privately or socially at all. Nor should a person use alcohol in the presence of a *recovering* alcoholic (and often one does not know who that might be). There are many nonalcoholic drinks a person can enjoy instead.

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## **Wine in the Bible: Some Bad Arguments**

Some people are convinced that Christians should not drink any alcohol – and they are convinced that the Bible has the same viewpoint. Perhaps they think that they must present evidence from the Bible in order to persuade others. They end up distorting the Bible.

We cannot go into all the examples of bad scholarship on this issue. But as an illustration, we will examine “Sobering Facts About New Testament Wine,” an article by Samuele Bacchiocchi published in the January and February 1990 edition of an Adventist magazine, *Signs of the Times*. Most readers of this e-book won’t have access to that article, but you can see the claims being made by the responses we give here.

### **Wine in the Gospels**

Bacchiocchi claims that people in Jesus’ day knew how to keep grape juice from fermenting. He does not footnote any sources for this claim, nor does the Bible hint at any such practice. Hasting’s *Dictionary of the Bible* says that grape juice was either converted to wine or sometimes boiled down to a thick substance similar to crystallized honey. This thick stuff, Hastings say, was never diluted to make a beverage.

Bacchiocchi claims that alcohol can be removed from wine by filtration. That is not physically possible. Alcohol dissolves in water, and a filter cannot separate alcohol out any more than it can filter out sugar. If alcohol could be separated by filtration, bootleggers would not need stills to make moonshine. Alcohol can be removed only by boiling, or a much more modern process of osmosis.

Bacchiocchi says that the ancient writers Pliny and Plutarch wrote about filtering wine, but they were writing about filtering out the *dregs* of the wine — the grape residues and dead yeast cells. Bacchiocchi seems unaware of the

chemical properties of alcohol, and his misuse of these quotes suggests that he has misunderstood, or misrepresented, other ancient writers.

Bacchiocchi says that a rabbi from the 19th century, quoted in a booklet with no date, says that the Jews don't use fermented wine. This contradicts what almost all other scholars say about Jewish practice in the time of Jesus. Bacchiocchi recognizes that the quote is not completely correct, since he also admits that "Jewish sources are not unanimous." On page 5 a quote from Ginzburg says that grape juice could be used as an *option*, implying that it wasn't the normal practice.

Bacchiocchi's understanding of the banquet master's comment (John 2:10) seems correct — the comment was based on social customs, not the situation at Cana. Since the comment "drunk freely" has no reference to whether the people at Cana were intoxicated, it has no bearing on whether the wine they were drinking had alcohol in it. We don't know how much anyone had drunk at the wedding at Cana — only that they had run out of wine, presumably because more people showed up than they expected.

Bacchiocchi says that Christ could not have produced alcohol "without becoming morally responsible for their intoxication." This is not true: Christ has created many things that can be misused (yeast, for example), but he is not morally responsible for their misuse.

Bacchiocchi says that *kalos* is *morally* excellent and *agathos* is simply good. He quotes an 1883 booklet about wine. How odd! He could have quoted the *Theological Dictionary of the New Testament* (as he did in the previous footnote), which says the opposite about *agathos*. God is *agathos* (Matthew 19:17). Why did Bacchiocchi quote a century-old booklet about wine to explain Greek words? Why didn't he use a modern dictionary of New Testament Greek? Because it did not support his view! He is not using his sources fairly.

Regarding new wine in new wineskins (Luke 5:38): Wineskins, either new or old, don't necessarily burst under the pressure of fermentation, because the gasses can be vented through a valve. Bacchiocchi goes to lengths to reinterpret the saying, but he overlooks an important point. He focuses on "new wine," but says nothing about the "old wine." His quote from Alexander Bruce points out that "old skins which had previously contained ordinary wine" contained particles that would set up fermentation. In other words, any wine that was stored in an old wineskin would already be fermented. Bruce calls that fermented wine "ordinary wine."

Bacchiocchi says that an ancient writer named Columella collected some of the first grape juice produced, before extra pressure was applied, and sealed it in a jar. Other sources say that the jars could be stored in cellars, which might possibly keep them cool enough to prevent fermentation. However, Columella is talking about an *unusual* practice, not what is normally done. Since yeast cells are found practically everywhere, including on the skins of grapes, grape juice normally began fermenting right away.

Bacchiocchi quotes from a book about the Bible and wine — probably a biased source. The quote from Gordon says that Jesus identifies wine only with unfermented wine. This seems contradictory to the Scriptures. Christ talked about two kind of wine, new and old, and he called both of them "wine."

Bacchiocchi seems correct that "eating and drinking" (Luke 7:33) may simply be a phrase indicating social activity. However, if Jesus wanted to make it clear that he did not drink fermented wine, why didn't he?

"Fruit of the vine" (Luke 22:18) *may* indicate fresh grape juice. But it also could indicate wine. Commentaries say this phrase was the stereotyped way to refer to wine in the Jewish Passover ceremony. The typical Passover cup may have contained about a cup and a half, but that doesn't mean that all his

followers have to drink that much. Even churches that use grape juice don't serve that much. Quantity has nothing to do with it; it is a symbol. In most Communion services, there's less alcohol in the wine than there is in a teaspoon of peppermint extract.

Bacchiocchi says that alcohol is harmful to some people, for example, young children. However, many Jewish children drink some wine every Sabbath and every Passover, and Jews have one of the lowest rates of alcoholism. Bacchiocchi then mentions a more valid point: For a few people who used to be alcoholics, a taste of alcohol can awaken cravings. It is probably best for them to use grape juice.

Bacchiocchi says that fermented beverages aren't allowed at the Feast of Unleavened Bread. Not so. Biblical instructions about the Feast say nothing about the yeast in wine. Even the strictest Jews don't prohibit fermented wine during the Feast of Unleavened Bread.

Bacchiocchi says that leaven represents corruption. It sometimes does. But it can also represent the way in which the kingdom of God grows (Luke 13:21). Bacchiocchi is using the evidence selectively. Yeast isn't inherently evil.

The *Jewish Encyclopedia* 1904 article on Jesus says that Jesus would have used unfermented wine *if* the Last Supper had been on the evening that begins the Feast of Unleavened Bread. However, the encyclopedia does not give evidence for its claim; its article about Passover says nothing about it, and its article about wine says nothing about how grape juice could be preserved without fermentation.

### **Wine in Acts and the epistles**

Bacchiocchi assumes that *gleukos*, "new wine," means unfermented juice (February 1990, pages 16-17). *The International Standard Bible Encyclopedia* says that new wine merely refers to the most recent vintage. It

starts out as fresh grape juice and ends up as regular wine. By the time of Pentecost, almost a year after the grape harvest, it would have been fermented.

Hegesippus says that James did not drink wine and did not eat meat. This quote implies that most Christians *did* eat meat and drink wine. Abstinence was unusual, worth noting.

Ephesians 5:18 is a strong warning against drunkenness. But is wine inherently debaucherous? Bacchiocchi lists some uncommon translations that support his view; the major translations are against it. However, Bacchiocchi assumes here that *oinos* is fermented wine. In the rest of his article, he says that *oinos* could also refer to grape juice. If *oinos* had two meanings, one good and one bad, Paul would not be able to write that *oinos* was inherently debaucherous. If *oinos* came in two varieties — one inherently bad and the other good — why doesn't the Bible make any acknowledgement of such a difference? Why doesn't the Bible use an adjective like “intoxicating” or “non-intoxicating” to clarify what it's talking about?

Bacchiocchi says that *nephalion* means abstinent. He gives some sources (mostly old) that support this; he says there is “noteworthy unanimity.” He does *not* cite the standard lexicons on New Testament Greek: *Theological Dictionary of the New Testament* says that it means temperate or, when referring to religious duties, sober-minded. Bauer-Arndt-Gingrich-Danker's *Lexicon* says it means temperate or sober-minded. Louw and Nida's *Greek-English Lexicon of the New Testament* says “most scholars interpret the use of *nepho* in the New Testament as applying to a broader range of soberness or sobriety, namely, restraint and moderation which avoids excess in passion, rashness, or confusion.” *Nephalion*, this lexicon says, refers to “behavior in a sober, restrained manner.” There is “noteworthy unanimity” when you quote only the sources that agree with you!

The Old Testament says that priests should not use wine – but it specifies a time period: “when they went to the tabernacle.” Why doesn’t Bacchiocchi quote that part of the verse? Presumably the priests could drink wine at other times. Josephus says the priests can’t drink wine while wearing the priestly garments. Presumably they could at other times.

Bacchiocchi says that Athenaeus refers to wine that has had its alcoholic potency removed. He does not explain how that could be done. Perhaps Athenaeus was referring to filtering out the residues. “Sweet wine” may refer to wine that hasn’t soured into vinegar. Pliny’s comment about boiled, unfermented wine is, ironically, an admission that “wine” was normally understood to be the fermented kind.

If “sober” simply means mental alertness, he says, Paul meant “Let us keep awake and be awake” (1 Thessalonians 5:6-8). Paul simply means “let us keep awake and sober-minded.” It is not needless repetition. Paul contrasts day and night, drunkenness and soberness. Sobriety does not require total abstinence.

When Bacchiocchi wants the definition of *paroinos*, why does he cite the 90-year old *Temperance Bible Commentary* (page 19, column 2)? Is that a respectable, unbiased authority? Its very name says it is not. Modern lexicons say *paroinos* simply means a drunkard.

### **Further comments**

Bacchiocchi wrote a follow-up article for the September 1990 issue, addressing a few questions: The first question asks whether the ancients could preserve grape juice. The answer says *they did not*: they boiled it down to a thick syrup. Note that this contradicts what Bacchiocchi said earlier.

Second question, about Proverbs 31:6-7: Here we are deviating away from the subject of the study — wine *in the New Testament*. Why this deviation? I think he tries to make the proverb into a universal command,

which is not the intent of a proverb. What about all the other Old Testament verses about wine?

Third question, about 1 Timothy 3:8: Again, despite modern lexicons, he asserts that *nephalios* means abstinence. As he points out, *nephalios* means the same thing as “not given to much *oinos*.” He says that it is synonymous with abstinence, footnoting *Theological Dictionary of the New Testament*, which says nothing of the sort.

Bacchiocchi covers almost all the New Testament scriptures about wine, but his article does not mention the problem of the Lord’s Supper in Corinth. Some of the Corinthians Christians were getting drunk (1 Corinthians 11:21). They were using fermented wine, probably following the example that Paul had set for them.

Another scripture is Romans 14:21, which says it is good not to drink wine or eat meat *if it offends a weak brother*. It seems obvious that the wine here is fermented wine; grape juice wouldn’t offend anyone. The implication is that there’s nothing wrong with the wine in itself, but one should abstain if it offends a weak brother.

In conclusion, Bacchiocchi’s article is not a fair analysis of the subject. He ignores the statements of modern, respected authorities and uses instead old authorities and obscure prohibitionist booklets whose fairness is doubtful. If Bacchiocchi’s conclusion is true, why couldn’t he do a more academically respectable job of demonstrating it?

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# Overcoming Alcohol Abuse

Why is the abuse of alcohol one of the greatest causes of loss of human productivity, and of suffering and death in our world?

Why can the majority of people who drink alcohol do so without harm to themselves, but others — between 5 percent and 15 percent of drinkers in many nations — become alcoholics, and others become problem drinkers?

What is our human responsibility, given the evidence that hereditary factors, as well as environmental ones, affect our response to alcohol? And equally important, *what kind of education* is essential for the proper use and control of this widely used substance?

## **Diverse backgrounds**

We live in a world of diverse human backgrounds, attitudes and experiences in regards to alcohol. Many people come from homes where alcohol is not used at all. Others come from homes where alcohol is used and enjoyed *in moderation*. Others come from backgrounds where alcohol is regularly abused. Many have suffered trauma because someone close to them has misused alcohol or is an alcoholic. Some non-Western nations make nonmedical consumption of alcohol illegal.

A sizable minority in some Western nations reject use of alcohol for religious reasons. Some people come from homes where drinking simply isn't a regular practice. Still others do not drink alcohol because even small amounts cause unpleasant physical reactions or health problems.

Much is known about alcohol, but much has still to be understood about the causes of differing human reactions to it, including differing kinds of alcoholism. Here are some important facts about the chemical compound ethyl alcohol or ethanol, hereafter simply called alcohol.

## **Important basic knowledge**

Alcohol is produced by natural fermenting processes of sugars or starches. It is poisonous in large amounts, but most people are able to metabolize, or process, small amounts.

Alcohol is technically classified as a drug because it alters the functioning of the body in a way that foods normally don't. Yet it is the only drug that can also be classified as a food in *small amounts* because it provides calories. Please note the emphasis on the words "small amounts." In larger amounts, which vary from person to person, alcohol can be toxic and physically damage cells and organs as well as cause drunkenness and addiction.

Research demonstrates that the same levels of alcohol in the bloodstream of different people can produce different responses in brain and body. Part of this is due to human physiological and metabolic differences. But more than body weight or the natural properties of alcohol on individual metabolisms are involved in human reactions to it.

How many people have been educated to realize that mental attitudes and moods of one's physical environment have an effect on human reactions to alcohol (as they do with most mind-altering drugs)?

### **Mood, setting, instruction important**

Clinical experiments have demonstrated that *attitudes* of drinkers (sometimes called "set" in medical terminology) and their physical and social drinking environment ("setting"), especially their learning environment, can be as important as the natural physiological effects of alcohol on how they react to it.

This means human response to alcohol, in part, involves:

1. learned or conditioned expectations of its effects on mental states of mind during use,
2. on the mood of the surroundings in which a person drinks, and
3. on the attitudes of drinkers and associates with whom they drink.

These factors help account for different subjective experiences when different people in different situations use the same amount of alcohol. In addition, human response to alcohol is affected by whether food is in the stomach and what kind of food, by the concentration of alcohol in the drink, and by what the drink is mixed with.

Depending on learned and conditioned cues or expectations when drinking, alcohol may produce a calming, relaxing effect in one situation, belligerence in another, frivolity in another, sleepiness in another and sexual abandon in another.

Controlled experiments have demonstrated the curious fact that many people act tipsy or drunk merely *thinking* they have drunk a certain amount of alcohol, when they have actually drunk only a small amount or even none at all.

### **Beneficial only in small amounts**

In people who can metabolize alcohol satisfactorily, a small amount of alcohol often initially acts as a stimulant. This is because a small amount of alcohol slows down the tense, driven part of the brain that deals with new learning or making judgments. It also slightly dulls the centers that make us aware of exhaustion or discomfort.

A small amount of alcohol often takes the edge off self-criticism and self-doubt. Many people feel emotionally freer, more communicative, yet are in control of their emotions and actions. Many find that this adds enjoyment to certain social occasions.

What happens if people drink more than this *small* amount? Drink then becomes excessive. Alcohol starts suppressing deeper areas of the brain that control attitudes, perceptions and bodily movements. Loss of social restraints, loss of control over body movements and loss of emotional control start to occur. Harmful aspects of the human personality — defects of character

normally controlled — often come out. A person may manifest a Dr. Jekyll/Mr. Hyde personality.

Those people whose personalities are essentially shy or timid often become even more quiet and retiring. Those struggling with deep anger or strong emotional problems may become belligerent, abusive, destructive or immodest.

Still higher alcohol levels in the bloodstream depress areas of the brain controlling vital organ functions. Breathing, heartbeat and central nervous system responses dangerously weaken. Further use leads to coma or death.

The startling fact is, alcohol-related diseases account for 30 percent or more of all hospital admissions. Alcoholism costs Americans vast sums annually in medical expenses and industry losses. The abuse of alcohol in many Western nations is involved in over half of traffic fatalities and many accidents. And law enforcement agencies have found it is involved in large percentages of homicide, rape, aggravated assault and domestic violence.

How can individuals and families avoid falling into these tragic problems? By understanding and respecting the mental, emotional, environmental, physiological and hereditary factors that influence alcohol response!

### **Educational environment is very important**

First in importance is the right social learning environment in the proper use of alcohol. Conversely, wrong social influences, attitudes and backgrounds plant the seeds of future alcohol abuse.

Dr. Morris E. Chafetz, former director of the U.S. National Institute on Alcohol Abuse and Alcoholism, said: “Under ideal circumstances children should learn healthy attitudes about drink in the familiar surroundings of their homes. However too many parents are too confused or too guilty about their own drinking to teach a youngster to drink moderately.”

In the early 1950s, a study of over 15,000 U.S. college students demonstrated that the most important social factor in determining student drinking habits was *parental example*. Many, but of course not all, of the young people in this sample were found to drink, or abstain, like their parents.

This study found that what the parents taught on the matter of alcohol was of little importance compared with what parents *did*. The attitudes and practices of the parents were much more influential on the young peoples' thinking and action than were the teachings of their schools or churches.

The next most important social influence on students' drinking patterns has been found, not unsurprisingly, to be attitudes and practices of their closest friend or friends.

Yet, researchers have found children are not all alike in their response to even poor drinking examples. Some children become so deeply disgusted with the alcohol abuse they have witnessed in parents or peers that they want nothing to do with alcohol. They can associate nothing positive or beneficial about any alcoholic drink.

Other studies have found that young people from backgrounds of total abstinence, but with no ethical guidelines from their families or churches to distinguish responsible from irresponsible drinking, tend to have a high incidence of problem drinking behavior if they start drinking. Many of these people develop an abusive pattern that rapidly grows out of control.

### **Support from cultural studies**

A very good book summarizing studies and research on alcoholism was published by Harvard University Press in 1983. The book is *The Natural History of Alcoholism*, by George E. Vaillant. One of the important points Vaillant emphasizes in this book is research as to why some cultures are plagued with serious alcohol abuse problems and others are not.

Various studies have demonstrated that social groups that introduce responsible drinking and attitudes within the family unit, with reinforcement by adult example, have the lowest rates of alcohol abuse among cultures that allow drinking.

Vaillant summarizes the evidence discovered in these studies as follows: “Introducing children to the ceremonial and sanctioned use of low-proof alcoholic beverages taken with meals in the presence of others, coupled with social sanctions against drunkenness and against drinking at unspecified times, would appear to provide the best protection against future alcohol abuse” (page 105).

Study after study shows family and social attitudes about alcohol are extremely important in the results that come from its use. Certain Mediterranean nations such as Italy, Portugal and Greece and some Eastern cultures have had a tradition similar to the aforementioned pattern of using alcohol. Unfortunately, in recent years more affluent and permissive drinking influences are weakening this pattern in many of these nations, and alcoholism is a growing problem.

The disciplined and family-educated moderate drinking tradition is even more pronounced among conservative and orthodox Jews. Drinking is widespread in this culture, involving most children and adults, yet there exists an extremely low rate of alcoholism. The reason is the Jewish children from such an environment acquire strong inner controls as to the proper use of alcohol. From their early years of life these children witness the moderate use of alcohol among parents, and strong social sanctions against alcohol abuse and drunkenness are enforced. Alcohol tends not to be drunk daily. It is commonly reserved for the weekly Sabbath and special occasions.

Since moderate use of alcohol is part of Orthodox Jewish life from early years, and closely tied in with family religious traditions and meals, and a

deep sense of responsibility to the family is expected, there is a very low occurrence of undisciplined experimentation by adolescents or abuse of alcohol as a symbol of revolt against authority by them.

### **More evidence from cultural studies**

One southern European culture, the Italian, has had the custom of providing children with a long education in moderate alcohol use, usually low-proof wine, and encourages responsible drinking with family members at meals. Alcohol used by children is often diluted with water and drunk in small amounts. Such drinking diminishes the alcohol “high” and tends to establish and enforce moderate drinking habits. Drunkenness is also frowned upon.

In contrast, several North and East European nations are noted for much higher alcohol problems. One European culture discourages children and adolescents from drinking, but they tolerate — even covertly praise — the ability of men to drink large amounts of alcohol. In this culture, heavy alcohol use is frequently indulged in away from other family members, often in pubs and apart from food of any kind. And high-proof liquors are more highly revered than low-proof drinks.

In one major Eastern European nation, men feel obligated to finish off a bottle of high-proof liquor after they open it. Drunkenness and alcoholism is undermining the health and productivity of that whole nation!

In some cultures, to refuse a drink is construed as unmanly, unsocial or even unpatriotic. Certain cultures tolerate open displays of drunkenness. Every nation, culture and family teaches what is acceptable and unacceptable behavior by how its influential adult members live and what they tolerate.

### **Drinking attitudes and environments**

Millions of people in our present world find themselves drifting in the midst of a sea of increasingly permissive and often abusive alcohol

crosscurrents. “Do your own thing!” — a popular attitude in the Western world — has led great numbers to abuse alcohol and then into alcoholism.

Millions of adolescents are not taught about alcohol in a disciplined, happy home environment. Instead they learn about alcohol in the peer-pressured “beer bash” with its so-called fun of “getting smashed,” “bombed,” “loaded,” “wasted,” “soused,” “plastered,” or “clobbered.” There is a lot of popular terminology to lessen guilt and dress up the evil consequences of drunkenness and lack of self-control.

In the Western world there have been stronger and stronger social and advertising pressures to lead many people to think that alcohol is essential for having fun at any activity. In many social occasions, people are *expected* to drink (a trend that is now fortunately changing). There are still widespread attitudes that associate drinking and “holding one’s liquor” with masculinity and virility and being part of the “in” group.

Many businessmen find themselves pressured and expected to drink during business hours — before and after deals. Many people have gotten into wrong drinking habits from such modern drinking inventions as the “happy hour” — the before-meal high-alcohol-content cocktail party.

In many areas, numerous bars exist for people with any kind of drinking habit to stop off anytime they feel like it to have drinks. In many areas, low-cost liquor is available at a growing variety of food and nonfood stores and shops.

As a result of such common drinking practices and attitudes, many believe alcohol can be used any way they like. It’s no wonder abusers, heavy drinkers and alcoholics have trouble accepting the truth about the damage their habits do, and they do not stop or get help.

### **Laws reflect teen crisis**

It is precisely because the disciplined family structure has so widely

broken down, and permissive drinking practices are so widespread, that many health and government officials frown on *any* use of alcohol by young people, even within the home. They feel there is simply too much lack of understanding and carelessness about alcohol and too many permissive adult and peer drinking attitudes and pressures.

These authorities have additional reason to be concerned about improper use of alcohol by young people. Research indicates that adolescent metabolisms, which are in the developing stage, are much more sensitive to alcohol. Alcoholism can develop *several times* more quickly in teens who abuse drink than among adults.

Because alcohol abuse has become so widespread among young people in many nations, governments at various levels have passed laws forbidding use of alcohol by minors. In the United States and many other nations, *any use of* alcohol by underage people apart from that permitted within homes or other circumstances under parental control is illegal. Laws vary from state to state or area as to what is permissible drinking by minors even within the home.

### **Racial and hereditary differences**

We now come to another critical area that adults and children need to be educated in: physiological and hereditary differences affecting alcohol metabolism.

In recent years, research studies have demonstrated there are significant differences in alcohol metabolism in humans. Differences of opinion exist among researchers on the relative contributions made by heredity and by environment in response to alcohol. But this much has been established. There are differing sensitivities and reactions to alcohol among various races or ethnic groups and even between individuals within a race or family.

Human response to alcohol can vary significantly due to enzyme and constitutional differences within the body. Some people are so sensitive to

alcohol that just a small amount can produce acute discomfort, possibly accompanied by facial flushing, elevated skin temperature, rapid pulse or lack of sobriety.

Preliminary studies indicate that a high proportion, perhaps half or more, of peoples of Asian background have a rapid alcohol sensitivity producing some of these effects, whereas such effects are seen in 5 to 20 percent of Caucasian groups.

Many people in Asian populations have been found to have metabolic systems of enzymes that convert ethyl alcohol to acetaldehyde more rapidly than Caucasians. They are thought to experience unpleasant symptoms because high blood acetaldehyde levels, which act as an irritant, are not quickly disposed from the bloodstream. Hence, some Asians are less prone to alcohol abuse.

Clinical investigations have demonstrated that the human liver, where about 85 percent of alcohol metabolism takes place, contains multiple forms of enzymes responsible for that metabolism, each of which is inherited. Structural differences in these enzymes, small though they are, can have a great effect on the functional properties of an enzyme, either speeding up its action or slowing it down. Thus they accelerate or delay the elimination of alcohol byproducts from the body.

Clinical studies are also establishing that there are variants in alcohol metabolism among individuals depending not only on inherited characteristics, but sex, health, weight, age and diet. This research indicates that for anyone to assume he or she can drink exactly like others is both foolish and potentially health damaging.

It is a big mistake to assume individuals from different racial or family backgrounds, or body builds or health, can drink exactly like others. Adult family members need to realize their responsibility to respect and pass on any

family history that indicates caution regarding alcohol!

Dr. Sheila B. Blume, Medical Director of the National Council on Alcoholism and a member of the scientific advisory committee on the National Institute on Alcohol Abuse and Alcoholism, commented:

The more we learn [about alcohol], the more we know that the effect depends on individual differences. How people react depends on their genetic makeup. Genetic makeup influences psychological and physical reactions. One person may drink very moderately with no apparent harm to the organs. And yet the same amount of alcohol might cause harm in another. Men and women may have different reactions. Women get higher alcohol peaks in their blood than men. Also, age makes a difference. An amount a person could tolerate in young or middle age might be harmful when that person is older.

As a result of individual differences, some authorities say it is impossible for anyone to flatly say that one social drink a day won't hurt someone, or that two social drinks a day will keep heart attacks away.

The majority of people in Western nations can drink a small amount of alcohol without adverse effects. But some people, because of some metabolic or health reason, cannot properly utilize or enjoy alcohol. To them, just a little alcohol is a toxin, producing distressing symptoms. A wise parent or host or hostess will be aware of this reality.

### **Family background important**

At the other extreme, research is making it clear that the drinker who can "drink others under the table" but not get drunk is also in serious danger. Many of these people (they frequently come from families with a history of heavy drinking or alcoholism) often claim to feel less intoxicated after multiple drinks and show fewer early signs of drunkenness after heavy drinking. Dr. Marc Schuckit, professor of psychiatry at the University of California, San Diego, and an authority on alcohol problems, has found that

many heavy-drinking men who come from this high-risk group often produce high levels of the alcohol metabolic breakdown acetaldehyde.

Schuckit speculates that certain people's metabolisms with high levels of acetaldehyde blunt the typical drowsy response. Instead of finding large amounts of alcohol dulling, like others would, they find it stimulating. This misleads them to think they can continue drinking in amounts that cause others to get sick or drunk. Whether this particular response is due to genetic factors or the result of repeated alcohol abuse is a point of debate.

There are different patterns of alcoholism. The ability to drink larger and larger amounts without getting tipsy or drunk is one of the warning signs of developing or early stages of alcoholism. In all cases, immoderate drinkers are only kidding themselves. They are already in serious alcohol-related trouble! "Never envy a heavy drinker who does not seem to get tipsy," warns one expert on alcohol. "Alcoholism may be the next station on his train ride."

### **Personal responsibility**

It is critical that everyone reading this be scrupulously honest with themselves. If you drink, where and how did you learn? Who were your childhood examples, and what was your learning environment? Were they — are they now — really wholesome and healthy and moderate or not?

Unfortunately, the problem with discussing any kind of limit in drinking is that those who abuse alcohol usually deceive themselves that they can handle much more than others, when they can't. Abusers are usually the last to admit they drink too much. They think — or like to think — they drink in moderation, but they base their definition of moderation on their past habits or on the standards and practices of others around them.

Alcohol is being abused when it results in harmful spiritual, mental, and emotional attitudes of mind and in damaging physical and bodily reactions. Lack of moderation is another important criterion — even if some people do

not get tipsy or drunk like others from heavy drinking. Immoderate use of any alcoholic beverage, even low-alcohol ones, will eventually cause problems and can cause alcoholism.

Sensible precaution indicates moderation even for people who can handle alcohol without adverse reaction or risk. This means having no more than a modest drink or two during any day or social occasion, and then spaced out over a period of time, not all at once. Some authorities advise not to drink alcohol every day.

Next, you need to ask, is there a pattern of alcohol abuse or alcoholism in your family? If so, you need to be *extremely* moderate if you drink at all — and perhaps you shouldn't drink at all. Evidence is growing that a predisposition to more quickly develop alcoholism can be inherited.

Next, and critically important, if you drink and are a parent, you need to ask what is the *example* you are setting to others, particularly to impressionable children and adolescents in your care. You *must* set a proper example!

### **All held accountable**

The Bible has many warnings and examples about the *abuse* of alcohol. In God's eyes, humans do not need to drink alcohol to prove masculinity, sociability or maturity. In fact, humans do not need to drink alcohol at all. If we drink alcohol, God holds us responsible for how we do so. He holds us responsible for staying *well back* from levels that produce ill effects in our lives or others. Moderation is not always pushing the limits of sobriety. How we handle alcohol is a test of our character!

If individuals cannot drink without alcohol being a problem to themselves or others, then they should *not drink alcohol at all* — *privately or socially!* If you already find yourself failing to control alcohol, then it is your God-given responsibility to do all you can to get the help you need to stop. Since many

alcoholics and abusers of alcohol will not face or admit they have a drinking problem, others may have to help them confront their problem and overcome it.

The use of alcohol can produce a benefit only if we are knowledgeable about alcohol and about human differences in its metabolism, and we discipline ourselves in *our* families and social responsibilities.

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## What Is Alcoholism?

It is common to speak of drinking problems in terms of drunkenness or alcoholism. What is not generally understood is that five definable types of alcoholic abuse have been known for decades, of which three are characterized by loss of control and addictive behavior. All five types the Bible broadly classifies as sin (Galatians 5:21 and 1 John 3:4). Each is characterized by some kind of *consequent* illness.

*The problem drinker* has only a psychological dependence on alcohol to relieve emotional or bodily pain. His or her drinking is excessive, but noncompulsive, and damages marital and other interpersonal relationships. Problem drinkers show no evidence of physiological addiction nor loss of the ability to control or to determine their intake of alcohol.

*The hard drinker* is characterized by nutritional deficiency diseases, such as cirrhosis of the liver, gastritis and noninflammatory degeneration of the nerves. Such people have no loss of control, no withdrawal or other addictive manifestations. Hard drinkers often have poor nutritional habits. Damage to the body is primarily physiological, with reduced earning capacity and consequent reduced family stability and reduced life expectancy.

*The periodic drinker* is usually abstinent between binges, but suffers from manic-depressive mood swings. He or she may begin a binge when skidding into such painful depressive moods. The periodic drinker suffers from loss of control and has temporary addictive behavior.

*The steady alcoholic*, a type characteristic of the vast majority of American alcoholics, has true physiological addictions, withdrawal symptoms, loss of control of intake and a craving for alcohol. He or she has increased body tissue tolerance for alcohol, suffers from progressive impairment of all areas of the person's functioning, including health.

*The plateau alcoholic* is identified by the need to maintain a certain minimum level of inebriation much of the time. The plateau alcoholic is prevalent in France and among women and Skid Row alcoholics in America. They may seldom be obviously intoxicated and may be able to hide the problem for many years. The social life of the plateau drinker disintegrates subtly and gradually. Such individuals also suffer from declining health, from addiction and an inability to exercise positive control over alcohol intake.

This general classification was developed by the E.M. Jellinek, the father of scientific alcoholism research. Other types of alcoholism are also known through medical research.

| <b>Psychological and physical effects of alcohol</b> |          |                                                                                                                                   |
|------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------|
| Column 1: number of drinks                           |          |                                                                                                                                   |
| Column 2: blood alcohol concentration                |          |                                                                                                                                   |
| Column 3: psychological and physical effects         |          |                                                                                                                                   |
| 1                                                    | .02-.03% | No overt effects, slight feeling of muscle relaxation, slight mood elevation                                                      |
| 2                                                    | .05-.06% | No intoxication, but feeling of relaxation, warmth. Slight increase in reaction time, slight decrease in fine muscle coordination |
| 3                                                    | .08-.09% | Balance, speech, vision, and hearing slightly impaired. Feelings of euphoria. Increased loss of motor coordination.               |
| 4                                                    | .11-12%  | Coordination and balance becoming difficult. Distinct impairment of mental faculties, judgment, etc.                              |

|                                                                                                                                                                                                                                                                                                                                                                    |         |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------|
| 5                                                                                                                                                                                                                                                                                                                                                                  | .14-15% | Major impairment of mental and physical control. Slurred speech, blurred vision, lack of motor skill. |
| 7                                                                                                                                                                                                                                                                                                                                                                  | .20%    | Loss of motor control — must have assistance in moving about. Mental confusion.                       |
| 10                                                                                                                                                                                                                                                                                                                                                                 | .30%    | Severe intoxication. Minimum conscious control of mind and body.                                      |
| 14                                                                                                                                                                                                                                                                                                                                                                 | .40%    | Unconsciousness, threshold of coma.                                                                   |
| 17                                                                                                                                                                                                                                                                                                                                                                 | .50%    | Deep coma.                                                                                            |
| 20                                                                                                                                                                                                                                                                                                                                                                 | .60%    | Death from respiratory failure.                                                                       |
| <p>For each one-hour time lapse, subtract .015% blood alcohol concentration, or approximately one drink. One drink = one beer (4.0% alcohol, 12 ounces) or one highball (1 ounce whiskey, 4 ounces ginger ale). Source: <i>Drug Education, Content and Methods</i>, <a href="#">Girdano and Girdano</a>. Copyright 1972, 1976 Addison, Wesley Publishing, Inc.</p> |         |                                                                                                       |

## The Slide Into Alcohol Abuse

The slide into alcohol abuse can be gradual and subtle. Many in society use alcohol to cope with their daily problems, frustrations and feelings of inferiority. They have seen alcohol used in this way or carelessly allowed themselves to slip into this pattern because of unresolved stress or problems.

Alcohol abuse has already occurred when a person automatically reaches for alcohol whenever he or she has difficulties or emotional problems. Over a period of time a person can become psychologically addicted to alcohol as a method of coping with personal problems. By persistently keeping alcohol in the bloodstream, a person may alter the metabolism and become physically addicted to alcohol as well.

Alcohol should never be used to escape problems or to cure loneliness, boredom or depression. Using alcohol for such reasons is habit forming and it worsens, not solves, these problems. Alcohol is an anesthetizing drug. It

should never be taken, even in small amounts, before making critical judgments, evaluations or decisions affecting your own or someone else's life. It should never be mixed with medicines.

The Bible teaches us to resolve our problems the right way. God's way to solve personal problems and frustrations is through prayer, seeking forgiveness and setting our minds and values aright or straightening out interpersonal wrongs. God's way is not to first reach for an alcoholic drink!

### **From moderation to abuse**

The slide into alcohol abuse and alcoholism can take many forms. The alcoholic is a person who has developed a psychological dependency on the drug alcohol, which is also usually coupled with a physiological dependency. He has no predictable control when he or she starts to drink.

In some alcohol abusers, physical and emotional problems occur when they start drinking, in others also when they stop drinking. Authorities note alcoholics develop varying patterns of conditioned cues — rhythms within their bodies and from their environment — that trigger alcoholic episodes. On one occasion some alcoholics may be able to moderate their drinking, but on another seemingly similar occasion they lose all control.

It sometimes takes many years for gradually increasing amounts of drinking to develop into a more noticeable phase of alcoholism. In some people, alcoholic patterns develop within weeks of first use. They seemingly lose control starting with their first drinks. The slide manifests itself with an increasing preoccupation with alcohol.

Alcoholism is a state when the cells of a victim's body, the metabolic functioning, and the psychological responses become altered through drinking — although the alcoholic doesn't realize it until really serious problems develop, and often not even then.

Some alcoholics drink daily, others in episodic patterns. Some stay dry

for long intervals between binges. Some drink enormous quantities of alcohol when they drink, others do not. They may tinkle throughout the day, keeping “mellow” but not obviously drunk.

In the past alcoholism was thought to travel through three progressive stages — heavy drinking, problem drinking and alcoholism — each with a distinct complex of symptoms. Doctors are discovering the condition is more complicated. It does not always follow a set pattern, but instead may assume varied forms.

In most cases of alcoholism, the alcoholic’s body becomes adapted to functioning with high levels of alcohol. Alcohol offers temporary relief to personal problems or inner cravings. Alcoholics do not see alcohol as a cause of their problems, but a *solution*. They feel it is essential and “normal” for their functioning. The deceptive cycle will continue until broken by abstinence from alcohol and proper treatment.

Early in alcoholism, the alcoholic can usually control the craving for alcohol. But if there are few penalties associated with heavy drinking, the person may feel no need to control it. As tolerance increases and physical dependence sets in, the alcoholic gradually loses psychological control of the craving for alcohol. Finally, will power, self-restraint and the ability to say “no” lose all force. The physical-psychological need for alcohol overshadows everything else in the alcoholic’s life.

As alcoholism progresses, it may reach a point where alcohol tolerance lessens due to cell damage in the liver and nervous system. The alcoholic may no longer be able to tolerate large amounts of alcohol. He or she may lose the ability to judge how much to drink, and dangerously overdrink to serious sickness or unconsciousness.

Alcohol experts realize that while abuse of alcohol is frequently preceded by harmful drinking practices, or psychological and emotional problems, the

drug reactions of alcohol itself also *cause* many damaging emotional and physical problems — such as irritation, moodiness, depression, compulsion, or flying off the handle. Alcoholism is a self-perpetuating condition.

Only 3 percent to 5 percent of the alcoholic population exists on Skid Row. Most maintain homes and families and hide their problem. The greatest roadblock to early and successful treatment of alcoholism has always been its prime symptom: *denial*. Alcoholics must stop using alcohol to have a chance at recovery. Skilled help is virtually always needed to help achieve it.

### **Progressive Phases**

Most — but not all — alcoholics go from controlled social drinking to complete addiction in seven phases.

- 1 Controlled social drinking
- 2 Purposeful occasional drinking to escape from tensions
- 3 Frequent escape drinking in which tolerance to alcohol steadily increases
- 4 Early alcoholic phase with first blackout
- 5 Progressive preoccupation with alcohol
- 6 Complete alcohol dependence, danger of withdrawal symptoms
- 7 Social, medical and spiritual help needed, or death occurs.

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## Alcoholism — a Disease?

At times, scientists, clinicians and others debate whether to call alcoholism a “disease.” Usage of the term is usually acceptable *if* it is properly defined. When one considers the wide scope of damage that alcoholism does to the human body, mind and spirit, the condition can, indeed, be legitimately described as having become a disease. The fact that the disease is caused by a person’s own behavior and choices does not make it less of a disease — certain cancers, diabetes, and heart problems are also caused by behavior, but are rightly considered diseases.

Over a period of time, alcohol abuse alters brain-cell function, induces nerve damage, shrinks the cerebral cortex, imbalances the hormonal system and damages vital organs. Scientists have found that repetitive alcohol abuse wreaks a certain common havoc on the psyche that is perhaps even more insidious than the damage sustained by the liver, the heart and other vital organs.

During early and middle stages, alcoholics may be able to function, but their productivity will be progressively hampered; their psychological disequilibrium will magnify small problems and render them unable to cope effectively with stress. This altered state of psyche will prevent them from seeing the reality of a situation and thwart the normal process of emotional maturing that enables people to understand and learn from lessons of experience. The condition of alcoholics changes them into people who think, act and feel differently than they should.

Because alcohol blurs effective insight into the way alcoholics look on things, it is often impossible for others to reach them about what their drinking is doing until they “hit the bottom” or are confronted with a serious problem. Victims are so dependent on alcohol to function or feel well that

they feel there is nothing abnormal about their drinking. They delude themselves (perhaps one should say, lie to themselves) that they don't have a drinking problem. Many feel this way because they aren't derelicts or Skid Row types.

Some of the most serious diseases associated with chronic alcohol abuse include cancer of the liver, larynx, esophagus, stomach, colon and breast. Alcoholism may also lead to high blood pressure, stroke and heart attack; damage to the brain, pancreas and kidney; produce stomach and duodenal ulcers, colitis, birth defects and fetal alcohol syndrome, impotence and infertility, premature aging, sleep disturbances, muscle cramps, diminished immunity and other diseases. Alcohol abuse and cigarettes are one of the worst possible combinations, greatly increasing the risk of heart disease and cancer.

Calling the condition of alcoholism a disease is not a cop-out for alcoholics. To the contrary, when alcoholics become aware of the far-reaching damaging effects of their condition to their own minds, lives, families and society, they have *more* responsibility, not less, for seeking treatment.

### **Heredity studies**

The involvement of heredity in alcoholism has been suspected since ancient times. The basis for this is the observation that alcoholism tends to "run in families," which in itself is not proof of genetic involvement, since a shared environment could also explain the pattern. However, the strongest evidence for genetic influence on alcohol-related behaviors has come from a few adoption studies in which the effects of biological parentage and rearing parentage are disentangled.

A good controlled-adoption study was conducted by D.W. Goodwin and his colleagues in Denmark in the early 1970s. This study compared the

drinking history of 55 adopted-out adult sons of alcoholics and 78 adopted-out adult sons of nonalcoholics. All these sons were adopted as infants, within the first six weeks of life. The researchers found that biological sons of alcoholics who had been adopted by non-related foster families were *four times as* likely to become alcoholics as the adopted sons of nonalcoholics. (The researchers found the lifetime prevalence of alcoholism as 18 percent in the biological sons of alcoholics versus 5 percent in the nonalcoholic sons. The estimated lifelong rate for alcoholism for males in the U.S. general population is estimated to be about 3 percent to 5 percent. For females it is less.)

Goodwin and associates found high rates of alcoholism in sons who had a biological parent who was alcoholic even if the adopted sons were raised by nonalcoholic foster parents. These sons of alcoholics were also twice as likely to become alcoholic by their late twenties or earlier and to develop alcoholism serious enough to require professional treatment.

In 1978, a study of over 1,100 adopted sons of alcoholics in Sweden found them three times more likely to become alcoholic than the adopted sons of nonalcoholic fathers. Adopted sons whose mothers were alcoholic were twice as likely to become alcoholic as those whose mothers were nonalcoholic.

In 1979, Nancy S. Cotton, Ph.D., reviewed 39 studies on the heredity of alcoholism that had been published over the preceding four decades. She summarized the findings on the families of 6,251 alcoholics and 4,083 nonalcoholics involved in these studies: Without exception, every family study of alcoholism showed significantly higher rates of alcoholism in relatives of alcoholics (in father, mother, sibling or relative) than in the general population. Cotton found that almost one-third of any sample of alcoholics had at least one parent who was alcoholic. Two-thirds of the

studies of alcoholics found that at least 25 percent had fathers who were alcoholics.

Dr. Marc Schuckit of the University of San Diego, chief of the alcoholism research unit, remarked, “People do inherit things that make them more or less vulnerable to the effects of alcohol. Certainly many genes are involved, and there are many different ways to become alcoholic.”

It is difficult to untangle the relative contribution of heredity and of environment in alcohol response. It is important to point out that not all alcoholics have alcoholic parents or siblings. Some have parents who do not drink at all. Humans are influenced both by genes that affect their physiological or metabolic functioning, and by their social environment.

Modern alcohol research is finding that what is inherited is not “alcoholism” but a *susceptibility* for it — a “genetic predisposition” that renders a person more metabolically vulnerable to develop alcoholism if that person drinks. Genetics alone is not the cause of alcoholism. Alcoholism must still be created by improper drinking. In our world, this is usually fostered by careless or socially encouraged abusive drinking practices, or by trying to solve emotional problems with alcohol.

In summary, if individuals have alcoholism in their family, special concern is warranted. If they do not have alcoholic relatives, concern is still warranted because no persons can safely assume they are immune. Alcoholism can be created simply by unthinking, careless use or abuse of alcohol.

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Alcohol and Teenagers

UNITED STATES

- Over 4.5 million teenagers between age 14 and 17 are problem drinkers.
- In 1980, 30.1 percent of the teens interviewed said that either they or their friends got drunk at least once a week. Six percent said that they drank daily.
- In 1988, over 8,000 teenagers died in alcohol-related auto accidents. Many times that number were disfigured.
- 90 percent of the teenage population tries alcohol; 8-9 percent exhibits alcoholic behavior (due to peer pressure) while not actually being alcoholic, and 1-2 percent of the teens are actually alcoholic — usually poly-drug addicted.
- Nearly one of three teens reports riding with an adolescent driver who was drunk.
- Nearly half of all teens who commit suicide are intoxicated at the time.
- 42 million children live in homes with alcohol-dependent parents, relatives, or guardians. Approximately 50 percent of those children will themselves develop a problem with alcohol.

WORLDWIDE

- **Britain** — teenage drunkenness has doubled in the past 12 years.
- **Sweden** — one poll showed that 90 percent of that nation's 15 year olds drank regularly.
- **Russia** — 90 percent of the population had their first drink before age 15 and 33 percent before age 10. These figures and others have alarmed Russian officials who are facing a grave national problem with alcoholism.
- **Austria, West Germany, Norway, Denmark, Czechoslovakia, France, Ireland and Switzerland** have spent millions on state informational

campaigns on alcoholism or have banned alcohol advertising in the various printed or electronic media.

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Alcoholism Is Treatable

Thousands of alcoholics are helped to stop drinking every year. The chances of recovery are good if alcohol abuse or alcoholism is treated in its early or middle stages. Unfortunately, most alcoholics do not receive treatment. *Over 90 percent of them will die as a result of their alcoholism.* Most of them won't die directly as a result of alcohol's ravages to the organs of their body but to *accidents* caused by their drinking.

Proper treatment for the alcoholic must be more than a drying-out period and an interlude between binges of drinking. Treatment must be a well-designed program to get the alcoholics back on their feet and started in a new life of sobriety. They must learn how to cope with life and problems without alcohol. If alcoholics continue drinking, most will continue to deteriorate emotionally and physically.

Many alcoholics who recognize they have a problem have great guilt and embarrassment because of their condition. It is very difficult for them to admit they are different from others who can drink and enjoy a little alcohol. It is difficult to give up something that seems so essential to coping and feeling better in their lives.

Permanent vulnerability

Alcoholics, like all humans, vary in what moves and motivates them. Relatively few alcoholics stop drinking by themselves. If they do, it is usually related to some personal shock caused by their drinking.

Experience has shown that alcoholism alters rational thinking in most alcoholics as long as they remain drinking. The vast majority of alcoholics simply do not face the reality of their condition and cannot permanently stop drinking without help. Long-term or late-stage alcoholics need professional treatment. Quitting "cold turkey" for these people could cause withdrawal

symptoms that could be life-threatening.

The overwhelming preponderance of experience indicates alcoholism is rarely, if ever, totally cured. Most alcohol experts have found, for practical purposes, that once the “addiction switch” to alcohol (or any other addictive drug) is thrown “on,” it rarely returns to “off,” even after years of abstinence from the drug. This is why alcoholics in treatment are educated to call themselves a “recovering alcoholic.” They can never safely return to even moderate social drinking.

All successful drug abuse treatment programs have the same goal: to help drug-dependent people become and remain drug free. It is important to stress *drug free*. Once people become addicted to alcohol, they are highly susceptible to addiction to all other drugs that work on in a similar fashion. Recovering addicts must beware all potentially addictive substances.

Education — important first step

Before anything else is done, anyone who hopes to help an alcoholic recover should first carefully study about alcoholism. Family members, and eventually the alcoholic, must come to understand that alcoholic people cannot drink “normally.” They will need to learn about common early, middle and late-stage symptoms. Family members will need to be forewarned that failures and relapses in treatment are common, yet alcohol-free living is still possible. This education requires time and patience.

An alcoholic is both physically and psychologically damaged. The thinking and metabolism have been altered. When drinking, or even between drinks, the alcoholic acts in unpredictable ways. One moment the person may be mild and accommodating, the next moment consumed in self-pity and remorsefulness, the next filled with belligerence and angry denial that there is a drinking problem.

Only after an alcoholic’s body has a chance to recover from the damaging

effects of alcohol through complete abstinence is there a chance of returning to psychological and emotional stability. Then they will have to work, a day at a time, on coping with problems without alcohol or other mind-altering drugs.

Proper intervention

Alcoholics do not have to “hit bottom” before they can be helped. This may be a common experience, but it is not *always* true. Many alcoholics now being successfully treated went into treatment because they were confronted with certain choices and crises they would have in their lives if they didn’t seek treatment.

Diplomatic but forceful intervention can be given by employers or family members or others influential in the alcoholic’s life. This approach is most successful if the individual is still functioning in a fairly responsible way in handling responsibilities and has something to lose that he or she cherishes. This approach is less likely to be successful for a person with nothing to lose, such as someone on Skid Row.

But it is critically important, before any attempt is made to confront an alcoholic, that there be a *well educated* understanding of the nature of the intervention process by those who do the intervening. Such advance education and preparation is best made with the counsel and guidance of personnel trained in such matters.

Family members and friends need to be aware of the evasiveness, the resistance, the deceptive maneuvers and false promises alcoholics will make to avoid the steps they will need to take to cope with their problem. An alcoholic’s family and friends must be aware of how in the past they may have *enabled* the alcoholic to remain an alcoholic by covering up for the consequences of the drinking.

Alcoholism is a physical and mental-emotional-spiritual problem. We

encourage alcoholic people to seek to live a truly Christian life and use the spiritual help and motivation God offers to overcome alcohol problems. The alcoholics will still need to do all in their own power to quit drinking as well as call on God's help. Extra educational help and treatment is often necessary.

Choosing treatment

Not all treatment programs are the same. Responsible adults must evaluate them for their value and appropriateness, taking into consideration the degree of the alcoholic's problems and circumstances.

There are benefits and limitations in all public and private treatment programs. Some treatment programs are not geared to help alcoholics cope with certain types of problems. Some treatment programs offer counseling but no in-patient detoxification or nutritional help. Some hospitals offer detoxification programs but no long-term support treatment. Some programs offer only good support services. Alcoholics Anonymous, for instance, does not provide detoxification facilities, but as a program for helping the alcoholic to maintain sobriety *after* withdrawal and health treatment, A.A. is recognized as one of the more effective programs.

Long-term alcoholics often have not eaten right. Excessive alcohol intake has unbalanced their nutrition. Nutritional therapy is often needed to speed successful treatment because cellular damage has been caused by years of drinking. The alcoholics need to start eating right to help them feel better and function better. They will have to alter damaging lifestyle habits.

Where to seek help

The "Yellow Pages" of many phone directories list help and treatment facilities under "Alcoholism." Many hospitals offer inpatient and out-patient chemical-dependency units. Doctors, state and local public health departments are sources for finding alcohol and drug-treatment centers.

The Substance Abuse and Mental Health Services Administration maintains a list of thousands of treatment facilities. See <http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jsp>

[Another online locator.](#)

Youth-parent support groups can offer advice and referrals. Hotlines to call: (800) 554-KIDS (number of the National Family Partnership); or (800) 667-7433 (number of National Parents' Resource Institute for Drug Education).

The following organizations also offer a wide range of free and low-cost publications on alcohol and alcoholism:

- **National Clearing House for Alcohol and Drug Information** (supported by the National Institute on Alcohol Abuse and Alcoholism), 1776 East Jefferson Street, Fourth Floor, Rockville, Maryland 20852. 1-800-729-6686.
- **National Council on Alcoholism**, 733 Third Avenue, New York, New York 10017. 1-800-622-2255
- **Alcoholics Anonymous World Services, Inc.**, Box 459, Grand Central Station, New York, New York 10163. [Website.](#)

Helpful reading

The Natural History of Alcoholism, by George E. Vaillant, Harvard University Press, 1983.

Getting Tough on Gateway Drugs — A Guide for the Family, by Robert L. DuPont, Jr., MD, American Psychiatric Press, Inc., 1984.

Under the Influence — A Guide to the Myths and Realities of Alcoholism, by Dr. James R. Milam and Katherine Ketcham, Madrona Publishers, Inc., 1981, and in Bantam Books softcover edition, 1983.

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## **Help for Family Members of Alcoholics**

Nonalcoholic spouses and children of alcoholics often believe they are alone in their difficulties in coping with an alcoholic family member. But they are not. It's an unfortunate fact of life, but one of every six families in the United States is affected by alcoholism.

If help is sought, it is usually for the alcoholic. "What should I do to help him (or her) get sober?" family members ask. But it is just as important for family members or closely associated friends of alcoholics to realize that whether or not the alcoholic seeks treatment or gets sober, *they* have also been deeply affected and hurt by alcoholism. There are heavy mental, emotional, economic and social costs of living closely with an alcoholic for an extended period of time.

Spouses, children, closely attached family members and friends of alcoholics have been emotionally hurt by long-term coping with embarrassment, denial, anger, fear, guilt, being manipulated and lied to. Many family members are subject to physical abuse, and sometimes, even sexual abuse. The National Council on Alcoholism estimates as many as 60 percent of alcoholic families in treatment have experienced domestic violence.

These problems and hurts need to be addressed if there is to be improvement in living for these people, and more beneficial progress realized for an alcoholic under treatment. The best results in treating alcoholism occur if the whole family involved seeks help and education to cope with the alcoholic's problems and their own.

### **Helping resources**

In many areas, agencies and organizations exist devoted to helping spouses, older children of alcoholics, and others, learn about ways to cope

with their feelings and problems more constructively, even if the alcoholic family member refuses to seek help. The most readily available services for everyone regardless of individual circumstances are the self-help groups of Alcoholics Anonymous, Al-Anon and Alateen. These usually do not regularly depend on professional counselors nor do they document one's involvement. They are free of charge to all who wish to participate.

Alcoholics Anonymous is a program open to any person who wants to stop drinking. Al-Anon is open to adult relatives or friends of someone who has a drinking problem. Alateen is a support group open to young people between the ages of 12 and 21 who have either a family member or friend with a drinking problem.

Other kinds of agencies and programs also exist. These programs offer a various mix of services of professional and nonprofessional people with knowledge and understanding of the alcoholic family system. Group education and private counseling are often available.

No single program developed by any social organization will be totally acceptable, appropriate or effective for every person. Variations in effectiveness and quality will depend on leadership and philosophy of the organization. Responsible adult family members should seek advice from others who may be familiar with a program they feel may be appropriate. It is important to attend a number of meetings before deciding whether or not a certain program is a satisfactory resource for you.

In the United States and many other nations, the way to contact one of these groups is to simply look them up in the telephone Yellow Pages under "Alcoholism." Or ask a local health department or hospital. Another helpful resource that may be listed in the Yellow Pages is the National Council on Alcoholism. People living in other nations, should seek help from government or local health agencies. Many nations have Alcoholics

Anonymous chapters or other treatment facilities available.

Remember, alcoholics can and do get sober and stay sober. And family members of alcoholics can find help to cope with their problems. But first, they need to ask for help!

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## **What Are the Signs of Alcoholism?**

The following questionnaire will help a person learn if he or she — or a member of the family — has some of the symptoms of alcoholism and may need help.

1. Do you occasionally drink heavily after a disappointment, a quarrel, or when the boss gives you a hard time?
2. When you have trouble or feel under pressure, do you always drink more heavily than usual?
3. Are you able to handle more liquor than you did when you were first drinking?
4. Did you ever wake up on the “morning after” and discover that you could not remember part of the evening before, even though your friends tell you that you did not pass out?
5. When drinking with other people, do you try to have any extra drinks when others will not know it?
6. Are there certain occasions when you feel uncomfortable if alcohol is not available?
7. Have you recently noticed that when you begin drinking, you are in more of a hurry to get the first drink than you used to be?
8. Do you sometimes feel a little guilty about your drinking?
9. Are you irritated when your family or friends discuss your drinking?
10. Have you recently noticed an increase in the frequency of your memory “blackouts”?

11. Do you often want to continue drinking after your friends say they have had enough?
12. Do you usually have a reason for the occasions when you drink heavily?
13. When you are sober, do you often regret things you have done or said while drinking?
14. Have you tried switching brands or following different plans for controlling your drinking?
15. Have you often failed to keep the promises you have made to yourself about controlling or cutting down on your drinking?
16. Have you ever tried to control your drinking by making a change in jobs, or moving to a new location?
17. Do you try to avoid family or close friends while you are drinking?
18. Are you having an increasing number of financial and work problems?
19. Do more people seem to be treating you unfairly without good reason?
20. Do you eat very little or irregularly when you are drinking?
21. Do you sometimes have the “shakes” in the morning and find that it helps to have a little drink?
22. Have you noticed that you cannot drink as much as you once did?
23. Do you sometimes stay drunk for several days at a time?
24. Do you sometimes feel very depressed and wonder whether life is worth living?
25. Sometimes after periods of drinking, do you see or hear things that aren't there?
26. Do you get terribly frightened after you have been drinking heavily?

Yes to questions 1-8: Early stage of alcoholism

Yes to questions 9-21: Middle stage of alcoholism

Yes to questions 22-26: Beginning of final stage

Source: National Council on Alcoholism

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# **Coping With Stress...Without Alcohol or Drugs**

What do we see in the world around us? Overcrowding. Interpersonal conflicts. Economic uncertainty. International strife. Uncertainty about the future. A gnawing sense of helplessness. These factors add up to create what Alvin Toffler described as *future shock* — a vague, continuous feeling of anxiety. It's a condition that can be described as the disease of change.

## **Escaping reality**

People often try to dull the pain of this 20th century “disease” by using alcohol and drugs (either illegal drugs or prescription medications). But the supposed cure is itself an epidemic. Organizational development consultant Karl Albrecht aptly summarizes today's state of mind in these words:

The use of mood-altering chemicals in America, and to some extent in other developed countries, has run completely wild. Cultures we are pleased to label “primitive” all without exception reserve the use of tobacco, drugs and intoxicants for special occasions such as celebration and rituals. Only in the so-called advanced cultures do we use these chemically induced altered states of awareness as routine means for escaping reality.

Stress is not necessarily a negative force. After all, stress is not just what happens to us, but *how we react to* what happens to us. And how we react is controlled by our mind and emotions.

## **The role of stress**

To be alive is to be under a certain amount of stress. As endocrinologist Hans Selye, one of the world's foremost authorities on stress, said: “Most people who want to accomplish something, who are ambitious, live on stress. They need it.” The right amount of stress can push us to perform at our best.

Stress also serves to protect us in hazardous situations. If we are driving

in fast traffic and another car swerves into our lane in front of us, a lot of things immediately happen in our bodies — in the brain, heart, muscular system. The body marshals inner forces and rises to meet the crisis, producing the positive effect of avoiding a collision. But if the crises and pressures around us become so frequent and so intense that we are constantly calling upon inner resources to respond so dramatically, the stress becomes debilitating. The body cannot meet such demands.

Says health educator Leo R. Van Dolson: “When individuals are repeatedly forced to...accept continual change, especially changes involving conflict and uncertainty, an adaptive reaction occurs that draws upon the hormones, causing chemical reactions throughout the body that damage its reserves of energy.”

Having too much stress, which Dr. Selye refers to as *hyperstress*, can be destructive to our physical and emotional well-being. Many turn to alcohol or drugs to anesthetize the stress produced by emotionally upsetting events or situations: marital quarrels, poverty, fear, loneliness, or job tensions.

These individuals fail to realize, however, that using alcohol or medications to cope with stress only creates further stress, contributing to a vicious and harmful cycle in a person’s life. Using alcohol or drugs is not an effective measure for coping with pressures.

### **Right and wrong way to relax**

For instance, one important key to coping with stress is relaxation. Many psychologists and physicians view occasional recreation not just as a help, but as an essential part of a balanced life. Relaxing by a change of activity restores us.

People with drug or alcohol problems *do* attempt to relax, but only by turning to a bottle filled with alcohol or pills. Substance abusers, rather than learning how to properly relax, rely on drugs to relax. They are confronting

their problems in the wrong way. Here is why: The people have not changed the way they live, so they continue to have problems, but they never learn to deal with them except through chemicals. So they keep using chemicals, and in time, more are needed.

Drug reliance, which can develop into addiction and cause a host of other related problems, leads to more stress. Drug users become trapped in the cycle. They use drugs to cope with stress, and this use only creates more stress.

Relaxation is a far better approach – exercise, a change of pace, momentarily getting one’s mind off whatever is causing the stress (and *that* by mental choice, not with self-prescribed alcohol or drugs). Alcohol should never be used to regularly induce relaxation – a temperate use of alcohol is safely indulged in only by a person who is *already* mentally relaxed.

Since stress involves a person’s mental or emotional reaction to external events, any effective program must involve, to one degree or another, a change of mind — a reorienting of life priorities. Besides relaxation, there are other effective measures for reducing the debilitating effects stress can have:

- ***Be realistic.*** Drug abusers lock themselves into a private world where it is difficult or impossible to get a clear view of the real world. They may mentally magnify their problems out of proportion. They become wrapped up in their difficulties, real or imagined, so that they cannot see anything else.

A person’s problems may be real and serious — a broken marriage, unemployment and lack of money, problems with a child, illness. But dwelling on them to the point of becoming paralyzed by them — unable to take action — does not solve them. The solutions must come through emotional maturity, seeking wise counsel and getting control of one’s life.

Complaining about constant difficult work, for example, only reinforces the stress. Focusing on the reward obtained from the work, on the other hand,

will make the work a source of satisfaction rather than tension. Developing this kind of positive attitude toward stress-producing pressures will ease inner tensions. If we become more goal-oriented and look to the ultimate rewards for our efforts, pressures we undergo daily will not seem as difficult to bear.

- ***Manage your time.*** Time management is important. It involves making optimum use of the time we have available to do the things that need to be done. It helps to give priority to tasks — to get the most important (and, potentially, most worrisome) things done first.

Retreating to a drug-induced state of euphoria or forgetfulness is not a wise use of time. When an individual comes down from the high, the same problems still exist. The same tasks remain undone, and may by then be even more urgent. The person may choose, then, to flee once again to the private, “safe,” drugged world. It would be far better to manage time wisely and get things done. The resulting sense of accomplishment would produce its own circle of events — this one positive — encouraging the person to accomplish more.

- ***Improve general health.*** Healthy, physically fit people can cope with a vast amount of pressure. They are adaptable, positive and generally hopeful. Poor health magnifies the small irritations of life and prolongs a cycle of illness. In the matter of improving general health, consider diet, exercise, rest, getting enough sunshine and developing self-control. Substance abuse harms good health, thus putting more stress on the body and inviting further drug abuse to try to cope with the new problems.

- ***Incorporate alternatives to stress.*** Life is filled with many sources of anxiety and unnecessary stimulation. We can choose to avoid some of these areas that induce stress unnecessarily, such as in the entertainment we pursue. When we stimulate our minds with an barrage of loud noise, and with themes that center on violence, crime and interpersonal tragedy, we voluntarily

induce stress.

## **An added dimension**

These techniques help us deal with physical problems. But the long-range solution to hyperstress and alcohol and drug abuse problems involves changing the way human nature functions. The Bible provides advice on attitudinal changes that will help us deal with stress, emotional maturity and mental health.

“Anxiety weighs down the heart, but a kind word cheers it up” (Proverbs 12:25). What makes a person “cheer up,” to have a positive, optimistic, constructive frame of mind? Alcohol or other drugs? No! Coping with anxiety involves developing a constant, positive attitude and approach to life. It is important to help and encourage others by your thoughtful words, and to receive support from others.

“A cheerful heart is good medicine, but a crushed spirit dries up the bones” (Proverbs 17:22). The medicine we need is rarely a chemical! What we need is an outgoing, optimistic approach to life and resultant interest in others’ needs.

“A heart at peace gives life to the body, but envy rots the bones” (Proverbs 14:30). Do drugs produce this peaceful state of mind, this attitude of contentment that gives “life to the body” — that promotes a successful, happy life? Hardly. The Bible is not suggesting chemical solutions to human problems and stress. The answer is in a person’s basic approach to life.

Pursuing one’s own desires and creature comforts will not make anyone happy in the long run. Such pleasures are at best temporary. Jesus Christ summed it up: “It is more blessed to give than to receive” (Acts 20:35). There it is! Preoccupation with *self* only contributes to the hyperstress that has caused or compounded many of this world’s problems. It is chasing after something that cannot satisfy our desires for meaning in life.

Resolving hyperstress and the evils that go with it is a matter of changing one's whole life-style from a general pattern of taking and selfishness to a life-style of giving, of service, of concern for others equal to or greater than concern for self. Dr. Selye, an endocrinologist, often said that *hate* causes stress and *love* eliminates it. He asked, "If everyone loved his neighbor as himself, how could there be any war, crime, aggression or even tension among people?"

Psychologist Erich Fromm notes: "Not he who has much is rich, but he who gives much. The hoarder who is anxiously worried about losing something is, psychologically speaking, the poor, impoverished man, regardless of how much he has." In comparing the giving, loving person to the selfish person. Dr. Fromm continues: "The selfish person is interested only in himself, wants everything for himself, feels no pleasure in giving, but only in taking. The world outside is looked at only from the standpoint of what he can get out of it."

But what selfish people do not realize is that their own selfishness is the root of their troubles. Selfishness leaves a person "empty and frustrated. He is necessarily unhappy and anxiously concerned to snatch from life the satisfactions which he blocks himself from attaining."

In short, if we give instead of take, our problems and tensions fade away. Strange? It shouldn't be. As we live in this way of giving, then debilitating stress *will* diminish — even disappear — from our lives. Then we can, as the apostle Paul put it: "Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God. And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus" (Philippians 4:6-7).

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A Child of an Alcoholic Speaks Out!

How a childhood marred by alcoholism was overcome.

My mother was 21 and not married when I was conceived. She drank a lot of liquor at parties on weekends and at other times. My mother considered, briefly, not keeping me, her baby daughter. My father was married to someone else and I have never met nor seen him. After I was born, my mother married another man and was divorced soon after. For the next four years we lived with my grandmother.

An unhappy home

Then Mom married again, and she and my stepfather had another girl and a boy. They both abused drugs and alcohol. I worried a lot about them both. Like many other children of alcoholics, I became super-responsible, severely depressed and withdrawn. I thought if I were a better daughter, things would be different.

As the years went by, Mom more and more wanted the outlet of alcohol. She was the driving force in our home. She had a favorite bar and sometimes we would go with her from 11 a.m. to 11 p.m. We drank Pepsis, ate chips and played the jukebox all day while my sister, a cute preschooler with curly blond hair, danced and pirouetted.

Mom almost never went alone to the bar. She usually took a relative with her (one of whom is today a recovering alcoholic). At first the talk would be funny, joking, but as the day wore on, it became morose and often bitter and hateful. We kids didn't understand it.

Since I was older, I often babysat while Mom went to the bar. If I needed her, I called around to the bars and asked if she was there. Once when I was about 9, my sister 4 and my brother 3, Mom was at a bar and we kids were at home when a tornado hit our area. The sky was awfully black and the wind

was strong, and I was scared. I didn't know what to do. Should I open or close windows? Should we go to the basement? I called around and found Mom. She said she'd come home and not to worry, but she didn't come home until much later.

A lot of times I was alone with my sister and brother and would hear noises. I would call my grandmother and she would say not to worry or be frightened. So I would turn the TV up loud and not go to sleep for a long time. For years after I left home, I had to have a TV or radio on when I was alone. I needed the background noise.

Growing tension

Our home life was very unstructured. There were no set schedules for eating or sleeping. We moved a lot. I attended five different schools before I reached the sixth grade. Mom put up a good front, pretending that everything was OK. She threatened me and told me never to tell anyone about what went on at home. Her moods swung violently.

I used to daydream about what it would be like to live in a happy home. I'd dream about TV and movie stars being my real father, because on the screen the characters they played seemed so kind and affectionate.

I didn't like to play with dolls much. I already was saddled with the real thing with my siblings. I would feed, clean, dress and discipline my sister and brother. My brother once called me "Mom." I had the chance to take drugs, but I was terribly afraid of a chemical substance controlling my mind.

I read a lot — I didn't go anywhere without taking a book with me. I wanted to forget my real life, so I read novels about fantasy, romance and mystery. I daydreamed about the stories I read, only I was the main character. I never read the newspaper (except comics) and never watched TV news. I wanted the world to be a better place than my home was, but the news was always depressing.

I was afraid to let myself have any happiness, because something always spoiled it. Many promises were broken. I was sure that if I were happy one minute, the next minute everything would explode. Frequently Mom would get upset about something and it would build to an explosion. Then she would scream at the top of her lungs. Those were frightening experiences — being screamed at, having your hair pulled, being forcibly shaken or hit. Once she took plates out of the cupboards and threw them at a wall, breaking them. Then she went to the bar.

After many of her explosions, there'd be a present for us kids on the next day. Once she wrote a message in crayon on the wall, "Mom loves you kids."

In the eighth grade I stopped telling Mom I loved her. I just didn't believe anymore that she meant it when she said she loved me. It got crazier and crazier — an emotional roller coaster that never could be predicted. We tiptoed around, trying not to upset any unexpected moments of peace.

I'd come home from school every day and not know what to expect. Sometimes the house was dark and empty. I shudder at that memory — it seemed so cold. But even that was preferable to the screaming and fighting. I never brought friends home for fear of what might be happening there.

One summer my stepfather's sister came to visit and she and Mom spent most of the summer at the bars. Mom got involved with a man and I was appalled. "Mother," I said, "is this the kind of example you set for me?" That summer was one of the worst of my life. I ate and ate, and ballooned up to 197 pounds. I was using food as a comforter — as a substitute for love. I was miserable. My stepfather slept all the time. Mom drank. My sister and brother spent most of their time at friends' houses. I considered suicide a few times. But I just couldn't do it.

Breaking away

When I was 18, I left home and went to college 2,500 miles away. It was

a turning point in my life. But I had a long way to go to recover from the first 18 years of life. After I went away to college, Mom divorced my stepfather. Emotionally, I was a wreck. At college, I got involved with the wrong friends. I did poorly in school, even flunking out one semester. I was still on that emotional roller coaster, looking for a rock to lean on.

I was highly influenced by whatever was going on around me. I was extremely sensitive to others and everything they said (even if what they said wasn't true). I was extremely loyal when others weren't in return. Once I had a boss who was an alcoholic, and I couldn't deal with it. It was like living with Mom all over again.

I could not even understand God's love for me. I felt I was unworthy of love. Why would anyone want to be my friend? I found it difficult to express affection and warmth, and if some people were nice to me, I was puzzled as to why they liked me.

If Mom said ugly things on the phone or in a letter to me, I was depressed for days or weeks at a time. Then I wouldn't be able to study. I had a job to help pay for college, and many times I couldn't show up for work because I'd be unable to face the day, the people, or myself.

I lived in fear that one day I would turn into my mother. I didn't drink, smoke or swear, and I struggled to hold my weight down. But then one semester at college it all came tumbling down. I was overwrought with worry about family, school, work and friends, and I began to eat excessively.

With that failure I lost what little respect I still had for myself. I felt I was alone and that no one cared. The eating comforted me. It filled a void. It covered pain, disappointment, fear, loneliness. And it could have been alcohol, for the way I was using it. I didn't know it then, but I used food like my mother used alcohol.

Negative thinking

I am still critical and negative about myself. When I complete a project or achieve a goal, I always find some flaw in what I did and dismiss any good. I never used to take pride or happiness in anything I did. Sometimes now I still don't. Recently I saw some pictures of some creative work I did two years ago. At the time I thought my work was disastrous. But the pictures attest that the work I did was as good as the work of any professional — which is what I am!

I look back at high-school and college pictures of myself and see such a different person than I did then! I was even pretty, though I didn't know it. No one had ever told me that I was pretty (except my then future husband, but I just didn't believe him). There was always some flaw to concentrate on.

I have spent the last 11 years re-learning how to live. Getting away from the situation at home was a major help. I had to cut the stranglehold of the attitudes I lived by while growing up — even if it meant not having anything to do with Mom. It is sad, but for the past few years I have had almost no contact with her. A professional person told me that, given the amount of alcohol she now consumes, there is not a time of any day when she is not intoxicated, even if she is not drinking at the time. I think even my newfound happiness upsets her.

I wish and pray she would stop drinking and be happy, but I've learned that *she* has to make any changes — I can't do it for her. I know she feels alone, but she is so belligerent I can't get near her. The thing is, Mom had a marvelous potential to be a great success in life. She has a fine mind and many wonderful talents. She can be funny, sweet and giving.

What happened? Somewhere along the line she allowed the alcohol to take control. When she drinks, she is another person — mean, argumentative, vindictive, and selfish. I used to think Mom hated me (why else would she neglect and treat me so badly?), but now I realize it was the alcohol talking.

Our lives now

My sister is now 24 and a successful salesperson. My brother is 23 and a chef for a major hotel-restaurant chain. Neither of them uses drugs. They are becoming more positive about themselves and their lives. I am 29, happily married and run a small business. I lead a productive and meaningful life and look to the future with excitement. I now know I can succeed.

The three of us have at last established more of a mature, enjoyable, loving relationship between us. We stay in close contact, respect each other's work and share each other's successes and failures. We talk about the way we grew up and the changes in our lives now. Most of all, we have become a network of support for each other.

My struggle to overcome

My road out of the negative situation in which I grew up began when I, around age 14, saw that the world around me was operating on many false assumptions. I realized that the choice of how I would live was up to me. I found that following the principles of the Bible was the way to true happiness. I developed a deep faith in God.

Following the ways of God helped me counteract what had happened to me growing up. I thank God for the special love and friendship he has given to me through my husband. I feel as though I had to grow up all over again, and my husband has been there supporting and understanding and helping. It's not always been easy, but we both try to live the way of *give* and not *get*.

Adult children of alcoholics often repeat in their own lives what their parents did, and I held off having children for some time for fear they would grow up like I did, victims of problems my parents' mistakes created in me. Now I know they won't because of the things I've learned.

I am responsible for my life and what I think and do. Life doesn't have to be the way it was growing up. I suffered because *my parents* made mistakes

and not because I did something wrong. I was not responsible for Mom's drinking. Or raising my brother and sister. Or making the situation better.

I cannot change others, only myself. Getting out of the situation helped. Seeing how others lived, traveling widely and watching friends' families taught me to broaden my understanding of family life. I have learned to choose my friends intelligently.

Not dwelling on others' predictions of failure helped. When getting counsel from others, I had to determine if their viewpoint was wise. What was it based on? Following biblical principles is always the wisest course of action. I had to learn to not believe everything everybody told me (you may think everyone knows this, but I didn't learn it until my late 20s!).

I still read voraciously — even newsmagazines, keeping up with world events. I read books on how to improve myself. I have sought to discover my real talents and have had education to improve my skills. I now meet and talk with a variety of people, so I've had to learn social skills — how not to be afraid of people and how to talk to others.

Sometimes that old fear rushes up into my throat when I have to meet and talk to someone I don't know, but I force myself to stick out my hand and introduce myself. It's uncomfortable at first, but I know sometimes they are as afraid of me as I am of them! When I say the wrong thing, I try not to condemn myself. I used to constantly rake myself over the coals for past mistakes. Mistakes happen, and I'm human, after all.

Being positive is the hardest thing of all to do, especially when things go wrong, but I learned to place momentary disappointments in proper perspective. The important thing is how I handle the situations. I try to find workable solutions — not run away and try to escape through overeating. Because of travel, marriage, college and life experiences, I've become more assertive, more confident, more comfortable with success and being happy.

More outgoing in love and affection.

Last, but not least, I have learned how to use food in the right way, overcoming an addiction brought on by emotional upheavals. It was a new concept to me to find out that food is just fuel to keep the body alive! Growing up, it was everything else — love, warmth, happiness, a friend.

A message of encouragement

For all of you who are adult children of alcoholics, I would like to say, “You are not alone.” There are millions who feel the way you do and have similar experiences. You are not crazy. Don’t give up — your life can be happy. What happened to you in your childhood does affect your present adult life, but don’t dwell on the past.

Learn to care for others less fortunate than yourself. *Give* of yourself — it’s the only way to heal the hurt, the pain, to learn about love and to overcome emotional handicaps. If you become wrapped up in yourself, it will only get worse. Don’t spend hours recriminating yourself for real or imagined faults.

I won’t lie to you — it’s not easy. You’re fighting with yourself, and with an untold number of monsters from years past. But it is worth it — *you are worth the effort!*

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## **At Greater Risk – Women and Alcohol**

Shrill sirens from somewhere outside interrupt the tall blonde at the lectern. “Aren’t you glad that’s not for you?” she says. As the laughter subsides, she introduces Dora, special guest speaker for the evening. The first thing you notice about Dora is that she is short (her head barely clears the top of the lectern), and she has perfect hair. Not a strand out of place, her ash blond hair fits like a cap around her face.

“I’m Dora, and I’m an alcoholic,” she begins. Dora’s father was an alcoholic as well, and money was scarce. As the oldest of three children, she worked after school until midnight every day to help support the family. She made a vow not to drink until she was 21. Her teachers recognized that Dora’s IQ was at the genius level, but when they reported this to her father and mother, Dora said it made no difference.

On her 21st birthday, her friends threw her a champagne party. The next morning, she didn’t remember much about the party, but she said it was the beginning of her “adventure” with alcohol. “Alcohol was a magic place — glamour, fun, adventure — at first,” Dora said.

In spite of her drinking, which usually left her violently ill, Dora went on to become an accountant, and then an attorney. But her personal and business life suffered. The loneliness of alcoholism she describes as the “chilling vapor.” “Though as a child I felt I had a special relationship with God, now I didn’t feel I fit with God. I became an agnostic.”

As her life deteriorated, in desperation, Dora joined Alcoholics Anonymous. That was her turning point. Now, Dora (not her real name) has renewed her relationship with God, and, one day at a time, she has not taken a drink of alcohol for 16 years.

Dora was telling her story at a public meeting of Alcoholics Anonymous

to let others know that it is possible to stop drinking. But there are a lot of Doras who are still drinking, and, according to new studies, they're paying a heavier price than they realize. Though statistics indicate that fewer women than men drink, it is estimated that nearly one third of alcohol-abusing or alcohol-dependent individuals are women (*Alcohol Alert*, October 1990). The same studies show that these women *may be at greater risk* than men who abuse alcohol.

### **Women suffer more**

According to psychologist Nancy Waite-O'Brien, clinical director of the Betty Ford Center in Rancho Mirage, California, women metabolize alcohol differently from men. "A man takes a drink and a certain amount of it is not absorbed into the bloodstream, so his blood alcohol doesn't go as high," Waite-O'Brien said.

"For women, the body is a little more efficient at processing alcohol, and so it absorbs higher amounts. One drink has more effect on a woman than it does on a man." Also, Waite-O'Brien says that because women's body weight is less than that of men's on average, the same amount of alcohol becomes more significantly concentrated in a woman's body than in a man's. A woman's liver, therefore, becomes diseased much more quickly than a man's.

The danger of alcohol to fetuses has been known for many years. Pregnancy-related problems such as fetal alcohol syndrome and miscarriage are well-documented. However, studies are now showing that women who drink may be increasing the danger of having breast cancer, osteoporosis, stroke and depression.

### **Christians, too?**

Just like Dora, Christian women — women who have a personal relationship with God through Jesus Christ — are not necessarily immune

from the dangers of alcoholism. Though some denominations teach abstinence, most acknowledge that the Bible does not forbid alcohol. Paul advised Timothy, “Stop drinking only water, and use a little wine because of your stomach and your frequent illnesses” (1 Timothy 5:23). In many churches, wine was, and is, used as part of the observance of the Lord’s Supper, or Communion.

Though the Bible doesn’t teach total abstinence, drunkenness is condemned throughout the Bible. When the disciples asked Jesus for signs of the end time, he concluded his reply with this warning: “Be careful, or your hearts will be weighed down with carousing, drunkenness and the anxieties of life, and that day will close on you suddenly like a trap” (Luke 21:34).

Paul said that leaders in the church must be “not given to drunkenness, not violent but gentle, not quarrelsome, not a lover of money” (1 Timothy 3:3). His warning was the same to women who would set the right example: “Teach the older women to be reverent in the way they live, not to be slanderers or addicted to much wine, but to teach what is good” (Titus 2:3).

As Christians, we look to Christ to live through us. We expect self-control — temperance in all things — to be one of the results of the Holy Spirit within us (Galatians 5:22-23). Why, then, do some Christians become alcoholics?

For some, such as Dora, alcoholism may be caused by a genetic predisposition. Those who have fathers or mothers who are alcoholics, and who are suffering drinking problems, may need to totally abstain from drinking any alcoholic beverages. Also, some may have slowly increased the amount they drink over the years, not realizing, or acknowledging, that they now have a serious problem. No one likes to admit they have lost control of their drinking. Others are using alcohol to dull the pain of loneliness or grief or other hurts.

Some people are just more addiction-prone than others. If it's not addiction to alcohol, it's to cigarettes, gambling, sex, eating, or even shopping. They, too, may have to make a decision never to drink alcohol again. If you have ever been addicted to anything, you know this is not an easy decision. Some few can quit cold turkey; the great majority — most of us — need help from our friends.

### **Alcoholics Anonymous**

If drinking is your problem, one place you can find the friends and support you need is in the thousands of AA clubs around the world. Nobody will understand you as well as others with the same problem. Although AA is not a religious organization, the program's success is based on a belief in God. And God is your best friend.

God wants a relationship with you, a friendship. Although many people feel that the church is likely to condemn them for their sins (and a few churches unfortunately do that), a good church is a place where you can find support and help. There, you will find people who are trying to living changed lives. Though they once deserved to die, they have been forgiven of their sins, and they have a new life.

### **Not perfect, just forgiven**

Have you seen the slogan, "Christians aren't perfect; they're just forgiven"? There's a lot of truth to that saying. Except for God's grace, Christians are not different from anyone else. We have the same tendencies toward sin, the same human weaknesses. And if we aren't careful, we can sometimes be guilty of ugly self-righteousness.

Paul warns those who are "sexually immoral or greedy, an idolater or a slanderer, a drunkard or a swindler" that they will not inherit the kingdom of God (1 Corinthians 5:11; 6:9-10). A good test for ourselves is to ask: Are some of those sins less sinful than others?

If we're honest, we all have to admit that we've been, and still are at times, sinners. That's what makes us good friends for those who are coming out of sin. We can tell our friends who have a drinking problem that we are fighting the same battles they are, though with different sins, and with the help of God, we are winning. They can be winners too.

Paul wrote: "Do not get drunk on wine, which leads to debauchery. Instead, be filled with the Spirit" (Ephesians 5:18). If you have a drinking problem, God hasn't abandoned you. He wants you as one of his children. He wants you to be part of his family, and he welcomes you to his fellowship. He wants to wipe the slate clean and fill up that empty place within you with his Holy Spirit. What have you got to lose?

### **When Women Drink Too Much**



*Psychologist Nancy Waite-O'Brien, clinical director of the Betty Ford Center, speaks nationally on women's issues, primarily alcohol and drug abuse and the issues related to treatment for women.*

**Question:** Studies show that only about 20 percent of Americans who seek treatment for alcoholism are women. Are women more hesitant about seeking treatment?

**Nancy Waite-O'Brien:** Yes, primarily because we as a culture have very different views of drinking women than we do of drinking men. The language associated with a woman who drinks is generally that of someone who is

promiscuous or sexually available or has failed in some way as a mother. That tends to be the cultural view of women who are intoxicated.

Our culture tends to accommodate drinking men. The drinking pattern of men is often in groups. It's convivial, as they comment on what great tolerance they have. But that's not true for women. Although we as a culture have become more accepting of a woman having a drink, we are not accepting of a woman who drinks.

Therefore, there's a great deal of shame associated with being a woman alcoholic. A great sense of failure. And that sense of failure is failing *as a woman* rather than as failing at some task. A woman interprets it as, I'm a failure as a person.

Q. Are there other reasons women hesitate to seek treatment?

A. Yes. More than half of alcoholic women report that sometime in their childhood they were sexually abused. Alcohol has become a way for them to manage the pain associated with that experience. An alcoholic woman is also likely to have been the victim of sexual assault because she may have gotten drunk in places that weren't safe or with someone who wasn't safe because she's not making good judgments for herself. There's a great deal of shame associated with that, too.

Q. What advice would you give to young girls about drinking alcoholic beverages?

A. I do a presentation on women and drinking, and one of the pieces of research I describe has to do with a study done on a college campus. The researchers gave the students these scenarios: Two kids meet at a school dance. In one of the stories, the boy and girl are drinking soft drinks. And in the other one, they are drinking alcohol.

When alcohol was involved, the study showed a big difference between how the women and the men responded. The men looked at it as more of a

romantic encounter, whereas the women found it off-putting. Men, particularly young men, perceive a girl who drinks as also a girl who is sexually available. That means a woman who drinks may be misunderstood.

Whatever she does when she drinks is likely to be misinterpreted by her partner as a signal she's available or interested. The studies on date rape indicate that it most often occurs when alcohol is involved. Young women considering drinking need to take into account that it may put them at risk.

Q. How do you motivate an alcoholic woman to seek treatment? What are some of the dos and don'ts?

A. The dos are to describe the events. Tell the woman specifically what's been happening, from an observer's point of view. For example, "I got up on Saturday morning, and I found you lying in the living room." That's a description of an event. And then tell them how you feel about it. "That made me feel scared and upset."

Then, express your concern to the person: "I care about you and I don't want to see this go on." The three parts of intervening with an alcoholic are to be specific and not to blame — talk about your feelings and how the event affected you, your own private thoughts. And then, third, express care. The don'ts are 1) don't blame and 2) don't get angry.

Alcoholism has a set of symptoms associated with it. The primary one is that the person has lost control of his or her drinking. Women do not do well in being confronted, in particular, with aggressive confrontation. The disease of alcoholism is humiliating enough. Nobody gets up in the morning and decides: "I'm going to drink a fifth of scotch and crawl around the house for the rest of the day. That sounds like a good choice."

The things that happen to an alcoholic, both men and women, are humiliating and degrading — emotionally and spiritually and physically. This disease attacks the person's spirit and sense of self as a decent human being,

an acceptable human being. Recovery is to heal that part of the person and not attack it, to heal and encourage and support so they can stop living the lie and start living a life that makes sense. So they can appear in public. So their insides match their outsides.

## **If You Need Help**

If you have problems with alcoholism, you need help. But if you have a friend or relative who abuses alcohol, you also need help. An intervention counselor can advise you how to convince your loved one to get help.

- Call Alcoholics Anonymous or Al Anon (a program for family and friends) or the National Council on Alcoholism in your area. [AA website](#).
- Overcomers Outreach is a nondenominational, Christ-centered 12-step recovery program for addictions and compulsions. Look for the organization's number in your local phone directory or call the headquarters office at 1-800-310-3001 to find the closest support group. [Website](#)

Centers that take patients or can give you referrals:

- [Betty Ford Center](#), Rancho Mirage, California, 1-800-854-9211.
- [Hazelden Foundation](#), Center City, Minnesota, 1-800-257-7810.

And there are no doubt others that we didn't know of when this article was written.

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## **About the Authors**

Most of this e-book is a corporate product, written by staff of Grace Communion International. “Some Bad Arguments” was written by Michael Morrison. “What Is Alcoholism” was written by Herman L. Hoeh. “Coping With Stress” was written by Norman L. Shoaf. “At Greater Risk” was written by Sheila Graham.

Most of the articles were written in the 1990s, and updated and edited by Michael Morrison in 2012. He received a PhD from Fuller Theological Seminary in 2006 and is now Professor of New Testament at [Grace Communion Seminary](#).

## About the Publisher...

Grace Communion International is a Christian denomination with about 50,000 members, worshipping in about 900 congregations in almost 100 nations and territories. We began in 1934 and our main office is in North Carolina. In the United States, we are members of the National Association of Evangelicals and similar organizations in other nations. We welcome you to visit our website at [www.gci.org](http://www.gci.org).

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Our work is funded by members of the church who donate part of their income to support the gospel. Jesus told his disciples to share the good news,

and that is what we strive to do in our literature, in our worship services, and in our day-to-day lives.

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Grace Communion International  
3129 Whitehall Park Dr.  
Charlotte, NC 28273-3335

800-423-4444  
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Douglas A. Campbell, Duke Divinity School  
Elmer Colyer, U. of Dubuque Theological Seminary  
Gordon Fee, Regent College  
Trevor Hart, University of St. Andrews  
George Hunsinger, Princeton Theological Seminary  
C. Baxter Kruger, Perichoresis  
Jeff McSwain, Reality Ministries

Paul Louis Metzger, Multnomah University  
Paul Molnar, St. John's University  
Cherith Fee Nordling, Antioch Leadership Network  
Andrew Root, Luther Seminary  
Alan Torrance, University of St. Andrews  
Robert T. Walker, Edinburgh University  
N.T. Wright, University of St. Andrews  
William P. Young, author of *The Shack*

Programs are available free for viewing and downloading at [www.youreincluded.org](http://www.youreincluded.org).

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