

CHAPTER ONE

HOW IT ALL BEGINS

The Seeds of Codependency

ONE OF THE BEST IMAGES we have come across to describe the codependent congregation is a collection of people in a large life raft with an addicted person. As the addict alternately rushes from the center to the sides of the raft and back, throws tantrums, or sits in silence, the other people in the life raft struggle to keep their balance by shifting their positions as necessary for survival. These passengers constantly must compensate for the unpredictable movements of the addict. Sometimes they even shift their positions to keep the raft stable by counteracting the movements of the other passengers.

Another commonly used image for the codependent system is that of a mobile, which is perfectly balanced when at rest. When the addict tips the balance point, however, the other figures on the mobile shift and change as well, seeking equilibrium. There is no opportunity for rest and stillness; the addiction seems to take on a life of its own that influences everything the mobile does in order to regain its balance and original state sometimes causing it to swing so wildly that figures drop off the mobile.

The people in the life raft and the figures on the mobile attempt to return their system to a balanced state; in the words of the late Murray Bowen, family therapist and systems guru, they attempt to achieve “homeostasis.” There is little sense of the need for order or

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purpose as most of these behaviors are unconscious efforts to keep the system stable for their own survival. Once in a while someone attempts to help or intervene, but things quickly return to survival mode; such efforts rarely succeed. The “system,” whether of a family or a congregation, must find and regain its own balance. To some degree, knowledge, education, and support will help, but the change must occur within the system itself. Denial by the systems members of the key concerns that prevent the congregation’s return to normal and healthy life must change to acknowledgment of the problems.

It is important to remember that these behaviors are reactions by powerless individuals to a frightening and confusing series of events in their community life. For a long time they will do whatever they can to make the addict’s behavior seem reasonable, believing that they can control what is happening, and that will power is all that is needed.

Certainly the congregational leadership, whether ordained or lay, is only one part of a cluster of codependency, and in no way to “blame” for the fear and anxiety that overtake the congregation’s life. In one sense, their emotions mirror the underlying fears and pain that the leader attempts to medicate by his addiction. Their behaviors and feelings are the result of attempts to maintain normalcy without being truly aware of what is normal for the people of God. In addition, these congregations genuinely mean to carry out Jesus’ work and follow him, but given that much of their efforts are marred by codependency they fail to grasp the whole message of the gospel and discipleship as a lifestyle. While these words may seem harsh, emotional toll, exhaustion and the spiritual depletion of the individuals in the congregation reveal the pain, fear, and struggle of the codependent congregation.

CASE STUDY: GREG

“Greg does everything.” Greg had made himself indispensable in the life of his parish. He arrived at church before anyone else each Sunday morning and got to work turning up the heat, folding the service bulletins, starting the coffee, and checking on the bathrooms.

He showed up at church most Saturdays, too, as the small congregation could not afford a sexton or custodian. Greg was the only volunteer for the weekly dusting, vacuuming, cleaning, and mopping. There used to be two teams of church cleaning volunteers. It was good fellowship: they alternated weeks and went out for lunch together after cleaning the church. Gradually, however, they drifted away as they realized that Greg was willing to do it all and had become so obsessive about cleaning that they got tired of hearing his criticisms.

Most members of the church referred to Greg as "the do-everything guy," a pillar of the church. Greg enjoyed the attention, and actively spoke up at church gatherings about all the things he was getting done around the church. A few people resented his domineering attitude and it bothered them that he chased away people who wanted to volunteer, but they had learned to silence their feelings under pressure from others: What would we do without Greg? The church would crumble if he left! Don't ruffle his feathers!

On rare occasions, someone else would get to church unusually early on Sunday morning. Once it was the organist, who had houseguests that week and hadn't had time to practice the hymns. Another time, a church school teacher came to set up a complicated activity. From time to time, an altar guild worker would come in with a load of freshly ironed altar linens. Each of these early arrivals was greeted briefly and begrudgingly by Greg—"Nothing personal; it's just hard to work with people underfoot."

As time passed, word got around that Greg often smelled of alcohol, especially first thing in the morning, and his hands trembled. Once when an altar guild member searched for a pair of shears to trim some unruly altar flowers, she came across a half-empty bottle of vodka hidden amongst the rags in Greg's custodial closet. Summoning up her courage she asked him about it. "Those kids!" he told her. "They throw all kinds of things into the churchyard on Saturday nights. I was saving them to put into the trash after the service today." She remained uneasy, but she didn't want to get him upset and it wasn't as though he was falling into the gutter. He was an upstanding family man with a good job and a hard worker for the church.

Eventually Greg's alcoholism became the secret everyone knew. He had so thoroughly cultivated the church's dependence that no one dared to confront him. Finally he died of a ruptured esophageal blood

vessel and was found on the floor of the church kitchen early on a Sunday morning.

This was a wake-up call for the congregation. As people remembered Greg in the weeks following the funeral, they began to acknowledge the reality of his addiction and their own collusion in the silence surrounding it. They offered good support to Greg's widow and children and the congregation began to heal while they questioned what they could have done for Greg. In what ways did they encourage and enable the disease, what action could they have taken, and what kept them from acting?

The congregation's clergy and lay leaders also went through some brave self-examination about the congregation's culture of secrecy. The old-timers had much to say as frank conversations began about the congregation's past, and they owned up to earlier instances of alcoholic or addicted clergy and lay members. In time the congregation became respected and well known for its ministry with alcoholics, addicts and their families. A number of Twelve Step groups were invited to use the church for their meetings, while educational events about addiction and recovery were offered to the whole community. The next time a church member showed signs of addiction, concerned people sought expert consultation, took responsibility, spoke the truth in love and gave thanks one day at a time for sobriety, for healing, and for new beginnings.

THE SEEDS OF CODEPENDENCY

Generally accepted figures suggest that one alcoholic or addict affects at least four other people around him. Those four become codependent to some degree, depending on the intensity of the bond between them. Codependency means that the lives of these affected have begun to revolve around the addict's behavior. Essentially, they are "addicted" to the addict, who becomes the identified patient or problem. It is inevitable, considering that alcoholism and drug abuse affect more than ten percent of Americans, that these affected and codependent people will find each other whether or not they overtly recognize their common bond. They find each other in our culture and in congregations because they have common norms and understandings of relationships,

however healthy or impaired. Some unconscious choices as to joining a particular denomination or church may in fact be the result of an individual's repeated encounter with addiction, which is a provocative thought.

Congregations function in many ways like families, the difference being that congregational membership is voluntary and so individuals have a choice about their membership. Like a family, church members share a common meal, are concerned about others in crisis and remember them in prayer if they are absent, look up to a parental authority figure, and often call themselves "children" of God. They have norms for relational balance—some behaviors or perceptions are simply deemed not acceptable and will separate them from God, from the family system, and from congregational life. Without these norms and boundaries, the life of the congregation then becomes more vulnerable to dysfunction. The more dysfunctional behavior occurs, and the more it is accepted or tolerated, the more the dysfunction insidiously changes the behavior of a family or congregational system.

The key issues in the diagnosis of addiction as well as those of codependency center around the progression of the disease. Progression is marked by frequency and tolerance. Tolerance in the addict is a silent marker of the body's adaptation to the drug of choice, which demands increasing substance or alcohol use to maintain the biochemical imbalance created by their use, thereby avoiding the pain of withdrawal. Most of us recognize sobriety when a person does not drink or use, or intoxication when she is seriously and chronically impaired by addiction. But we are unlikely to see that a person is *progressing* in her addiction unless we have known her for some time. That is true in both the addiction process and the recovery. It is even more difficult to discern the hallmarks of the dysfunction or the relative health of a congregation as it progresses or recovers. We might speculate that tolerance in the codependent is just that—an increasing ability to accept more and more aberrant or unreliable behavior.

Initially, the progression of dysfunction in the addict and in codependent family systems of all kinds seems minimal. Changes are accommodated within the system because they appear to be within the normal range of accepted interaction. There is little

concern as long as the function or homeostasis of the family system is perceived by its members to be stable and normal; changes are tolerated. However, a life crisis may very well impact the balance of the family system; the status quo of the system, healthy or diseased, becomes strained and fertile soil for increased dysfunction. The crisis may be the loss of a member, who is now unable to play his part in maintaining the system's balance.

Congregational systems are similar. Codependent congregations begin, as we have said, with unstated norms for its members and the way they relate to one another. Because of the very closeness and strength of family ties in a community, a group of codependent families may establish smaller churches, with a few members of a denomination in the community meeting for worship in their homes and then forming a church. Others in the community join them; family support is important and necessary to founding the fledgling church. Since we may assume that one or more members of that founding group have been affected by addiction, it is most likely that they will bring into their system symptoms of codependency.

GENERATION TO GENERATION

These founding families establish norms for the congregation. They also may have life crises or an encounter with addiction that affects their health and well-being and the unconscious established norms. As generations come and go, family members choose addicted spouses, and the codependent behaviors find rich soil for growth. The dysfunctional behaviors become the norm, not just for the family, but also for the church. Other local families are attracted to the church as a result of compatible behavior in their friends. Social events such as fund-raisers are known for their "party" atmosphere that draws members and their friends from the entire area; the church develops a reputation for good food and good times. A whole generation may be involved in this social life of the congregation. These social members will leave when the congregation begins to heal, returning occasionally or talking with friends as they feel some attachment to the people they knew during that time period, but there will never be any lasting commitment.

Sometimes their clergy or lay leaders evidence early symptoms of addiction, which might include obligatory wine or sherry in regular pastoral visits, frequent verbal references to alcohol, or, in later progression, depression and serious medical or legal problems. When this occurs, the congregational expectations and norms are called into question, and founding family members gradually take control of the parish. They assume more and more of the impaired clergy's tasks, and finally, if necessary, initiate firing of the clergy.

The congregation itself compulsively helps others, often to everyone's detriment. Excellent mission outreach may be extended to many organizations, with fundraisers and worthy causes, but just as personal and spiritual self care are put aside to care for others, so is maintenance of the building deferred. The leadership becomes increasingly weary and the church seeks new members to "share the load."

The adult children of the congregation may return to the church, bringing with them more and more impaired behaviors. Others do not come back, avoiding the friendships of younger days; they are either the less resilient or the healthier progeny. We have seen an entire generation of codependent children who, having lost their minister as the result of his suicide, never returned to the church again. His death was never explained to the youth group, nor were they encouraged to mourn him. Among those who do return, the family "heroes"—children whose good or better behavior was applauded by their families—frequently move into leadership positions and increasingly take over the tasks of their impaired minister while attempting to maintain the life of the congregation. Some smaller congregations may have as many as five generations in church on a single Sunday; one or more of these family members may be hiding an addiction. Others will murmur about their personal or congregational problems, but only occasionally will family loyalty allow truth-telling.

Codependency continues its progression, with blame for conflict or problems placed on those who are impaired by addiction, or lacking that, the convenient scapegoat who can be found in every congregation. Scapegoats will have some outstanding characteristic that deviates from the group norm, may be thought of as eccentric, and will readily accept their role which parallels the

role they played in their addicted family system. The congregation as a whole begins to isolate itself from other churches in the area and from the denomination. They deny that there are problems, although some members leave with a variety of excuses that may reach church authorities second or third hand. Gradually the congregation becomes divided between those who took different sides on a particular issue—the music, the youth group, use of church buildings by outside groups, the personality of the church secretary—which may have had little to do with the real issue. This dual personality arises because enough group norms are violated so often that a rival set of norms emerges. A hallmark of the problem will be an approximate fifty/fifty division on the many decisions that are inherent in church life.

Individual needs for power and control, distraction from the real mission of the congregation, and boundary blurring become more and more frequent until dysfunction itself becomes normative. System balance is tentatively achieved around new group norms that include isolation, denial, and low self-esteem. Most importantly, the congregation that has now misinterpreted the message of the gospel: “You shall love the Lord your God with all your heart, and with all your soul, and with all your strength, and with all your mind; and your neighbour as yourself” (Luke 10:27). For although the congregation indeed “loves” their neighbor, they do not love themselves. They have slowly come to idolize and idealize their church, their outreach, their music program, or even the giver of their endowment. But they have not recognized that they are not God, nor is their church. Their love of neighbor, especially those who are poorer or less fortunate than themselves, gives them the false self-esteem that they had lost over the years. They are the caretakers rather than the caregivers. However, they do this caretaking ministry to their own detriment, often refusing to share their roles with anyone else and they fail to care for themselves or their families appropriately.

Other codependent congregations, small or large, have had an addicted minister or lay leader from the beginning, so they seek and attract similar individuals throughout their history. Sometimes they call a codependent minister—after all, he is like them. But any minister that does not fit into the system patterns of reactivity and

control will soon be gone. The minister will eventually leave, and the congregation will acknowledge that “they were a poor fit.”

CASE STUDY: ST. AIDAN’S

St. Aidan’s has a history of addicted and codependent clergy and codependent clergy who leave after a few years with no explanation. One of those has just found a better position outside the state. Before he left he got a divorce which surprised some in the congregation. His wife also had been a minister. Some who had seen him publically chastise her during a worship service were not surprised. The governing body had a formal search process proposed by a consultant through which ministers were called by a congregation. It soon became obvious that the congregation had its own ideas about how the process would be done. Too many members were appointed to the search committee, the chair of the committee asked the consultant to bend the rules with a promise of future advancement, and when the budget was examined to see if the congregation could afford a new priest, the committee “fibbed about their financial status just a little.” After all, they told themselves, the new priest would quickly attract new money and that would make up the difference.

They began to interview the clergy names they were given and called a new minister. After a while a story began to circulate about the interviewing process. It was done over cocktails at a private country club—the interviewee was the only one not drinking—and they tried to hire him. Warned by their history, he turned them down. They then called their second choice, who was interviewed in the same way and accepted. A year later, however, when the minister did not receive the salary he had been promised, he openly told the congregation that he was looking for another position and would leave when he found one.

The clergy St. Aidan’s hired were also increasingly impaired: each is not only addicted but took on some of the other symptoms embodied in the congregation’s norms. These ministers are entertainers, have low self-esteem, are conflict avoidant or communicate poorly. As they grow increasingly proficient at hiding

their impairment, the congregation gives itself high scores for doing the clergy's work in leadership, outreach, and community-wide involvement.

As in a marriage or family setting, the minister and the congregation relate to one another on similar levels of impairment. When the addiction of the minister progresses and his spiritual, physical, and mental life deteriorate, so does that of the codependent congregation. Conversely, as the health of the clergy improves, so does the recovery of the congregation.

Another potential root of codependency is the church's endowment, which is usually a large one. Like large memorial gifts, it always has an impact on the congregation's life and sometimes even on their worship space. The gift is analogous to the changes caused in a family that wins the lottery, although sometimes the congregation does not know the benefactor. The power implicit in money and in its control by an individual or foundation cannot be underestimated. The endowment can be used for the "general" fund or for a specific request, but the church governing body is often not consulted in its designation. Endowments express the final wishes of the giver, may be tainted with personal bias, and can significantly alter congregational identity forever. Moreover, the specific bequest may not be at all in accordance with the mission of the congregation or its vision. For example, an oversized organ is given to a church that is far too small for the large instrument. As a result long-standing furniture arrangements must be moved, memorial windows replaced, and the movement of worship altered by the constraints of the pipes, the instrument, and its acoustics. It becomes a source of tension, particularly if the donor is unknown and did not even attend that congregation, but simply liked organ music.

"General fund" endowments can also create dependency in a congregation because the members can avoid the challenge of personal stewardship, relying on the endowment income. Decision-making becomes a power struggle. Sometimes lay people with financial backgrounds form committees to run the endowment for the congregation; they then control how the endowment is used, augmenting the passivity and dependent behavior. Moreover, now that they "have money," the self-image of the congregation's members is inflated, and

unrealistic and out of touch. Always in the progression of codependency, relational behavior in the church community becomes less honest, less in touch with reality, and more idolatrous.

As we said above, the congregation tends to develop a “Jekyll and Hyde” personality and no one is ever sure which side will emerge; one will be good and kind, the other evil and vicious. While congregational responses are not as sharply defined as the name implies, there is a fifty-fifty division in their responses. Whether asked to choose a new carpet, or make a choice in getting rid of the minister, half will respond one way and half the other. They will be about equally divided on the profile of persons they would accept for a new minister. The division is the only thing that is predictable; the issues that concern them are not really relevant. Stalemated decision-making assures that change will not happen. On the whole, the congregation is simply responding to change and fears of further imbalance in their family system.

Later on, if the congregation begins to heal, some members of the congregation may form a resistant group that persists from one minister to the next. Although filled with good intentions, it may also include a critical, gossiping contingent that focuses on the new minister or indeed other aspects of the congregation that come into focus for criticism. Interestingly enough, the alcoholic also has a similar “Jekyll and Hyde” personality: when sober, she displays a kind and generous personality, but when drunk, she becomes either combative and hostile or depressed and withdrawn. Intoxication produces a personality that will do things never dreamed of by someone in recovery. That personality may emerge as addiction progresses; the deterioration of the ego function of the minister may lead to acts of adultery, embezzlement, boundary violation, and other unacceptable behavior.

A further source of a congregation’s codependency is the sense of adoration created by the leadership of a powerful, charismatic, and engaging minister. Ted Haggard, former pastor of the evangelical New Life Church in Colorado, described its dynamics on national television in 2009. In cases like these a church’s success depends on the minister’s charm, public image, sense of righteousness, supposed omniscience, and having all the answers. These charismatic ministers build churches, television empires, and healing

ministries, establishing a social norm that exists for as long as they continue to attract members and provide a safe haven for their congregation. That congregation is expected to wrap their lives around its “special” mission. Mega-churches may have some of the same dynamics, but their small-group format tends to minimize the “star quality” power of a charismatic leader.

Unlike most evangelical clergy, these fragile “stars” depend on maintaining that success along with their congregations’ dependency on them. If and when such a minister falls from grace, the shield of publicity crumbles; it can no longer isolate him from those followers he has dominated through his mystique. The minister’s need for dominance and the adoration of his followers may also result in abusive responses to anyone who question the leader’s norms for his followers.

One former church administrator, Margie Cash, gives an example of the difficulties of “truth-telling” in such a setting. “When I was working in the church,” she writes,

I was in a position of managerial accountability and responsibility. In many respects, I greatly enjoyed the work; but in many other respects, I found the execution of simple tasks enormously exhausting and depleting. At those times, I tended to confront and rock the boat in ways that were not appreciated by the powers of the church. If someone was being irresponsible about their job, I’d indulge them only so long; then I’d get them into a face-to-face confrontation that attracted a lot of negative attention. Whether I was right or not was usually irrelevant in the eyes of the senior staff; the fact was, I was not “going along.” Normal assertiveness was considered subversive; appropriate peer pressure was viewed as an attempt to “take over the church”; and complaints of any kind were sternly dismissed as insubordination.¹

Cash became the “black sheep” at staff meetings, and was overlooked and shunned by others who needed to curry the minister’s favor to maintain their positions. The system conspires to protect its “idol” so that any question of the idol’s behavior results in banishment.

1. Margie Cash, “Codependency in the Church” (<http://margiecash.com/publications/codependency-in-the-church-the-dysfunctional-family-of-god/>).

In codependent congregations, the addicted minister is probably the most common underlying factor, but this should never be tagged as the sole cause of congregational dysfunction. The congregation is already fertile soil for one reason or another. They have no resiliency or spiritual foundation, as well as little experience with addiction that would help them to identify the dysfunction caused by their own behavior and that of the minister. Certainly in the early years of progression, especially given the transience of members, evolution of the group norms and the problematic behavior of codependency are subtle. It is often only later, in hindsight, that members recognize what has been happening and may be willing to accept the truth of their dilemma.

O God, overflowing with mercy and compassion, you lead back to yourself all those who go astray. Preserve your people in your loving care, that we may reject whatever is contrary to you, and may follow all things that sustain our life.

—From the Lutheran Book of Worship,
Prayer for Lectionary 24, Year C