

THE HEART OF RECOVERY

How COMPASSION and
COMMUNITY Offer Hope
in the Wake of Addiction



DEBORAH and DAVID
BEDDOE


Revell

a division of Baker Publishing Group
Grand Rapids, Michigan

© 2019 by Deborah and David Beddoe

Published by Revell
a division of Baker Publishing Group
PO Box 6287, Grand Rapids, MI 49516-6287
www.revellbooks.com

Printed in the United States of America

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means—for example, electronic, photocopy, recording—without the prior written permission of the publisher. The only exception is brief quotations in printed reviews.

Library of Congress Cataloging-in-Publication Data

Names: Beddoe, Deborah, 1969– author.

Title: The heart of recovery : how compassion and community offer hope in the wake of addiction / Deborah Beddoe and David Beddoe.

Description: Grand Rapids : Revell, a division of Baker Publishing Group, 2019. | Includes bibliographical references.

Identifiers: LCCN 2019007006 | ISBN 9780800736552 (pbk.)

Subjects: LCSH: Church work with recovering addicts. | Church work with drug addicts. | Church work with medication abusers. | Substance abuse—Religious aspects—Christianity.

Classification: LCC BV4460.3 .B43 2019 | DDC 248.8/629—dc23

LC record available at <https://lccn.loc.gov/2019007006>

Unless otherwise indicated, Scripture quotations are from the Holy Bible, New International Version®. NIV®. Copyright © 1973, 1978, 1984, 2011 by Biblica, Inc.™ Used by permission of Zondervan. All rights reserved worldwide. www.zondervan.com. The “NIV” and “New International Version” are trademarks registered in the United States Patent and Trademark Office by Biblica, Inc.™

Scripture quotations marked BSB are from the Holy Bible, Berean Study Bible, BSB. Copyright © 2016, 2018 by Bible Hub. Used by permission. All rights reserved worldwide.

Scripture quotations marked CSB have been taken from the Christian Standard Bible®, copyright © 2017 by Holman Bible Publishers. Used by permission. Christian Standard Bible® and CSB® are federally registered trademarks of Holman Bible Publishers.

Scripture quotations marked ESV are from The Holy Bible, English Standard Version® (ESV®), copyright © 2001 by Crossway, a publishing ministry of Good News Publishers. Used by permission. All rights reserved. ESV Text Edition: 2016

Scripture quotations marked NASB are from the New American Standard Bible® (NASB), copyright © 1960, 1962, 1963, 1968, 1971, 1972, 1973, 1975, 1977, 1995 by The Lockman Foundation. Used by permission. www.Lockman.org

Scripture quotations marked NKJV are from the New King James Version®. Copyright © 1982 by Thomas Nelson. Used by permission. All rights reserved.

Scripture quotations marked TLB are from The Living Bible, copyright © 1971. Used by permission of Tyndale House Publishers, Inc., Carol Stream, Illinois 60188. All rights reserved.

Deborah Beddoe is represented by the William K. Jensen Literary Agency.

The names and details of the people and situations described in this book have been changed or presented in composite form in order to ensure the privacy of those with whom the author has worked.

In keeping with biblical principles of creation stewardship, Baker Publishing Group advocates the responsible use of our natural resources. As a member of the Green Press Initiative, our company uses recycled paper when possible. The text paper of this book is composed in part of post-consumer waste.



Deborah and David Beddoe, *The Heart of Recovery*
Revell Books, a division of Baker Publishing Group, © 2019. Used by permission.

Contents

Introduction	11
1. Shame Buries Us	17
2. Reviving Compassion	35
3. A Marriage in Recovery	53
4. The Support of Family	77
5. Friendship in Recovery	97
6. The Mission of the Church	119
7. The Power of a Support Group	139
8. The Healing Effect of Counseling	155
9. The Role of Rehab	165
10. The Safety Net of Social Services	175
11. Advocacy for Medical Care	185
12. A Restorer of Homes	199
Acknowledgments	209
Appendix: Resources	213
Notes	221

For our families, friends, and community
that never let go.

.....

We are lost unless we can recover compassion,
without which we will never understand charity.
We must find, once more, community,
a sense of family, of belonging to each other.

MADELEINE L'ENGLE

Introduction

Years ago, someone told me the best way to tell our story would be to write it together. Dave and I both balked at the idea. I'm the writer, he's the talker. I wanted to dig deep into our past, consulting journal entries for accuracy, while Dave—who has very little filter anymore when talking about his addiction and recovery—wasn't too thrilled about wandering back through the sordid details.

Conversations with people in desperate circumstances with their loved ones revived an idea we'd had early in his recovery. We believed our experiences with prescription drug addiction were just a prelude to what the community, church, and nation were about to face. Fifteen years of addiction took a terrible toll on each of us, our marriage, family, and ministry. But our personal experiences with the opioid crisis demolished and rebuilt our understanding of grace, leaving us insight into the world of addiction and recovery that we would never have had, had we not been through it ourselves.

Ours is not a street drug story. Our homelessness didn't mean sleeping in a car. Our story is about hidden addictions that destroy lives. It's about the shame we felt as people who had a problem that “good people” don't have—certainly not Christians. We were in

full-time ministry. We “didn’t belong” in the welfare office, or in rehab in a state hospital, or in weekly 12 Step meetings.

Over the years, I believed a lot of lies about addiction—even while we were living in it. The most powerful one was that we had to keep it a secret. Our lives began to change dramatically when we allowed people into our shame and pain. Through the years, that shame and pain has been healed by God in the context of community: in our family, in our friendships, in our ministry, and in our small town.

Rather than leaving the opioid addiction epidemic to slow legislation and a shortage of recovery professionals, we need a church that is educated and unafraid. We want to encourage you with hope, stir your heart to compassion, and persuade you to step toward people working through the recovery process as well as those who are still trapped in addiction. To these people, the situation can feel hopeless. Our intent within these pages is, to give you much-needed support as you walk beside a loved one in recovery.

As a culture and as a church, we’ve taken *we can’t change people* to mean *people don’t change*. And we’ve taken *we can’t change people* to mean *there’s nothing we can do to help them change*. But when we buy the idea that people don’t change, we deny both the human capacity for change and the power of God to change the human heart. And maybe, most tragic of all, we free ourselves of the discomfort of close relationship with someone who needs us, effectively abandoning the mission God has set right in front of us.

Grace allows time and space for transformation. People do change. People consumed by addiction can recover. Marriages can be saved. Children can survive dysfunctional homes. But it’s a process. We forget this. It doesn’t happen overnight. Recovery takes endurance.

Dave has been clean now for more than a decade, and though we celebrate his recovery, it hasn’t been easy. The addiction years were a trauma of their own: we sank deep into a pit trying to fight addiction alone. But the recovery years have been a long

haul of living “one moment at a time,” taking slow steps in the right direction, getting knocked down, and being pulled to our feet again by each other and the willing bystanders in our lives. If the strength and power of the years of addiction was secrecy, shame, and darkness, the power of the recovery years has been transparency, love, and community.

—[[DAVE—

Eight years ago, Deb started writing online about our journey through addiction and recovery as Christians, and we sat down to reflect on the questions that had poured in. At the time, very few Christians were talking publicly about prescription drug addiction, but we believed that at some point, the dam would break on this issue like it had for us. I was sure there were other Christians struggling with pills.

We gladly shared hope and practical advice with anyone who asked. We discussed the conversations we’d had with teachers, medical professionals, and even law enforcement about prescription drug addiction. We wrote out as many answers as we could from our own fresh experience with recovery and restoration. But we didn’t know at the time if what “worked” for us would work for other people. I was only three years clean myself, we had just started a recovery program in our church, and we still had a lot to learn. And frankly, we didn’t even know if I’d be able to stay clean.

Part of the power of a secret addiction is the shame and pride and fear that stop you from confessing your need for help. For fifteen years, I’d let no one into my battle unless I was caught. When it all came out, I had a weird mix of terror and numbness and relief. I had been so sure that Deb would leave me and that everyone would hate me. I’d hidden my addiction through years of ministry, so naturally there were people in my life who were shocked, hurt, and angry. But the overwhelming response I got

was not what I expected. I expected condemnation, and instead I received compassion. Once I let people in to help, I discovered that a supportive environment can make all the difference not only in getting clean but for sustained freedom from addiction.

Whenever I tell my story of overcoming addiction, people comment on the strong relationships I had and remind me that not every addict has that kind of support. I know they're right. I'm forever grateful that in spite of the disappointment and pain I gave the people in my life, some of them stuck around to give me one more chance, hoping that maybe this time my healing was the real deal.

But even in my story, "support" didn't always look or feel like the support we wanted or thought we needed. For many people I knew, I was their first experience dealing with an addict up close.

Addicts burn a lot of bridges, and I was no exception. I know I was written off by some people because of the guy I was when they knew me. It happens when you fail too many times. We're a *three strikes and you're out* kind of culture, and we have been for a long time now. And if you wear through every strand of the safety net, when you finally fall for good, there's no one left to catch you.

I wish I could say to those people, *the church will be there for you*. But church is often the last place a broken person feels welcome. And I think it's often harder for the Christian community to offer compassion to someone who's been given so many chances and failed.

The community that caught my family and me when I fell wasn't made up of a perfect pastor, family, or church that had it all figured out. Our safety net was held by people who were willing to respond with compassion and reexamine what they thought they knew about addiction and addicts and this idea of "recovery." Family and friends who wrestled intensely with forgiveness and continued to try to love an addict, even when he broke their hearts. A wife who was willing to practice the countercultural idea of forgiving seventy times seven.¹ And a broader community

of broken people who welcomed me as a brother. *The Heart of Recovery* is a testimony of the power of God working through compassion and community to transform us.

After more than a decade free from pills, we can simply say with confidence, here's how we got this far: people around me set aside their fears, prejudices, and objections and stepped into my life to help. Hope began in community through the compassion of a group of bystanders who were willing to move past the stink of our lives and do what they could to help.



Dave and I are not counselors or therapists, and we ask that you view this book in that light. But we can tell you what made it possible for me to stay in our marriage and for Dave to remain in recovery. We would also urge you to seek help from a qualified professional if you are in an abusive situation.

People in addiction recovery may find some hope in our story, but we have written this book with those around them in mind. As you read, we hope you'll gain a better understanding of the consuming and destructive power of prescription opioids and the urgency to act in this present crisis.

We pray that you will see your place in the story of healing. That you'll find challenge, comfort, and encouragement—whether as the spouse of someone in recovery, their parent, pastor, or friend—and that you find others around you who are going through recovery beside a loved one as well.

And that, along with the help this book will provide, you will also find community.

Shame Buries Us

If we conceal our wounds out of fear and shame, our inner darkness can neither be illuminated nor become a light for others.

BRENNAN MANNING

The morning news reminds us again of the miracle that Dave is alive and free from the addiction that had a hold on him for fifteen years. Today, another great musician died of an overdose. Last week, an actor. And in between the Hollywood headlines are the local ones, closer to home, more personal and, tragically, more and more often.

Over eleven million Americans have abused prescription painkillers in the past year, and according to the Substance Abuse and Mental Health Services Administration, 1.7 million of us struggle with addiction to them.¹ As of this writing, prescription drug overdose is now the leading cause of death for Americans under the age of fifty.² The opioid crisis has invaded our communities and our homes, and the quest for solutions has become a billion-dollar industry.³

Addiction and overdose are tragic side effects of the collision between the War on Drugs and the War on Pain. It's a mess of our

own making, and we have tried and failed to fix it at the highest levels of government. Generation X grew up with Nancy Reagan's *Just Say No* campaign to keep us from turning to drugs when we were teens. And then, in the 1990s, as we were becoming adults, Jack Kevorkian gave the moral compass of the country a spin with his assisted suicides for people who were suffering unquenchable pain.⁴ The American public, appalled by euthanasia, pushed lawmakers to stop it.

Under pressure and caught in a dilemma, Congress held special sessions to hear testimonies from pain sufferers and their family members as well as arguments for pain relief from physicians. The result was a decision that would change modern medicine: *We can't let people live in pain. Stop the suffering, and it will end assisted suicide.*⁵ The way out of this complex ethical crisis was to promote pain relief and prosecute assisted suicide. Kevorkian was sentenced to prison in Oregon in 1999. In 2000, Congress declared the first decade of the new millennium "The Decade of Pain Control and Research."⁶ And so, our attempts to conquer pain and do away with suffering unwittingly opened a Pandora's box. As a country, we started saying *yes* to drugs.

By the time Gen X had babies, extended hospital stays for every procedure were becoming a thing of the past. We had outpatient surgeries and surgery centers, and we were prescribed bottles of the sorts of painkillers previously administered only under the care of watchful hospital staff. Suddenly, everyone in America was granted the permission—and the potent means—to manage our own pain at home. Not just after major surgery or for terminal cancer, but for tooth extractions, backaches, and even headaches.

Pain, the Fifth Vital Sign

It was so easy to get pills in the new millennium. While standard narcotics prescriptions were still carefully regulated and monitored, many of the new opioids and synthetic opioids were not.⁷

On top of that, the American Pain Society pushed to make pain the “fifth vital sign.” Unlike the other vital signs checked by medical personnel—blood pressure, heart rate, temperature, and respiratory rate, which have specific and quantifiable standards of measure—pain is subjective.

Brian F. Mandell, MD, PhD, wrote about the staggering effect of the “fifth vital sign movement” in a 2016 issue of the *Cleveland Clinic Journal of Medicine*.⁸ Dr. Mandell said that because patients themselves had become the measure, medical personnel were required to accept a patient’s word for how much pain they were in. Self-reporting pain became an opportunity for drug manufacturers to market new medications and remarket other drugs *directly to the public* as pain relievers.

Opioids, synthetic opioids, and other non-narcotic drugs flooded the market. Pharmaceutical companies spent billions of dollars each year marketing these new drugs directly to consumers and to physicians through drug reps who assuaged doctors’ fears with promises of “non-habit-forming pain relief.”⁹ Magazine, radio, and television ads for drugs like Tramadol encouraged patients to “ask your doctor if ____ is right for you.”

“Step forward in time,” Dr. Mandell says, “and pain control has become a measure of patient satisfaction, and thus potentially another physician and institutional rating score that can be linked to reimbursement.”¹⁰ In other words, if doctors don’t alleviate our pain to our satisfaction, they, their hospital, or their practice could take a financial hit.

Within ten years of pain being established as the fifth vital sign, the number of prescriptions for opioid pain relievers quadrupled to 259 million per year.¹¹ Medicine cabinets belonging to otherwise clean-living people now contained the potent leftovers of our postsurgical procedures and illnesses—medicines with the addictive properties of heroin—a ready supply for anyone searching for a fix.

We didn’t know. No one did. Except the people who got hooked.

In the wake of all those prescriptions, health insurance claims for *opioid dependence* rose **3,000 percent**.¹² By 2011, the problem had become so pervasive that the White House officially recognized prescription drug addiction as an epidemic.

The Centers for Disease Control says 46 people die each day in the United States now from synthetic opioid overdose, more than 200,000 people since 1999. Not from heroin, cocaine, or meth—*from prescription pain relievers*.¹³ Paradoxically, back in the 1990s, Jack Kevorkian, whose practice sparked this crusade against pain, assisted in 130 suicides. Total.

Experiments with Pain Treatments

Dave was diagnosed with chronic migraines the year we got married. Pain ruled our early married life. And over time, the migraines became more and more frequent: every holiday, every weekend. We pleaded with God for healing, but the headaches didn't go away. Dave's life outside work became a series of doctor visits and experiments in managing pain.

—{DAVE}—

The first time I went to the doctor for my headaches, they told me I had migraines and gave me a shot of morphine and a bottle of pills to take home. First it was Fiorinal with codeine, and then Vicodin because it was cheaper. Anytime I had a migraine, I'd go back to the doctor and they'd give me more. The pills relieved my pain and let me sleep, but they also gave me a great euphoria and eased the general pains of life as well.

I had migraines so often that if I had a headache at a friend's or relative's house, they'd give me a few of their leftover pain pills, knowing regular pain relievers didn't cut it for me. Over time, I became physically and psychologically dependent on pills to function. But these pills also made me groggy and the

frequency of headaches became a concern, not only because I was an otherwise healthy young man in chronic pain, but because I was taking so many narcotics. When I went even a few days without pain pills, I'd begin to experience the flu-like symptoms of withdrawal.

To combat this dependence, my doctors cycled through various narcotics. They experimented with some non-narcotic methods of managing migraines. They tried to get ahead of the pain with beta blockers before it got out of control. They also prescribed a new medication called Imitrex. These self-injections were supposed to open constricted blood vessels thought to be the cause of migraine headaches. They tried IV therapy and even a shot in my eye socket.

At home, we eliminated MSG (monosodium glutamate), which was in nearly all processed foods back then, so Deb made all our meals from scratch. We were careful about strong scents, sleep patterns, and other known migraine triggers.

Because I was so young, I was scanned for brain tumors and tested for allergies, but nothing gave us an explanation for the migraines. And no pain treatments worked very long.

To my relief, and my doctors', four years into my struggle with migraines a new "wonder drug" hit the market. Unlike other prescription pain medications I'd been on, Tramadol was supposedly nonaddictive. This pill promised relief without the typical drowsy side effects of narcotics or danger of dependency.¹⁴

On Tramadol, I was finally able to be present with my family instead of in bed, in the dark with a pillow over my head. At first, it worked marvelously. So well that I was finally able to manage my life. I was a Christian high school teacher and a basketball and football coach. I worked on the college staff of a large church, teaching and leading small groups. In the summers off from teaching, I worked as a camp director.

Within a year or two, however, I knew I had the same problem I'd had with Vicodin. I had built up a tolerance for Tramadol,

which meant I had to take more and more of it to get the same amount of relief I'd had at first. After a while, I started having "rebound headaches" caused by withdrawals between migraine episodes. I started taking Tramadol every day, and several times a day, to keep the withdrawals at bay.

I let myself believe it was okay for me to take so much medication. I felt great on it. It didn't make me sleepy or doopey, and it was easy to get samples and prescriptions.¹⁵ Most drug seekers didn't like it because it didn't give the same euphoria or high that came from drugs like OxyContin and Vicodin. But it worked for me, so, unconcerned that I was becoming a "drug seeker," doctors gave me pill samples for free.

Eventually, though, my need for pills outpaced both my insurance coverage and drug rep samples, and I had to pay out of pocket for multiple prescription refills each month, which was expensive. Although Deb was sympathetic to my pain, the financial strain caused a lot of conflict.

When we were expecting our third baby, I was offered the high school youth pastor job at the church where Deb and I worked as teachers. For a while, I enjoyed the added work, additional pay, and change of ministry. But a year into youth ministry, things started to fall apart again. I was addicted to Tramadol. I just hadn't acknowledged it.

During a particularly bad season for us, I told Deb I thought I'd been running from God and that was why I had so many migraines and money issues. I thought God wanted me to go to seminary to become a pastor and decided on Tacoma, Washington, as a place to start over.

Over the years we've learned that this change-of-scenery and life-overhaul plan is a classic move for someone struggling with addiction. *I just need one magical thing to change outside me and that'll change what's going on inside me*—a new job, a new relationship, a new doctor, a new home—change will fix it without me having to do the work. The problem, of course, is that when

we moved, I went with me. I found new doctors, new pharmacies . . . and the same struggles.



The Downward Spiral of Addiction

Although most of my (Deb's) family lived near us in California, I thought the move to Washington would be good for Dave and me. I hoped he was right and that the stress and strain in our relationship was because he needed to be on another path—like Jonah. Maybe migraines were Dave's whale, a punishment of sorts for not doing what he was supposed to be doing, and if he went to seminary, they'd go away.

Both of us wanted to believe leaving the pace and expense of life in Southern California would bring much-needed peace to our home. We weren't just living paycheck to paycheck, we were living, always, a few months in the hole and the hole was getting deeper. And so, with the blessing and support of our families and friends, and four small children—one just weeks old—we moved a thousand miles so Dave could go to seminary.

In spite of this drastic change, however, Dave's headaches only increased in frequency, and the tension between us escalated along with them. I thought I could help him by relieving stress. I kept parenting and household demands off him as much as I possibly could, believing it would free him to study and work. A family member paid Dave's seminary tuition, and I scrimped and saved to make it possible for me to stay home with our four children since we had a newborn again. I tried so hard to follow Proverbs 31—the model of wifeliness I was taught in Bible college. I was going to be a pastor's wife!

But something was wrong. We'd struggled our entire marriage to keep up with the expense of Dave's chronic pain, but now we were so poor. Worse off than I'd ever imagined we'd be when we

left our jobs in California—even for a seminary student. After a year and a half of seminary, Dave had passed only one class. And then came a steady stream of collection notices and fear that he was on the verge of losing his job.

I was at a loss to know what to do with our constant conflict. We talked in circles. I tried to reason it out in my head and in my prayers. *How were we here again?* My mind spun with possibilities that pricked my heart with fear. I didn't recognize that Dave was in the downward spiral of addiction.

In the fall of 2003, I turned on the TV for some company while I folded laundry, half listening to *Oprah* until her guest described his wife's mysterious behavior: missing money, failures at work, leaving the house for long periods of time with lame explanations for her absence, elaborate and expensive gifts of reconciliation, effusive apologies—only to go back around through the cycle again.

The story was so familiar to me, I quit folding toddler jeans and matching baby socks and turned up the volume to hear the wife's explanation. The doctors, pharmacies, prescriptions . . . the debts, lies, and excuses—all of it, she said, was to get more drugs.

Oprah turned to the man and asked if he didn't suspect the pills. And he replied that her medications were never a question to him because doctors prescribed them to her for pain. The wife had managed to hide her drug problem from her unsuspecting husband until he accused her of an affair, which was the only reason he could imagine for her deception.

Propelled by curiosity and fear, I dug through our dresser drawers to find discarded Tramadol pill packaging. As many times as I'd picked up prescriptions, I'd never really read all that fine print. It was science, I thought, intended for pharmacists and doctors to decipher. Patients are supposed to just "take as prescribed."

And so, I found myself staring at a large, wispy paper covered with chemistry formulas and symbols, scanning for words that made sense. On the insert for Tramadol, in the fine print, were the words "potential to be highly addictive."

Shocked, I turned to the internet for more. Tramadol *the wonder drug*, the one medication I had never questioned, was a synthetic opioid. On page after page and forum after forum, I found warnings about Tramadol. *Worst withdrawals I've ever had*, I read. *Harder to kick than the heroin*. On and on and on.

I was stunned. Dave having an addiction to his migraine medication was nowhere on my radar. Plus, I didn't believe it was possible for a true Christian, and certainly not one on his way to becoming a pastor, to be addicted to drugs. It seemed impossible for any person who was otherwise living a good, moral life to be a drug addict.

And it wasn't just me! I'd heard it over and over for a decade, sitting beside my husband as we asked doctors questions about the various medications they prescribed. "You don't have an addictive personality," they'd say. "You don't fit the profile." He was a young Christian dad, a youth pastor, a seminary student—not the stereotype of a "drug addict." Not to me, not to medical professionals.

When doctors discovered Tramadol worked for Dave's migraines, he could walk into almost any urgent care clinic with a headache and walk out with a legal prescription. The drug was so new, and so few people asked for it, he often came home with bags full of samples that had just been taking up space on their office shelves.

When a doctor asked with even a hint of skepticism what Dave normally took for pain, he'd visibly relax when he said "Tramadol." You could tell he was relieved Dave hadn't asked for *the hard stuff*.

There were no dealers. No back alleys. Not even a forged prescription. Just a slow, legal descent into addiction—a mirror of the crisis unfolding nationwide.

Admitting Addiction

—{DAVE}—

After that episode of *Oprah*, Deb confronted me. I admitted to her that I was addicted to Tramadol and had probably been struggling

with addiction to pills since the first year I was on narcotics—ten years! Drug seeking had overtaken my studies and work. I told her I'd spent a lot of money we didn't have on pills.

But even after confession, I still struggled. I had tried in the past to go a day or two without the pills. I'd attempted to quit pills every morning. I'd wake up saying, "Today, I'm not going to take pills." And then the withdrawals would hit, and I'd be so sick I couldn't handle it.

This time, though, I lost my job, failed seminary classes, and coped with the stress by getting more pills. But Deb knew what to watch for now, and she knew we needed help.

By the time I checked in to rehab, I was taking thirty pills a day. Come to find out, withdrawal from taking high amounts of Tramadol, like I was, is dangerous. They put me in the psychiatric ward of a state hospital, and the physical withdrawal was so severe and violent they had to put me back on Tramadol, wean me off it over a few days, and medicate me through the rest of the detox process.

Once I was stable and drug free, I attended the 12 Step meetings in the rehab unit, and by the end of my three weeks in the hospital, I felt like maybe I was cured. When I got out, I was supposed to go to ninety recovery group meetings in ninety days (the usual instructions when you're released from a 12 Step-based rehab). But I found the meetings intrusive. When you get back to your kids and your life and your church and you have to find a job, and when you don't want other people in your life to know you've been in rehab, it's easy to make excuses not to go to a meeting every night. My hope was to be fixed and changed and not have to deal with it anymore.

I started using pills again within a month. And within three months, I was back to the same level of pills I'd been taking before. I'd take pills, vow to quit, go without them for a few days—sometimes a week—get sick, and go get pills again. Withdrawal triggered migraines, so I was back on the roller coaster. But this

time I was more careful to keep not only my purchase but my use of pills hidden from Deb. I lied to her, and I lied to doctors to get pills. I justified the lies to myself, believing I needed them because I couldn't be sick. *I need my job, I need to be present for my family, so I'll just go get a few to get me through this, and then tomorrow I'll taper off them.* Even when I was halfway honest with doctors and told them I'd been in rehab, I'd let them believe it was for OxyContin or Vicodin. They still didn't question Tramadol. (To this day, some rehabs treat opioid addiction with Tramadol.)



I (Deb) wasn't prepared for life after rehab. I didn't understand that escaping addiction involved so much more than just getting off drugs. I didn't realize that even prescription opioids chemically alter a person's brain. I had no idea back then how critical the first ninety days of sobriety are—that *the longer the person in recovery stays clean, the better their chances of staying clean for the long term.*¹⁶ Dave told me he should go to 12 Step meetings. But his commitment to attending them didn't last long, and I didn't fully believe I should encourage attendance. I figured *he had Jesus*, a good pastor to hold him accountable, and for a few months, a weekly meeting with a counselor to help him stay clean. So why should he go get accountability from a group of other addicts? I didn't understand the difference between getting clean and "recovery." And it never crossed my mind that he might relapse.

We told only a handful of people about Dave's addiction problem. As he was still hoping to become a pastor, they advised us to keep it to ourselves. "You won't ever have a ministry if people know," they said, and we knew it was true. Besides, I had hopes he could return to seminary after taking a semester off to work, because I thought he was cured. But Dave didn't go back to seminary. Instead, he got his dream job as the director of a large Pacific Northwest ministry's camp and conference center.

I've since learned that it's hard to detect when dependence on pain pills becomes an addiction. Especially with a drug like Tramadol that didn't make him "high" in a way you could see. Even up to his last days on Tramadol, I couldn't tell the difference between a migraine and withdrawal. But I knew when the bills hit. Or the account was drained. Or I got a collections call. I'd get angry, and he'd be sorry. Over the next three years in ministry, he relapsed into full-blown addiction seven times.

Secrets and Shame

Dave's continued struggle with addiction messed with my theology, my emotions, and my worldview and left me confused, angry, and paralyzed by shame. Both of us had grown up believing abstinence was the surest way to avoid getting ensnared by addiction. We didn't even have alcohol in our home. When in doubt, you simply stayed away from the "gray areas." *Follow the rules, and you'll stay out of trouble. Believe the right things, and you'll stay out of trouble. Right theology, we'd been taught, leads to right living.* I never considered taking prescription painkillers for chronic migraines to be a gray area that might "lead to bondage." Yet somehow, we'd gotten into a problem I did not believe good people, let alone Christians, had. Shame convinced me we should keep our problems to ourselves and somehow fix them.

By Dave's fourth relapse, however, I'd had enough of trying to work through our problems alone. We tried pastoral intervention and counseling, and then he had a relapse (#5) . . . Celebrate Recovery (a Christian 12 Step program) . . . and then another relapse (#6). Finally, in desperation, Dave tried an anti-addiction drug called Suboxone (buprenorphine). It worked until keeping the rigorous appointment requirements conflicted too much with his ninety-hour week running summer camp.

That summer, I was full of peace because I thought the combination of 12 Steps and Suboxone were finally working. I didn't

know Dave had gone back to buying Tramadol online. With camp money this time, so I wouldn't find out. Relapse number seven.

When Dave finally got clean, it happened in the most painful way I could have imagined. We lost our ministry, our home, and almost our marriage. We crashed so hard, neither of us was sure we could keep going. Our children were devastated and our hearts in ruins. Dave minus pills was a wreck of panic, shame, and acute physical withdrawal. I grasped at the fragments of ravaged faith and begged God to help me find my way through the rubble of our imploded life.

Dave was asked to resign just before the holidays. His wages through the end of the year were garnished entirely to repay a portion of the debt he owed the ministry for buying pills. We found ourselves not only unable to afford a move but entirely unable to care for our family ourselves. We stood helpless at the edge of uncertainty. No jobs, no money, homeless, and deep in debt, and at the lowest our relationship had ever been.

Our needs in those first days, weeks, and months seemed like they would crush us. Although I fully believed God would not let us starve, I felt a nagging disillusionment about exactly what I could expect from a God who, I felt, had let me down so completely. I resisted the way the kids and I had to suffer so much along with Dave. I prayed fervently for a miracle, for a second (third, fourth, fifth) chance for Dave to redeem himself and make everything right. Our kids did too. "Can't you just tell them you're sorry?" they asked.

Beneath the physical needs of our family, my soul was circling the drain. I was shattered by the person I had trusted with my life. He had deceived and betrayed me. Our relationship was in shambles, and for the first time, I didn't care who knew it. All compassion drained from me as I attempted to navigate what felt like the end of hope.

Although I couldn't have told you in those awful days what we needed beyond food and shelter, I'm grateful for a handful of

friends who were willing to listen, family who gave us space as best they could while we wrestled with a sort of grief. I even needed the sheriff's deputy who came to our house in response to my 911 hang-up call in the middle of a fight to snap me out of my anger toward my husband before I lost it completely and tore my house down with my own hands.¹⁷

Dave, who was even further down the drain than me, needed to know there was hope for *him*, and I was in no place myself to encourage him. He had finally emptied my reservoir of compassion, and others had to step in for a while and let me refill.

What we did not anticipate from the bottom of our pit was the generosity of the community around us—compassion offered by some of the same people we'd tried so hard to hide our brokenness from for three years. Former employees, still sorting through their own response to Dave's fall from leadership, gave us money for food and our move off the camp property. A family from our church let us stay in their home for a while. Dave's parents squeezed us all into their two-bedroom condominium for a couple of months. Our pastor and our new recovery community continued to offer encouragement and friendship.

This outpouring of kindness gave me the taste of God's compassion I needed in order to get out of bed in the morning and face the sadness of my children, the moodiness of my disconsolate husband, and the task of packing up our house in sorrow. I couldn't see beyond the next meal, let alone make decisions for our future. The compassion of individuals in our community propped me up, gave me hope, and kept me alive. And it overwhelmed Dave, who was sure everyone hated him.

Unbind Lazarus

By chapter 11 of John's Gospel, Jesus is three years into his public ministry, and he has established a reputation for healing. So when Lazarus gets sick, and his sisters send for Jesus, they have faith he

will heal their brother just like he's healed so many others. Instead, Jesus sends word back to Mary and Martha: "This sickness will not end in death. No, it is for God's glory so that God's Son may be glorified through it."¹⁸ And so, the sisters hold on to the hope of healing, even as they watch their brother's condition get worse.

John reports that Jesus stays away from the town of Bethany two agonizing days longer. To be fair, the leaders in Bethany had just tried to stone him . . . but whatever the reason for delay, without Jesus there to heal him, Lazarus gets sicker. And then he dies. When Jesus finally returns to Bethany, the sisters greet him, weeping, and his heart breaks with love and compassion. Jesus, who could have prevented this death, weeps beside the mourners!

A crowd of family, friends, skeptics, and spies gathers around Jesus and the sisters and follows the mourners to the tomb. When the village is assembled, Jesus says to them, "Take away the stone." Martha objects. *Lazarus has been dead for days and it will stink!* They all know it's true. The smell will be horrible. But they do it anyway, *because it's Jesus*, and everyone—no matter what their motive at this point—is hoping for a miracle.

So Jesus prays loudly. And then he shouts so everyone around can hear: "Lazarus! Come out!" And miraculously, Lazarus, who was absolutely, unquestionably dead a minute ago, emerges from the tomb with his hands and feet and face still wrapped like a mummy. His appearance must have caused quite a stir. I'm sure the crowd stared in awe, perhaps anticipating a magical transformation of mummy into man. Instead, Jesus turns to the mesmerized crowd and tells *them* to finish the job: "Unbind him, and let him go."¹⁹

With that command, suddenly setting Lazarus free from the shroud of death and restoring him to life becomes a community effort.

Charles Haddon Spurgeon preached in the 1880s about this unexpected plot twist: "This seems a strange sequel to a miracle. The bands of death released, but not the bands of linen; motion

given, but not movement of hand or foot, strength bestowed, but not the power to undress himself.”²⁰ So the community of bystanders followed Jesus’s command and unwrapped Lazarus’s hands, his feet, his face. And their care for him likely didn’t end there. Spies had witnessed this resurrection and reported it back to religious leaders who now wanted to kill not only Jesus but Lazarus as well, because he was living proof of Jesus’s claim to be God.

Jesus had said this pivotal moment would show God’s glory. With this command, Jesus is allowing the willing bystanders to touch a piece of that glory. Wrapped up in this miracle was the transfer of the ministry of restoration from Jesus to the community. So Spurgeon turns the story back around to us: “This brings us to consider a timely assistance which you and I are called to render. Oh, for wisdom to learn our duty, and grace to do it at once.”²¹

Breaking free from addiction, no matter how it comes about, is a sort of miracle. But sobriety is just the beginning. Recovery is a process, not a onetime event. At the heart of recovery is the compassion of a community of bystanders willing to help complete the work of restoration.

Every single person who touched our lives in that year left a significant mark on our family. Without knowing it, each one became a strand of a tightly woven safety net that caught all six of us, not just Dave, when he fell. Our family, some dear friends, our recovery group, our church, our kids’ public school, doctors, employers, counselors, teachers, even a community theater—helped restore not only Dave but all of us to life. It took a village. A community. Just as it did for Lazarus.

.....

Addiction thrives in secret. It wraps tight around, binding hands and feet in strips of shame. Suffocating, blinding, burying. Refusing to release. We cannot wrench anyone from the tomb-grip of addiction, and we are powerless to raise them from living death.

There is nothing we can do to force life into them. We can only give God our grief, stand by, and pray for a miracle.

I wanted to believe the miracle of healing I'd prayed for had happened that day when Dave was forced out of the grave, that God's glory would come out of our pain and grief in spite of the devastating aftermath. In that hour, as one person and then another stepped toward us, healing began.

If you haven't already experienced the challenges of being part of someone's safety net, chances are, you will. And when you have the blessing of standing nearby when someone finally breaks free from the death grip of an addiction, you have an opportunity to be a part of restoring them fully to life. You simply have to be a willing bystander.