

# **Knowledge to Power: Understanding and Overcoming Addiction**

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## **Study Guide**

This resource was designed for congregational groups that want to understand our culture's greatest health problem, namely, addiction. It can also be used by pastors and other professionals for continuing education units.

There is one page in the study guide for each of the sessions of this resource. The page contains a synopsis of the content and a series of discussion questions. That sheet may be used by only the facilitator or it can be printed so that each member of the class has a copy. You may print as many as you need. Depending on the session you may need to pick and choose from the discussion questions because of time limits.

For those using this course in a small group setting, here is a list of reminders to facilitate learning.

- The facilitator should view the session in advance to prepare for the discussion.
- Double check equipment for technology glitches.
- Make sure the screen is visible to everyone in the group.
- Provide nametags for the newcomer's benefit and to be hospitable.
- Open and close with a brief prayer.
- Set ground rules for the discussion.
- Remind participants of confidentiality of personal material shared.
- Highlight the discussion questions you most want to cover.
- The facilitator needs to keep the discussion moving and involve everyone.

## Chapter One: The Disease

### Synopsis:

- Muncie, Indiana, “Middletown, U.S.A.” has an opioid crisis and so does the rest of America
- Pastor Kal Rissman approaches this problem from his varied background as an ordained ELCA minister, Master Addiction Counselor, Nicotine Dependency Counselor, Marriage and Family Therapist, Social Worker and Chaplain.
- Addiction is a recognized American Medical Association disease since 1955 and is a type of brain disease.
- Addiction has signs and symptoms and a loss of control just like any other disease.
- Addicts are not too stupid to quit using – just too powerless.
- Some people are more susceptible to addiction because of ethnic background or family history.

### Study Questions:

- Have you always thought that addiction doesn't happen in your congregation or your area, but just in major cities?
- Do you view addictions as being a disease or as a moral failure or the sign of a weak will?
- What does a thing have to have to qualify as a disease?
- Which is more helpful to avoid addiction, a high I.Q.(Intelligence Quotient) or a high E.Q.(Emotional Quotient)?
- Do you know your ethnic and family background concerning addiction?
- Do your children know if they are predisposed to addiction?
- Are you willing to make a family ancestry tree and designate which members seemed to have an addiction of some kind and discuss this with your children?

## Chapter Two: The Spiritual Disease

### Synopsis:

- Addiction is a spiritual disease because the problem is a lack of power.
- Spirituality is recognizing one's need for a power source outside oneself.
- Spirituality is not the same as religion and is a broader, more inclusive term.
- All people are spiritual beings, but not all are religious.
- A "Higher Power" is anything up to and including God that has more power than I do myself.
- Emotional surrender is the key to having a Higher Power and thus, the key to recovery from addiction.
- Honesty and taking risks in sharing are signs of spiritual growth.
- There are predictable stages of spiritual recovery when one is working a good recovery program.
- Religious affiliation can enhance recovery if it is healthy religion.

### Study Questions:

- How is the addictive illness a spiritual type of disease?
- Is spirituality the same as religion? What is the difference?
- What kinds of things could be viewed as a "Higher Power"?
- What are indicators that an addicted person is making spiritual progress in their program of recovery?
- What do the stages of recovery look like?
- Do these same spiritual actions work for anyone seeking a closer relationship with God or are they just for addicted persons?
- How can things you do in your congregation encourage recovery and spiritual growth among you?
- What do you do personally to enhance your spiritual growth?

## Chapter Three: The Feelings Disease

### Synopsis:

- Addiction is not only a spiritual disease, but a feelings disease as well.
- If addictive agents did not change the way we feel in a hurry, nobody would be interested in them.
- All the addictions work the same way to change the way we feel in a hurry, whether it is alcohol, drugs, tobacco, gambling, sex, food, spending or computer/game/I-phone addiction.
- Adolescents become addicted faster than adults because they have not yet built up much emotional strength by struggling with feelings.
- Usually there are not many negative consequences from using addictive agents early on.
- Nobody expects to lose control when they start using – that just happens.
- Addiction causes emotionally stunted growth.

### Study Questions:

- What is the attraction to using addictive agents?
- Do all the addictive agents work the same way?
- Why do young people lose control of their using so quickly?
- Is a moralistic stance towards addiction either appropriate or accurate? For example, “I don’t have any sympathy for addicts because they bring it on themselves”.
- Do people choose to lose control or does that just happen before they realize it?
- How does addiction cause emotional growth to become stunted?
- Will you make a conscious effort to share feelings (mad, sad, glad, scared, tired, bored, etc) and not just thoughts with your family members each day?

## Chapter Four: Painful Feelings

### Synopsis:

- We live in a culture that seems to believe that we should never experience any pain at all, either physical, emotional or spiritual.
- We are a quick-fix and an easy-fix culture.
- Pain control has become the fifth vital sign in hospitals.
- Hence, the huge increase in opioids and pain-killers.
- Natural methods of dealing with pain are not considered much in our culture.
- Physicians must exist in this quick-fix culture and the path of least resistance is to prescribe more pain-killers.
- It would be helpful to children if they could see good examples from their parents and grandparents of dealing with physical and emotional pain in a healthy, natural way.

### Study Questions:

- What is it about our culture that encourages us to deal with pain of any sort chemically?
- How does our obsession with fast relief set us up for addiction problems?
- How does pain control as a fifth vital sign encourage hospitals and Doctors to give out and prescribe more synthetic narcotics?
- How are physicians caught in the prevailing view in our culture of “better living through chemistry”?
- What can we do in our congregations and in our homes to show children a better way to deal with pain?
- Assess how you deal with pain. How much is “better living through chemistry” and how much deal with pain through natural methods such as: biofeedback, massage, yoga and meditation?

## Chapter Five: Guilt

### Synopsis:

- Guilt is one of the powerful feelings caused by addiction and that propels addiction.
- Guilt is about doing. We either do that which we should not do or don't do that which we should.
- Guilt is caused by addiction because there is a lowering of moral standards and a loss of values in this disease.
- Denial, rationalizing, blaming and rage are all sick attempts to cover up guilt.
- Some addictive agents cause even more guilt because the cost is so high that crimes are committed to keep up with the addiction (heroin or cocaine, for example).
- The cure for guilt is confession and forgiveness. The 12 steps of Alcoholics Anonymous provide for this confession and forgiveness.
- The moral inventory helps a person admit wrongs and set up a plan of action to do right.

### Study Questions:

- Where does guilt come from in our lives?
- How do the sins of commission and sins of omission create guilt for all people, not just addicted people?
- Why do addicts have so much more guilt, however than other persons?
- What are techniques that addicts and others use to avoid feeling guilty?
- What is the cure for guilt? What do we have built into our Sunday morning worship services to deal with guilt?
- How does the 12-step program of A.A. and N.A. and Alanon facilitate confession and forgiveness?
- Lutherans have an order for private confession in our hymnbooks. Would you consider using this to confess guilt to your pastor?

## Chapter Six: Shame

### Synopsis:

- Shame is another painful feeling that people use addictive agents to cover up.
- Shame is about “being”, as opposed to guilt, which is about “doing”.
- Guilt is “I did wrong” and shame is “I am wrong”.
- All forms of abuse and/or neglect are shaming, whether physical, verbal, sexual or spiritual abuse.
- “Bad religion” can be shaming.
- Shame is a sense of being no good or not good enough.
- Adam and Eve in the Scriptural creation account wanted to be more than the way God created them and ended up feeling less than human.
- When we have shame we feel that we should be either more than we are or less than we are, but are not alright as we are.
- Shame leads to settling for unhealthy relationships.
- The cure for shame is exposure.
- Children are shamed when adults act shamelessly.

### Study Questions:

- What is the difference between guilt and shame?
- How is it possible for a person to be filled with shame and yet never have really done many bad behaviors in their life?
- What are some forms of abuse and neglect that are shaming?
- How can “bad religion” be shaming?
- How does the creation story in Genesis 3 explain the advent of shame?
- Give examples from your life of how you believe you should be less of something or more of something to be alright?
- How does shame lead to unhealthy relationships?
- What is the cure for shame?
- What happens to children when adults act shamelessly?
- Does your congregation have any format for dealing with issues of shame?

## Chapter Seven: Anger

### Synopsis:

- Anger displayed by an addicted person is a way of keeping others from confronting his addictive behaviors.
- Anger leaves us better defended than feelings like hurt or fear.
- Addicts convert almost all feelings into anger so that they stay protected.
- Addicts use active anger, passive anger, sarcasm and resentments.
- Addicts exaggerate the wrongs of others, but must let go of this to live.

### Study Questions:

- Why do addicted persons seem to display so much anger?
- How does anger cover up other feelings such as hurt and fear?
- What are the different types of anger that addicts use to protect themselves?
- What is your favorite brand of anger?
- When have you used anger as a cover-up for other feelings?
- Why is holding onto resentments so dangerous to recovery?
- How does Jesus admonition to “Take the log out of your own eye before you take the speck out of someone else’s eye” apply to dealing with your resentments?
- People get angry sometimes in the Christian Church. How do you and your congregation handle anger? Do you ignore it or acknowledge it and try to find out if there is actually hurt or fear behind this anger?



## Chapter Eight: Fear

### Synopsis:

- It is our fears that hold us back from being all we could be.
- Major fears are: fear of rejection, fear of failure, fear of intimacy, fear of death and fear of the unknown.
- Children fear being the last one picked, being left off the invitation list and being picked on.
- Adolescents are willing to do crazy and dangerous things to be accepted.
- The easiest way to acceptance is to participate in using addictive agents with other kids.
- Fear of failure keeps us from trying new things, because we don't want to look stupid.
- It is a scary thing to be truly known by another and know another.
- People seem to think that if they talk about death they will make it happen.
- The fear of the unknown keeps us stuck where we are.
- Action conquers fear.

### Study Questions:

- What are some of the major fears that a person might have? Which of these bother you the most?
- How can the church be a place of acceptance and a place to alleviate our fears?
- What do we as a church and as individuals have to offer to young people to overcome their fears?
- What might happen if we allow others to truly know who we are? What are your fears concerning this?
- How has the church demonstrated that the fear of the unknown can keep us stuck? For example, the 7 last words of the church, "We never did it that way before"!
- How does action conquer fear?
- Is it a comfort to know that 90% of what we fear will never happen?
- Attendance is down in mainline Christian churches. Is there a fear that your congregation might fold? What are you doing about it? For example, are you considering evangelism as a last resort?

## Chapter Nine: Grief and Loss

### Synopsis:

- Feelings of grief and loss are viewed in our culture as an appropriate reason to use addictive agents.
- Death is not the only loss we will face in life, but oftentimes people will ignore smaller losses and let them pile up.
- The process of recovery is actually one giant grieving process.
- The significance of any loss depends on the strength of our attachment and how much the loss of that person or thing interrupts our daily routine.
- The quality of our life depends on how well we learn how to grieve.
- Grieving affects us physically, emotionally and spiritually.
- Christians need to grieve just like everyone else.
- The stages of grief are: shock and denial, “grieving”, trying to return to normal, acceptance, seeing opportunity in loss and changed, but not completely gone.
- These same stages of grief are what an addicted person must go through to get well.

### Study Questions:

- What is the connection between experiencing loss and using addictive substances?
- What other losses have you experienced besides the death of a loved one?
- Recovery from addiction has been termed a grief and loss process. Why?
- What determines how significant a loss is to you?
- Why does good grieving mean a good life?
- In what different areas of our life does grieving affect us?
- How have you seen yourself stuck in certain stages of your grieving?
- What are the stages of grief?
- Is it alright for Christians to grieve? After all, the person is going to heaven if they are a believer aren't they?
- What unresolved grief issues do you still have? What are you doing to work through the stages of grief?

## Chapter Ten: Codependency

### Synopsis:

- Dependency is being hooked on a substance. Codependency means being hooked on a sick person in a sick way.
- Codependents have developed low self-worth from associating with unhealthy persons.
- Codependents have difficulty with boundaries. They tend to be either too rigid or too diffuse.
- Poor self-esteem may be covered by perfectionism or people-pleasing.
- Codependents go beyond caring about people and begin taking care of people to the exclusion of themselves.
- Codependents have extreme loyalty even when not deserved.
- Codependency means having little balance in life.
- Nurses have built-in professional codependency in that they are paid to take care of people.
- Some codependents are very controlling and some go the opposite direction and are sympathy-seeking and martyrs.
- Addicts like to see the codependents in their life getting sicker, because they know that they are now in complete control.
- Codependents usually get physically, emotionally and spiritually sick, but have no anesthesia like the addict has.
- Addiction includes those afflicted with and those affected by the disease.

### Study Questions:

- If a dependent person is hooked on a substance, what is a codependent hooked on?
- How does caring about an addict erode a person's self-worth?
- How do perfectionism and people-pleasing cover poor self-worth in the codependent?
- What are the extremes concerning boundaries that codependent persons develop?
- What is the distinction between caring about people and taking care of people?
- How does the erosion of the codependent's self-esteem make it easier for the addict to keep using?
- Why do codependents need their own separate recovery?
- How is it that the codependents sometimes get sicker than the addict?
- What are the behaviors that you have that indicate codependency issues?

## Chapter Eleven: Adult Children of Dysfunction

### Synopsis:

- Children who grew up in any type of dysfunction are known as ACOD(Adult Children of Dysfunction) or ACOA(Adult Children of Addicts).
- The foundational feeling of growing up in dysfunction is shame.
- A child's version of "normal" is whatever they grew up with.
- ACOD's are above all else, survivors. They have survived abuse and neglect.
- Unfortunately, some survival skills don't translate well in healthier settings.
- Children of dysfunction have learned impulsiveness, because family rules change every day.
- ACOD's have hopelessness and see no greater gain later on, so why delay gratification?
- Children of dysfunction are often seen as phony, because they are just guessing at what "normal" is and oftentimes not guessing right.
- Children of dysfunction have many of the same symptoms as other codependents such as: poor relationships, jealousy, controlling, perfectionism and workaholicism.
- ACOD's function well in chaos, because it feels just like home!
- There are unwritten rules in most dysfunctional homes: don't talk, don't trust and don't feel.
- There can be some positives from coming from dysfunction such as: being a self-starter, being success oriented and being compassionate for those less fortunate.
- People who have overcome their dysfunctional background deserve our respect.

### Study Questions:

- What kind of backgrounds would create Adult Children of Dysfunction?
- What is a child's perception of what "normal" is?
- What are some survival skills that don't work well in healthier situations?
- How do many persons who grew up in dysfunction become hopeless, impulsive, phony, jealous, people-pleasing, controlling, perfectionistic and vain?
- Why do ACOD people function so well in chaos?
- What was your family like when you were growing up? Did you have any unwritten rules? Were they healthy or unhealthy?
- Can growing up in dysfunction accidentally lead to some positive traits? What might they be?
- How can a background of dysfunction create "alligators" in the church?

## Chapter Twelve: Family Roles

### Synopsis:

- The addict's family becomes an elaborate enabling system.
- The addicted person wants to keep using their addictive agent at all costs and will use whatever means necessary to keep the game going.
- The spouse is generally the chief enabler, taking over responsibilities, making excuses and covering up.
- If there are several people in the family the children will take on different roles that help to keep the using going.
- The "Model Child" upholds the honor of the family by being good.
- The "Family foul-up" gives the family something to focus on other than the using.
- The "Invisible Child" gives some quiet and relief to the frantic family.
- The "Jokester" provides comic relief to the family.

### Study Questions:

- What are the different roles that an addicted family may have?
- What is the purpose of each role?
- What price is paid for playing these roles?
- How do these various roles keep the addictive system going?
- If you had to identify with one role in the dysfunctional family, which role would you be?

## Chapter Thirteen: Enabling

### Synopsis:

- Enabling usually starts out as an innocent desire to help someone we care about.
- Family members do not want to think their loved one is an addict, because that seems not only deadly, but shameful.
- Serious enabling can easily go from being helpful to keeping someone sick.
- Addicts need pain to nudge them towards help and when we “save” them from their pain, we delay their getting help.
- The two extremes in dealing with addicts are to either be totally sucked in or to completely abandon the addicted person.
- To detach without abandoning is the goal and it means we remove ourselves from the problem.

### Study Questions:

- How do family members move from innocent enabling to serious enabling?
- Why don't family members want to see that they have an addict in their family?
- What are examples that you have seen of enabling of your family members or friends?
- How do we keep addicts sick when we keep them from experiencing pain?
- What does it mean to emotionally detach without abandoning?
- Why is it so difficult to stop enabling addicts?
- Does your Christian faith make it seem wrong to not try and save addicts from themselves?
- Would you please share one time when you look back in your life and see that you were enabling another person to stay sick? Is there enabling in a current relationship?

## Chapter Fourteen: Diagnosing Addiction

### Synopsis:

- The addicted person never thinks that they have a problem, despite negative consequences.
- To the addict, a person with a problem is anyone whose using is a little different than theirs.
- One sign of addiction is increased tolerance.
- Other signs include: relief use, solitary use, having a “stash”, unplanned using, blackouts, warm-ups and gulping pills or alcohol.
- A shorthand way of thinking about a using problem is the 3 P’s: preoccupation, purpose and pattern.
- The easiest way to diagnose addiction is to simply look to see if using has caused any problems in the five major areas of life: relationships, legal, financial, health or job/school. That which causes problems is a problem!
- Social using is described by the word, “never”. It never causes problems. The general public’s view of addiction is described by the word, “always”. It always causes problems. However, the reality of addiction is described by the word, “sometimes”. Sometimes problems occur when using and sometimes is too much.

### Study Questions:

- How does the addicted person define a problem with using addictive agents?
- What are signs that the using is out of control?
- What is the easiest way to determine if something is a problem?
- What is social using and what describes problem using?
- As you look back at the criteria for diagnosing addiction is there someone you have in mind that you are more certain is addicted to something? What are you willing to do to help that person?

## Chapter Fifteen: Intervention

### Synopsis:

- Pain creates change.
- Friends of an addict don't have to wait for them to "hit bottom". Intervention is a way to have bottom come up to hit them!
- Those who care about an addict can use a legal intervention, an employer intervention, a medical intervention or the planned family intervention.
- The structured family intervention has great success and even better success when directed by an intervention specialist.
- The structured intervention gathers people who care to give the addict what they have always wanted and that is love.
- The time and place for the intervention are important and only people who care are invited.
- All interventions are successful, because the addict usually goes to treatment and even if they don't, the family gets help and stops enabling.

### Study Questions:

- How can family and friends of an addict use both pain and love to create change?
- What different types of intervention can move an addict to get help?
- How does the Scriptural phrase, "Speaking the truth in love" pertain to intervention?
- What are the steps to doing a successful planned intervention?
- Why are all interventions successful in one way or another?
- Are there people that you care about that nothing has been done to help because you have believed that nothing can be done until the addict wants help? Are you willing to initiate or at least participate in a structured intervention?



## Chapter Sixteen: Cross Dependency

### Synopsis:

- Cross dependency means that an addict will switch from one addictive agent to another.
- If a person is an addict, they are not just addicted to their favorite agent, but to anything that can get them high.
- The brain doesn't distinguish between addictive agents. All the brain knows is "high" or "not high".
- Switching from illegal drugs to prescribed drugs is a current issue known as the opioid crisis.
- A huge number of relapses could be prevented if addicts and their families understood cross dependency.

### Study Questions:

- What do the terms "cross dependency" or "switched addiction" mean?
- Could an addicted person be addicted to some addictive agent that they have never tried before? How so?
- What are examples that you can think of where someone you know has not stopped using, but has simply switched to something that they thought sounded less harmful?
- How is the present opioid crisis a part of cross dependency?
- Have you ever switched addictive agents? For example, have you quit smoking, but gained 40 pounds? Have you quit smoking pot, but now "zone out" on your I-phone 10 hours per day?

## Chapter Seventeen: The Role of Religion in Recovery

### Synopsis:

- Spirituality and religion do not mean the same thing.
- Humans want to know about a Higher Power, but really want to know what that Higher Power thinks of them.
- There could be so many different religions and denominations because they all feel that their particular understanding makes the best use of God.
- On the other hand, there could be so many religions because of false pride in believing that only we are right. We have the corner on the market of the true Word of God and you don't!
- Probably reality includes both the positive and negative motivations.
- Not all religion is helpful for recovery from addiction.
- Some religious folks think that addicts are "bad sinners" and not "sick folks" in need of treatment.
- Pastors who have a moralistic stance towards addiction don't see many addicts, because they are not looking for more guilt and shame.
- Addicts can only start where they can start spiritually and don't understand religious jargon.
- The opposite of judgmental is to forgive too quickly before emotional surrender and this also is not helpful to an addict.
- Pastors will probably see more codependents in church than dependents and pastors like codependents, because they do everything in the church.
- Healthy congregations are places where people can share their spiritual and emotional struggles.
- Clergy can't know everything and do everything, so they need to know when to refer and who to refer to.

### Study Questions:

- Why do you think there are so many different religions and denominations within religions?
- Which attitudes among religious folk help recovery and which hinder it?
- Should we be worried when new recovering people are not "God-specific" enough in their faith language?
- How can pastors and church members be better prepared to help addicted persons?
- Which statement best describes your congregation? 1) We are a hospital for hurting sinners. 2) We are a museum where the saints go and get dusted off once a week.
- Do you still find yourself judging addicts in a different way than you do people with other diseases? Is there still a self-righteous tone when you speak of addictions?

## Chapter Eighteen: Relapse

### Synopsis:

- Relapse is part of the disease of addiction.
- Family members need not despair if relapse happens.
- No intervention is wasted, because the family can recover even if the addict doesn't.
- All addicts will relapse unless they have an ongoing program of recovery.
- Signs of relapse are: not calling their sponsor, isolating, not attending meetings, not sharing at meetings, not doing daily readings and associating with known users.
- Relapse can also happen when co-morbid illness like mental illness is not addressed.
- Holding onto resentments is a sure way to relapse.
- If a person is working a good program and still relapses, it almost always means they have deep unresolved shame issues, such as sexual abuse or physical abuse.
- There is no low-maintenance sobriety.

### Study Questions:

- Should families be surprised if relapse occurs?
- React to the following statement, "Relapse is the default position of recovery".
- What are some signs that relapse is occurring?
- How does hanging onto resentments ruin the spiritual recovery?
- How does unresolved shame sabotage recovery?
- What does the story of the low-maintenance horse mean to you?
- What are you prepared to do if you know that an addicted person you care about has relapsed?

## Chapter Nineteen: Having a Program

### Synopsis:

- A recovery plan is not a hope or a dream, but is a plan with measureable, observable actions.
- A treatment plan for recovery from dependency is similar to a treatment plan for any other disease.
- Accountability to others is a necessary part of the plan.
- The sense of being in the same boat with others in recovery gives acceptance.
- Sharing at meetings and sharing things that cost something are the way to get well.
- Inspirational readings need to be done every day to put good thoughts into the brain.
- Learning to have fun while clean and sober is essential.
- The willingness to go to any lengths for recovery is what recovery takes.

### Study Questions:

- Why isn't a desire to stay clean and sober enough to guarantee recovery?
- What things are included in having a good program for recovery?
- What is your reaction to the statement, "An addict needs to get as crazy for recovery as they were crazy for getting loaded"?
- Do you just hope that you will grow spiritually or do you have a specific, measureable and observable plan of action to help you grow spiritually?

## Chapter Twenty: Prevention

### Synopsis:

- Prevention of addiction certainly makes more sense than waiting until a person is sick and then treating them.
- However, there are many things that negate prevention such as: lack of life experience, the invulnerability of youth, good first impressions from using and a culture that loves quick-fix.
- There are some things we can do to help prevention, however.
- Information about addiction should be given calmly and clearly to our children.
- We must set a good example with our own chemical usage and other addictive behaviors.
- Allow children to suffer the consequences of their own behavior.
- Give positive attention rather than just negative.
- Be prepared as parents for children to experiment with addictive agents. Look for signs and confront it in a calm way.
- Demonstrate how to discuss things on a feeling level.
- Watch medication for senior citizens.

### Study Questions:

- Why don't we as a society work more towards prevention rather than wait until people have become addicted?
- What are things that make prevention difficult?
- What are some things that we can do to aid prevention?
- What are you currently doing to help prevent addiction in persons you love?

## Chapter Twenty-One: Working with Addicts

### Synopsis:

- View addicts as “sick” and not “bad”.
- Be aware that addicts are so used to covering up bad behaviors that they will tell you big, fat lies regularly.
- Be ready to confront the denial and dishonesty.
- To confront is to level with an addict, but it is not to condemn them.
- Have a sense of humor and encourage the addict to laugh at themselves.
- You must be ready to confront and then turn right around and support when deserving.
- Remember that the symptoms of the disease are nasty, but the person is good and worth saving.

### Study Questions:

- Why is it essential to treat an addicted person as “sick” and not “bad”?
- Why do addicted persons tell so many lies, even when the truth would serve better?
- What is the difference between confronting and condemning?
- How do you understand the statement, “To be able to laugh at ourselves is the beginning of humility”?
- Are you able to confront bad behavior and then immediately support good behavior?
- Can you see beyond the nasty symptoms of the disease of addiction and still see a worthwhile person?
- What is one characteristic that you have that makes it difficult for you to deal with addicted people effectively?

## Conclusion

### Synopsis:

- Addiction is our most pressing health issue today in this country.
- As the problem grows, the resources for help dwindle.
- Addiction must take its rightful place among other diseases if we are to make progress on it.
- Our culture needs a shift in thinking from quick-fix to natural methods of dealing with problems and feelings.
- Addiction makes sense in a sick way, once you understand what it needs.

### Study Questions:

- Does it seem surprising to you that we know so little and do so little about our country's number one health problem, addiction?
- Why must addiction be seen as a disease like other diseases in order to combat it?
- What shifts in our cultural thinking need to happen to prevent addiction?
- Is there hope for joy in recovery?
- What things need to be changed in your congregation in order to be helpful to addicted persons?
- What needs to be changed in you to help addicts?