drinking, he cannot expect to return to health and normality without help. He must develop a life style centered on persons and activities which literally displace the drugs in his life. The counselor then must supply the client with specific A.A. groups, A.A. members, physicians or hospital treatment programs which can help him now. Be precise and insistent in referral.

When the client resists the diagnosis, the counselor must insist all the more firmly that he needs a community of recovering alcoholics where he may learn more about his addiction and the possibility of a recovery process. A.A. groups and hospital programs specializing in the treatment of addictive disorders provide precisely those communities for the addict. No alcoholic—even those deeply resistant to the admission of alcoholism—lacks resources for recovery in this country. Satisfied and even plausibly serene, abstaining alcoholics available for service and counsel without charge exist in large numbers everywhere—not only in large urban communities but in rural areas as well. Hospital programs, modeled on the A.A. program, exist everywhere in America. A trip to a Central Service agency of A.A., or to the office of the local National Council on Alcoholism, will provide any counselor with a wealth of resources available in his community. We can no longer pretend that we have no place to turn for assistance even with resisting alcoholics or similar addicts. The burden of potential recovery lies on caring professionals. We must learn to use the growing number of resources available to us.

THE GOD STEPS

After a pastoral counselor has referred an addicted person to an A.A. group or to a hospital program, he still has the option—based primarily on the depth of his understanding of alcoholism and of the A.A. program—to help the addicted person work the so-called “God steps” of the A.A. program (God or a higher Power is mentioned fully six times in the Twelve Steps). Step Two of the A.A. program reads: “[We] came to believe that a Power greater than ourselves could restore us to sanity.” Step Three reads: “[We] made a decision to turn our will and our lives over to the care of God as we understood Him.” As previously mentioned, Step Two provides a “Power” in response to the human powerlessness described in Step One. The progression in language is obviously intentional and is descriptive of an experience in recovery. The addict, after admitting powerlessness over alcohol, must find a Power greater than self to counteract powerlessness over drugs. On any level, theological or plainly empirical (if there is a difference), the progression is based on common sense.

Most recovering alcoholics in A.A. programs attempt to form a relationship with God. And most chemically dependent people have