The Mission of the Church in Addressing Alcohol and Drug Abuse: The Case of Fazenda da Esperança Healing Ministry in Dombe

By

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Declaration

I, Sango Elie Nyembo, hereby declare that the research presented under the title 'The Mission of the Church in Addressing Alcohol and Drug Abuse: The Case of Fazenda da Esperança Healing Ministry in Dombe' is my original work, except where otherwise indicated.

This dissertation has not been submitted for any degree or examination at any other university. This dissertation does not contain other persons' data, pictures, graphs, or other information unless specifically acknowledged as being sourced from other persons.

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Sango Elie Nyembo

As a supervisor, I approve of this dissertation for submission

Prof. Lilian Cheelo Siwila

Dedication

I dedicate this work to all individuals battling addiction; may you find hope, healing, and a supportive community throughout your journey.

Acknowledgements

This paper was not written in a vacuum. It sprung up from various informal and formal discussions with many people. It reflects many people's hard work and creativity and is the fruit of my efforts. I am grateful and acknowledge the help of many.

First and foremost, I thank God for the special graces I received throughout my life and for giving me the opportunity and inspiration to write about things that matter most today in the life of the Church.

> 'For the Lord gives wisdom; from His mouth come knowledge and understanding.' (Proverbs 2:6).

Eternal thanks to my parents, whose unconditional love and encouragement continue to have a positive influence on my day-to-day life and is witness to the divine love. May my late father, Emmanuel Nyembo Mambwe, whose values and affection continue to inspire me, and my mother, Agnes Kamango, whose unwavering support and consistent prayers keep me going, feel comforted by this modest work.

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May this work serve as a modest contribution to Mission to Heal and provide Hope for all who face obstacles in life. May it renew each heart, bringing Hope to life once again.

Abstract

This paper examines the role of theology in addressing substance abuse and addiction, areas traditionally dominated by scientific and sociocultural perspectives. Highlighting the work of Fazenda da Esperança in Dombe, Mozambique, the study demonstrates how integrating spiritual, work, community, and psychological support can facilitate recovery from alcohol and drug addiction. Through qualitative analysis, the findings reveal the importance of spirituality, family, and work in the transformative journey toward healing, portraying Fazenda as a potential model for holistic recovery.

Key terms: Fazenda da Esperança, Healing Ministry, Mission of the Church, Substance Abuse and Addiction.

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Abbreviations

AA: Alcoholics Anonymous

Ad: *Ad Gentes*

ADI: *Adesão Directo do Inconciente*: Direct Adhesion of the Unconscious

AL: *Amoris Laetitia*

CCC: *The Catechism of the Catholic Church*

EG: *Evangelium Gaudium*

EN: *Evangelii Nuntiandi*

EVG: *Esperança Viva, which* means A Living Hope Group

FZ: Fazenda da Esperança

FT: Fratelli Tutti

TM: *Tertio Millennio Adveniente*

GS: *Gaudium et Spes*

LG: *Lumen Gentium*

MV: *Misericordiae Vultus*

NRSV: New Revised Standard Version

NJBC: New Jerome Biblical Commentary

RM: *Redemptoris Missio*

SACBC: *South African Catholic Bishops' Conference*

SD: *Salvifici Doloris*

TC: The Therapeutic Community

UNODC: United Nations Office on Drugs and Crime

UCCB: The United States Conference of Catholic Bishops

UKZN: University of KwaZulu-Natal

WCC: World Council of Churches

WHO: World Health Organization

UT: *United Redintegratio*

Chapter One
General Introduction

1.1. General Overview and Research Problem

Alcohol and drug addiction stands as one of the most urgent public health challenges worldwide, manifesting as a multifaceted issue with extensive and severe repercussions on individuals, families, and communities. Excessive alcohol consumption and drug use, particularly among adolescents, correlate with significant mental health disorders, including depression and suicidal ideation (Coombs & Howatt, 2005, p. 3). Additionally, many people with addiction struggle with personality disorders, poor self-control, violence, and depression exacerbated by substance abuse. The bad effects extend to critical organ functions, leading to health problems (Maher et al., 1997, pp. 5–93). Moreover, excessive consumption can drastically reduce breathing rates and even result in death (Coombs & Howatt, 2005, p. 4).

The United Nations Office on Drugs and Crime (UNODC 2024) reports that around 7 million individuals engaged with the legal system for drug-related offences, with two-thirds of these cases pertaining to drug use or possession for personal consumption (UNODC, 2024, p. 5). In large cities, there are places where people gather to consume illicit drugs, to escape from home, or even because their families have kicked them out. In the same report, Mozambique is recognised as a transit country for heroin trafficked along the so-called 'Southern Route'. There has been a dramatic increase in seizures of other drugs in recent years, which shows an increase of 62%, with total amounts of cocaine seized rising by 150% (UNODOC, 2024). According to the Club of Mozambique (2024), Mozambique recorded 423 drug trafficking cases in 2023, up from 372 cases in the previous year. Of these, 336 cases culminated in convictions. Furthermore, regarding drug consumption and trafficking offences, the Mozambican police apprehended 923 individuals in 2023, comprising 64 women. These figures show a slight decrease compared to the previous year, with 306 individuals in pretrial detention and 617 individuals being sentenced (UNODOC, 2024).

The government is not indifferent to this situation. The President of Mozambique indicated that the data available in the country regarding drug abuse and trafficking, including alcohol, are pretty worrying despite the notable increase in efforts for prevention and repression. The President called on teenagers and young people to distance themselves from drugs and for people with any addiction to seek treatment, also asking that parents and guardians monitor

their children closely to prevent them from 'falling into the networks of drug traffickers and consumers' (Club of Mozambique, 2024).

The Club of Mozambique's report on drug consumption and trafficking indicates that Maputo and the provinces of Manica and Sofala have witnessed the highest demand for psychiatric and mental health services among users of psychoactive substances (Club of Mozambique, 2024).

Many existing rehabilitation programmes fail to address these complexities, often focusing primarily on the physical aspects of dependency while overlooking underlying relational and existential issues. Traditional addiction treatment methods that emphasise medical detoxification and short-term interventions frequently fall short of addressing the complex root causes of substance abuse and ensuring long-term recovery.

In numerous regions in Mozambique, the capacity constraints of rehabilitation centres show a critical gap between the demand for treatment and the provision of resources. This gap is particularly evident in Dombe, where over the past five years, I have personally observed numerous youths and parents are struggling with addiction. Despite Fazenda da Esperança being established in Dombe with an official capacity of 30 individuals, it currently accommodates 82 individuals, emphasising the urgent need for effective intervention models. Similarly, the female branch, established in 2009, supports 32 women while being equipped to accommodate only 14. Further south in Tete, the Fazenda in Zóbué highlights the situation's urgency, with 78 men housed in a facility designed for only 30. Additionally, the recently inaugurated Chiúre in Cabo Delgado serves 66 men but has a capacity of just 35. Likewise, the São José de Boroma Fazenda has similar limitations with only 24 places of residents.

Table 1. Fazenda Community Profiles in Mozambique - 2024[1]

Mozambique 2024						
Fazendas	**City**	**Number of Residents 2024**	**Reception Capacity**	**Gender**	**Quantity**	**Year of Foundation**
Mission of Dombe	Chimoio	82	30	Male	1	2006
Mission of Dombe	Chimoio	32	14	Female	1	2009
Community in Zóbuè	Tete	78	30	Male	1	2021
Chiúre	Cabo Delgado	66	35	Male	1	2023
São José de Boroma	Tete	43	24	Female	1	2023

These capacity constraints of different Fazendas show a critical gap between the demand for treatment and the provision of resources. It also indicates a broader systemic issue in substance abuse management, recovery and the urgent need for effective intervention models. These figures highlight the undeniable truth: there is an urgent need for further studies into the contribution of Fazenda da Esperança to the healing ministry for those suffering from alcohol and drug abuse.

[1] Table 1 presents a detailed overview of Fazenda Community Profiles in Mozambique for 2024. It includes various Fazendas, highlighting their locations, the number of residents, reception capacity, gender distribution, quantity, and foundation year (*from Fazenda's Year Booklet 2024*).

Various initiatives have been taken, both by public and private authorities. This work highlights a private initiative of Fazenda da Esperança that emerged over forty-two years ago and, through its method, has been helping people find their way to recovery by seeking a meaning of life.

1.2. Positionality

As the Principal Investigator of this research, I would like to declare that I am not a member of Fazenda da Esperança. I am a Catholic priest serving the parish of Sussundenga, which is 96 km away from two Fazenda da Esperança's communities in Dombe.

My research was conducted from an external, objective standpoint. My primary aim was to study Fazenda's contribution to the recovery of people with alcohol and drug addiction. My commitment to this research is sustained by a determination to highlight the profound influence of Fazenda da Esperança and the effectiveness of its methods. Over the last four decades, Fazenda da Esperança has not only provided hope and healing to countless individuals but has also developed a model with the potential to serve as a guiding framework for church and community-based addiction support initiatives. The Canadian Press, through Vivian Sequera, has highlighted Fazenda da Esperança's remarkable success rate of 80%, significantly higher than those of conventional rehabilitation centres (Sequera, 2007).

1.3. Research Scope of the Study

This study specifically examines the methodologies employed by Fazenda da Esperança to help people suffering from alcohol and drug abuse reach recovery and healing. It assesses how these practices nurture recovery and transformation in individuals struggling with alcohol and drug addiction. This research falls within the field of Missiology, which examines how the Church spreads the Gospel and engages in holistic work that addresses spiritual, social, economic, and developmental needs (Ad 13–15). Steuernager (in Tylor, 2000, p.127) asserts that 'the mission of missiology is to interpret the signs of the times,' necessitating an understanding of the particular context in which the Church functions, the worldview it aligns with, and the challenges the Gospel poses to diverse interconnected worldviews (Wright, 2000, p.75). The critical question in this field is not how much missionary action is required today, but rather what kind of missionary action is necessary (Escobar, 2000, p.112). As Steuernager reiterates, 'the task of missiology is to read the signs of the times' (Steuernager, 2000, p.127).

This research was conducted in two therapeutic communities of Fazenda da Esperança in Dombe (Mozambique). These sites are specifically the male and female facilities, which cater

separately to male and female residents. By conducting the study at both locations, this work offered a more comprehensive understanding of Fazenda's ministry's impact on its diverse population.

These communities are located in Dombe-Mission, which is a remote and rural area located approximately 200 km from Chimoio in Manica province (Mozambique). I conducted in-depth interviews with seventeen individuals who have completed their rehabilitation at Fazenda da Esperança and help others in their recovery process. The goal was to understand the experiences and viewpoints of individuals who have completed the rehabilitation process at Fazenda da Esperança. In the following section, I discussed the centre and its activities.

1.4. What is Fazenda da Esperança?

Taken from the Portuguese language, 'Fazenda' means a farm, and 'Esperança' refers to hope. Fazenda da Esperança means the Farm of Hope. Fazenda is a group of Catholic-based therapeutic communities that aim to rehabilitate people from chemical dependency (addicts) and reintegrate them into society in a dignified and humane manner. Fazenda practices a ministry of healing among victims of drugs and alcoholism, allowing them to experience the love of Christ and rescuing their lives and dignity from alcohol and drug addictions. It was founded in Brazil in 1983, in the city of Guaratinguetá, by Hanz Stapel, a Franciscan priest, Nelson Giovanelli Rosendo dos Santos[2], Iraci Leite, and Lucilene Rosendo (Heim, 2021, p. 176). Fazenda is recognised as one of the largest therapeutic communities in Latin America (Heim, 2021, p. 132). It consists of celibates, married individuals, and priests whose vocation

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[2] It all began when Nelson Giovanelli Rosendo dos Santos, who used a bicycle as his means of transportation, passed by a corner on his daily route where some young people were involved in drug use and drug trafficking. This caught his attention, and he remembered a verse from Corinthians that spoke about becoming weak to win the weak and being all things to all people to save some. (1 Cor. 9:22). One day, Nelson stopped and engaged with one of the young men, learning how to braid the bracelets they were selling. This encounter led to the young man sharing his life story with Nelson. At the end of their conversation, he told Nelson that he had found a true friend for the first time.

This experience filled Nelson with joy, and in the days that followed, he got to know the entire group of young people through his new friend. Many meaningful experiences occurred at that corner. However, the greatest joy came when one of them, named Antônio, approached Nelson alone and expressed his desire to stop using drugs. He explained how painful it was to witness his mother's tears and his family's suffering. Antônio believed that Nelson was the only person who could help him, and he asked for someone to accompany him 24 hours a day on his path to recovery. From that point, their meetings became a daily occurrence.

Antônio's transformation and commitment to change influenced the others who gathered at that corner. Inspired by their progress, Nelson dedicated his life to them, assisting them in finding strength and guiding them towards God. This journey began with Nelson's sincere and compassionate desire to connect with those struggling, ultimately impacting their lives, the community, and his own life.

is to help those struggling with addiction, whilst emphasising the importance of never losing hope.

The Mission of Fazenda finds its roots in an invitation from John Paul II in 1987, calling for creating rehabilitation centres within the Church to aid vulnerable individuals. The Pope stated:

> Special consideration must also be given to the treatment and rehabilitation of those who have become addicted to drugs or dependent on them in an unhealthy way. This requires the establishment and maintenance of institutions that can meet the specific needs of each victim of drug abuse (John Paul II, 1987).

Since its founding, Fazenda has grown internationally, establishing 180 communities around the world. In its home country of Brazil, there are over 105 communities distributed across all states. Additionally, Fazenda has expanded to Mozambique, where it has five communities, and to South Africa, which has three communities.[3]

Moreover, it is essential to emphasise that five years post-establishment (1988), Fazenda commenced admitting women, particularly young women and adolescents who realised they were pregnant during the initial phases of their recovery journey. In the past, many of these women abandoned the rehabilitation process because they needed to return home to care for their children; they could not bear the longing and suffering from being separated from their children, feared losing custody, or struggled to find a safe place or people to care for their children.[4]

One significant event in Fazenda's history occurred on May 12, 2007, when Pope Benedict XVI, visited the farm and met with the young people (Heim, 2021, p. 75). This encounter was seen as a meeting between the prodigal son and the merciful father, where the father goes in search of the lost son (Heim, 2021, p. 77).

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[3] In South Africa, Fazenda da Esperança operates within the Bethlehem Diocese, Cape Town Archdiocese, and Rustenburg Diocese (SACBC, 2023).

[4] Fazenda’s inclusive policy towards pregnant women and mothers with children aligns with the findings of Hardesty and Black (1999), who emphasise the vital role of motherhood in recovery. Research has shown that positive affection is strongly linked to the bond between a mother and child and acts as a tangible manifestation of emotional connections. Fazenda's findings have further highlighted the profound impact of motherhood on rehabilitation, emphasising the significance of preparing to receive a child while the mother is undergoing recovery. The presence of children serves as a powerful motivator for mothers, instilling them with the courage and strength to abandon substance abuse.

1.5. Significance and Contribution

My commitment to this research is motivated by a determination to highlight Fazenda da Esperança's influence and the effectiveness of its methods in freeing people from the burden of addiction. Over the last four decades, Fazenda da Esperança has demonstrated a remarkable success rate in recovery, attributed to its unique approach to addressing both the physical and spiritual dimensions of addiction. The Canadian Presse, through Vivian Sequera, highlighted Fazenda da Esperança's remarkable success rate of 80%, significantly higher than those of conventional rehabilitation centres (Sequera, 2007). By analysing this model, the research offers insights into practical strategies for addiction recovery that may be replicated in diverse contexts.

1.6. Research Questions and Objectives

The primary research question is: How does the Mission of the Church at Fazenda da Esperança Healing Ministry contribute to the recovery and rehabilitation of individuals who have experienced alcohol and drug abuse in Dombe?

The following questions guide the research:

1. What are the biblical and theological perspectives surrounding addictions?
2. In what ways does the notion of healing shape the current comprehension and execution of the Church's Mission in today's society?
3. How does the Mission of Fazenda da Esperança facilitate recovery from alcohol and drug abuse among individuals, and what are the lived experiences of those who have participated in this healing journey?
4. What kind of Mission theology can be developed to address alcohol and drug abuse in the Church?

The following objectives guide the outcome of the research

1. To investigate the biblical and theological insights into addiction and healing approaches applicable to alcohol and drug addiction.
2. To investigate the biblical foundations and historical development of the concept of healing.
3. To qualitatively analyse and investigate the contributions of Fazenda da Esperança to the recovery from substance addiction, with a particular emphasis on the lived

experiences of individuals who have undergone rehabilitation. This will be achieved through the use of phenomenological and case study approaches.

4. To develop a comprehensive mission theology of the Church that explicitly addresses alcohol and drug dependency from the influence of Fazenda da Esperança.

1.7. Structure of the Thesis

This work is split into seven main chapters, each addressing different aspects of the research.

1) Introduction

This treats the background and significance of the study, the overview of Fazenda da Esperança, the statement of the problem and research objectives, and the structure of the paper.

2) Literature Review

This chapter elucidates the biblical and historical viewpoints regarding the Church's comprehension of addiction and its role in recovery. It also presents the theoretical foundations of addiction and recovery and the holistic approaches to healing in religious contexts.

3) Theoretical Framework

This chapter addresses the theoretical framework and examines the conceptualisation of the theology of healing, grounded in biblical teachings, magisterial writings, and systematic discussions by theologians.

4) Methodology

This chapter details the methodology and presents the rationale for a qualitative methodology; it describes the participant selection and recruitment process, the interview protocol development, data collection procedures, and ethical considerations.

5) Findings

This chapter delineates the findings derived from the interviews conducted with the residents of Fazenda da Esperança. It gives an overview of participant demographics and elaborates on different themes from the interviews with Fazenda. It uses modern means of interpreting data, such as NVivo and Excel.

6) Discussion

This chapter discusses the implications of the findings for the Church’s mission and presents practical ways of intervention.

7) General Conclusion

This chapter gives a summary of key findings, reflections on the significance of Fazenda's contribution to addiction recovery, some recommendations for enhancing the church's role in holistic healing efforts, and areas for future research.

1.8. Conclusion

This chapter presents a review of the urgent public health crisis posed by alcohol and drug addiction, affecting individuals, families, and communities globally. The United Nations Office on Drugs and Crime (UNODC) statistics highlight the legal repercussions faced by individuals involved in drug offences, particularly in Mozambique, where drug trafficking is increasingly prevalent. This chapter also importantly identifies significant gaps in current rehabilitation programmes, which could be filled by Fazenda da Esperança’s success as an innovative model that combines spiritual and practical support, compared to conventional rehabilitation facilities. This chapter presents the urgent need to understand Fazenda da Esperança's approach that addresses both physical and spiritual aspects of addiction. The next chapter presents the literature review concerning substance abuse.

Chapter Two
Literature Review Concerning Substance Abuse

2.1. Introduction

The question of addiction has provoked diverse interpretations across various contexts, particularly within a religious context. This literature review explores the multifaceted relationship between addiction and the Church through biblical and historical perspectives. By exploring scriptural references, theological frameworks, and the evolving viewpoint of the Church over time, this chapter seeks to illuminate how these interpretations have shaped the understanding of addiction and its implications on recovery. This chapter will explore the biblical and historical perspectives on the Church's comprehension of addiction and its role in recovery, while also presenting the theoretical foundations of addiction and recovery, along with two holistic approaches to healing and recovery.

2.2. Biblical Understanding of Substance Abuse

According to Cook (2006, p. 9), the new terminologies of intemperance, chronic inebriety, addictions, and dependence are chronologically inappropriate to scripture and the church fathers. These terms are unfamiliar and not explicitly mentioned in scriptural texts. In the Judeo-Christian scripture and throughout church history, the commonly used term for excessive drinking is 'drunkenness', and it is generally related to the consumption of wine (Cook, 2006, p. 172). Therefore, in the Bible, wine is the most mentioned alcoholic beverage. Wine was a significant commodity in ancient Palestine due to its suitability for vineyard growth in the region (Horne, 2003, p. 287). References to wine in the scriptures vary. On the one hand, there are conservative views where drinking is portrayed as evil, while on the other hand, drinking is seen as a matter of personal choice.

2.2.1. The Old Testament

The word 'wine' (יַ֫יִן) *yayin* appears in 55 verses in the Hebrew Bible and 241 verses in the NRSV. It interprets numerous Hebrew and Aramaic terms of differing importance (Kerr, 1968, p. 11). Sometimes, it refers to fermented, intoxicating wine, such as when Noah became drunk after drinking wine in Genesis 9:20–21 (Bacchiocchi, 2001, p. 51). It is also associated with drunkenness in 2 Samuel 13:28 when Amnon was killed while drunk on *yayin*. Excessive drinking and eating were seen as severe dangers to be avoided (Miller, 2004, p. 235).

Consequently, the Bible developed many prohibitions related to alcohol, such as Num 6:3–4, Lev 10:9, Ex 20:17, and Proverbs 23:29–35 (Bacchiocchi, 2001, p. 53).

On the other hand, *yayin* can also refer to unfermented grape juice. For example, Jeremiah 40:12 and Nehemiah 13:15 mention the gathering of wine and summer fruits, indicating the unfermented fruit of the vine (Bacchiocchi, 2001, p. 55). Wine production was vital to the Hebrew agricultural economy and was generally seen in a positive light. The Old Testament extols wine as a symbol of fertility and divine favour (e.g., Deut 6:10–11; Hos 2:12; Jer 5:17) and as a gift that brings joy to the heart (Ps 104:15). Wine was used in Jewish festivals and in rituals (Dt 14:26; Ps 104:14-15). The Rabbinic teaching, in the Talmud, called for the use of red wine in pressing and warned against using wine of idolaters to prevent adulteration (Strack & Stemberger, 1996, pp. 115, 117). Moses does not outright forbid drinking wine in Deut 14:26; instead, he leaves it to personal preference (NRSV).

The OT also warns against the misuse of wine. Noah's uncontrolled drinking led to shame and failed leadership (Gen 9:18–27; Isa 28:7–9). Wine is a metaphor for disaster brought upon the nation (Isa 49:26; Jer 25:27–29). Excessive drinking is condemned as it leads to the loss of reputation, societal confusion, poverty, laziness, and detachment from God (Deut 21:20; Prov 20:1; Prov 21:17; Prov 23:20–21; Isa 5:11–12 NRSV). In prophetic literature, drunkenness is often used metaphorically to emphasise incapacity, shame, and desolation (Cook, 2006, p. 40). In Proverbs 23:29–35, emphasis is placed on the adverse effects that excessive drinking can have (Miller, 2004, p. 235). This passage provides brief instructions about the dangers of excessive drinking (Dell, 2006, p. 71). It expands on how wine can be misused and suggests that this concept can be applied to any addiction, where the word 'wine' can be substituted with any substance that hinders one from living a free, happy, and purposeful life. Amos condemns those who oppress the poor to buy wine (Am 4:1), Hosea warns that wine takes away understanding (Hos 4:11), and Isaiah rebukes those who seek strong drink (Isa 5:11; 22). The book of Ben Sira praises wine as part of creation if consumed in moderation, warning against excess drinking, which leads to bitterness, quarrels, anger, and loss of strength (Ben Sira 31, pp. 25–31; Cook, 2006, p. 39). These texts provide context for understanding the New Testament's contribution to this topic.

2.2.2. The New Testament

In the New Testament, Jesus accomplished his first miracle by changing water into wine at the wedding in Cana (Jn 2:1–11). Cook suggests that this act implies that drunkenness is not

entirely negative, as Jesus provided more wine for the wedding guests who were already drunk (Cook, 2006, p. 46). Accusations of drunkenness are made against Jesus, often associated with gluttony (Cook, 2006, p. 45). During the Last Supper, Jesus used wine, which is now used in the Eucharistic Celebration, to symbolise his blood (Mk 14:12 ff). On the cross, Jesus was offered vinegar mixed with myrrh, which he refused to drink due to its narcotic effect (Mt 27:34; Lk 23:36; Mk 15:23). However, he accepted a drink without myrrh before his death (Jn 19:29–30; cf. Mt 27:48; Mk 15:36), which many translations interpret as wine.

In Paul's era, wine was prevalent; however, he expressed concern regarding the issues and vices linked to intoxication (Cook, 2006, p. 48). He warned against all kinds of abuses, including drunkenness (Rom 13:13; 1 Cor 5:11). Paul emphasised that our bodies are temples of the Holy Spirit and that substance abuse harms both the body and the Spirit. He associated drunkenness with acts of the flesh and warned that drunkards would not inherit God's kingdom (1 Cor 6:10; Gal 5:19–21; Eph 5:18 NRSV). Consequently, he urged Christians to abstain from alcohol consumption (Rom 14:21). Paul also urged those in leadership roles, including women, to embrace abstinence. Bishops were advised not to be addicted to wine (1 Tim 3:3), and deacons and older women were told to avoid excessive wine consumption (1 Tim 3:8; Titus 2:3).

In his letter to Timothy, Paul permits the consumption of a small quantity of wine solely for medicinal purposes related to his gastrointestinal ailments (1 Tim 5:23 NRSV). Some scholars argue that the *oinos* mentioned here could refer to alcoholic or unfermented grape juice. While Paul never explicitly preached abstinence, he warned against drunkenness (Ademiluka, 2020b, p. 8).

Peter shared a similar concern in his epistles, urging Christians to be sober and alert, ready to fight against the enemy (1 Pet 5:8). Peter recognised that substance abuse impairs alertness and vigilance. Peter contrasted the new life in Christ with the previous debauchery associated with drunkenness (1 Pet 4:3–4).

Although this work is not an exegetical investigation, lessons can be learned about the destructive nature of excessive drinking[5], the related vices from the biblical texts, and the

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[5] There are several methods used to determine if someone is struggling with addiction, such as the CAGE Questionnaire, MAST, SASSI, and ASI. These assessments can indeed be helpful in identifying addiction. However, according to Travis et al. (2001, p. 4), the main defining elements of addiction are the loss of control over substance use and the continued use despite experiencing negative consequences.

It is in this sense that Chrysostom already said:

insights offered. The narrative of Noah's inebriation in Genesis 9:18–27 denounces drunkenness as a source of shame and dishonour. On the other hand, Paul's recommendation in 1 Timothy (5:23) to 'take a little wine' praises wine for its medicinal benefits. However, Proverbs 23:29–35 and other biblical references caution against alcohol abuse due to its inherent dangers to individuals and society. Excessive drinking can lead to personal, social, physical, and spiritual destruction. It often tears apart families and causes immense suffering, especially among young people in society. The biblical message encourages moderation and warns against excessive indulgence (Cook, 2006, pp. 131–132). It is important to note that discussing the exegetical questions and underlying hermeneutical issues related to alcohol and drug abuse is beyond the scope of this work. However, it highlights that the Bible is not indifferent to the realities of substance abuse.

2.3. Theological Analysis around Substance Abuse

Gelinas (2013, p.7), in his book, *How to Overcome Alcoholism,* affirms that 'Alcohol has remained a problem for the Church throughout the centuries'. The Church's position on alcohol and drinks has varied over time. Some Church fathers prohibited alcohol consumption formally, while others encouraged its moderate consumption. They based their opinions on scripture, philosophy, and the Church's traditions, seeking to understand and respond to the issue (Cook, 2006, p. 132).

2.3.1. Church Fathers in the First Century

In the first century, Clement of Rome (100AD), in his instructions on drinking, highlighted the dangers and benefits of alcohol consumption. He warned against alcohol's ability to incite wild impulses and lust, particularly among the youth. However, he also acknowledged that wine could have a positive effect, making a person more benevolent, agreeable, and pleasant (Book II, Chapter II: On Drinking). Similar viewpoints were echoed by other early Church fathers such as Clement of Alexandria and John Chrysostom.

Drunkard is the one, who having drunk too much wine staggers like a lusty slave not recognizing anything around. Full of uncontrolled desire like pure wine he talks with no sense uttering shameful, crude and silly words; he confuses one thing with another and remains blind to everything around him. He babbles and roams around seeing everywhere [a woman] he lusts for. During gatherings and feasts, in every time and in every place, no matter what is said to him, he does not hear anything; overpowered by lustful thoughts he dreams only about sin. Similar to a captured animal he does not believe in anything and is afraid of everything (Szczur, 2013, p. 391).

Clement of Alexandria (150 AD to 215 AD), also referred to as Titus Flavius Clemens, did not advocate for a complete prohibition on wine consumption. He asserts that, akin to water, wine was divinely created by God. He recommends using it in moderation (Dybała, Jagusiak & Pawlak, 2019, p. 191). In his work, the *Paedagogus*, Clement depicts Christ as the quintessential exemplar. Jesus consumed wine with moderation and discretion, preserving his dignity, and Clement posits that Christ also imparted teachings during banquets, illustrating how people ought to practice restraint (Dybała, Jagusiak & Pawlak, 2019, p. 193). Clement likens intoxication to a toxin that leads to mortality in individuals. The only approach to avoid death is to rely on one's reason (*logos*), which enables one to determine the right measure of consumption (Dybała, Jagusiak & Pawlak, 2019, p. 194).

Chrysostom, aligned with biblical doctrine, regarded wine as a divine gift and thus perceived it not as detrimental, but as beneficial. It is the abuse of wine that is bad. The bishop emphasised that wine should be consumed with moderation (Dybała, Jagusiak & Pawlak, 2019, p. 197). In other instances, John Chrysostom warned against the perils of intoxication. He thought that being drunk could result in engaging in various vices and create a separation from God. As stated by Szczur (2013), it can lead to behaviors like fornication and other impurity-related sins (Szczur, 2013, p. 391). Szczur (2013, p. 388) characterises intoxication as 'a self-selected devil, an inexcusable affliction, a downfall that allows no justification; a universal disgrace to humanity.' Moreover, drinking is a violation of ideals, a subject of ridicule, and a condition exploited for amusement. Drunkenness is a conscious choice of demonic possession, a clouding of intellect, and a loss of rationality, coupled with an arousal of desire (Szczur, 2013, p. 388). Chrysostom emphasises that the existence of a drunkard is replete with several afflictions, encompassing not only physical but also psychological anguish, since they evoke mocking or sympathy (Szczur, 2013, p. 390). The most serious damage to people's lives, according to Chrysostom, is the tyranny of evil spirits and exclusion from the celestial realm (1Co 6, 9–10). In his commentary on the First Letter of Saint Paul to the Corinthians, Chrysostom cautions against intoxication, emphasising that inebriates are excluded from the beatific vision (Szczur, 2013, p. 392).

St. Augustine's ethics focused on pursuing the supreme good, which he believed could only be achieved through a person's relationship with God: the *summum bonum*. This supreme good is attained through one's relation with God. God alone can make one happy (Cook, 2006, p. 185). Another crucial element in Augustine's ethic is the importance of the will (Cook, 2006, p. 54).

He believed that true happiness could only be found in God, and the pursuit of bodily pleasure alone would lead to a miserable existence. Cook asserts that Augustine cited Matthew 21:12, Exodus 32:6, 1 Corinthians 5:9–11, 11:20–22, and Galatians 5:19–21 as authoritative references for denouncing drunkenness during his instruction (Cook, 2006, p. 55). Augustine contended that intoxication signified a deficiency in the pursuit of solely pleasing God (Cook, 2006, p. 132). He viewed drunkenness as a pleasure of the flesh and condemned its excessive indulgence, seeing it as incompatible with a virtuous life.

Furthermore, St. Basil the Great (in Schaff, 1995, p. 634) asserts that 'drinking constitutes animosity towards God; it is a willingly embraced devil; drinking expels the Holy Spirit'; while St. Tikhon Zadonsky (in Schaff, 1995, p. 634) affirms that an inebriated individual is susceptible to all malevolence and every temptation; drinking incapacitates its followers from performing any duty. Despite these warnings, the Catholic viewpoint adopted a more nuanced understanding of substance abuse, focusing on moderation instead of total prohibition.

2.3.2. The Middle Ages

During the Middle Ages, attitudes toward alcohol consumption mirrored those of the early Church Fathers, emphasising moderation. This perspective is further reflected in Thomas Aquinas' Summa Theologica.

Aquinas believed that wisdom can be shown in two ways: avoiding excessive consumption of wine, but not necessarily by completely abstaining from it (Saint Thomas Aquinas, Summa Theologica, Christian Classics, June 1, 1981). However, some people may need to abstain based entirely on their vows or specific circumstances. Aquinas based his position on the teaching that 'it is not what enters into the mouth that defiles a man, but what proceeds out of the mouth' (Matt 15:11), affirming that drinking wine itself is not inherently wrong. Aquinas expressed concern regarding the impairment of reason induced by alcohol (Cook, 2006, p. 184). He argued that drinking wine itself is not wrong, but certain situations could make it unlawful:

> This is sometimes owing to a circumstance on the part of the drinker, either because he is easily the worst for taking wine or because he is bound by a vow not to drink wine. Sometimes, it results from the mode of drinking, and sometimes, it is because of scandalized others. Certain persons abstain altogether from wine, depending on certain persons' circumstances and places (Conley & Sorensen, 1971, p. 23).

In addition, Aquinas addressed in the *Summa Theologica*: whether it is a sin; whether it qualifies as a fatal sin; whether it is a serious sin; or whether it may be pardoned from sin (Cook, 2006, p. 62). Aquinas identified two dimensions of drunkenness: a penal deficiency

arising from a fault, specifically the impairment of reason; and the action through which an individual incurs this deficiency (Cook, 2006, p. 62). In the latter sense, Aquinas concluded that drunkenness may be without sin, a venial sin, or a mortal sin, depending on the degree of cognisance (ignorance or weakness, such as not knowing the strength of the wine) and the intoxicating nature of the drink. Therefore, if an individual recognises that their alcohol consumption is excessive and that the beverage is intoxicating, it ought to be regarded as a mortal sin (Cook, 2006, pp. 62–63). In summary, Aquinas believed that humans were created to attain the ultimate goal of the *ratio boni*, and that drunkenness obstructed their capacity to fulfil their rational function, which is their intended purpose (Cook, 2006, p. 132). Therefore, acts of drinking that impaired reason were not virtuous and could lead to sin. However, Cook argues that although the Summa Theologica never explicitly states it, Aquinas likely considered drinking wine a virtue. Indeed, he regarded wine as 'lawful' (Cook, 2006, p. 65).

Furthermore, the Fourth Lateran Council (1215) enacted a resolution against clerical intoxication, imposing suspension from pastoral duties as a penalty. Various measures were implemented during the thirteenth century, primarily through diocesan decrees issued by bishops, to mitigate or eliminate problems related to ‘Scot-ales’. Cook (2006, p. 112) observed that although these measures were effective, similar measures continued to be introduced in the fourteenth and fifteenth centuries regarding concerns such as wakes, taverns, drinking gatherings, excessive alcohol consumption among the clergy, and related concerns.

2.3.3. The Reformation

During the Reformation, the opinion on alcohol consumption remained positive. However, Martin Luther, who initiated the Reformation, considered drunkenness to be a sin based on it being explicitly prohibited in scripture, like the sin committed by Adam and Eve. Luther characterises 'drunkenness as a manifestation of the flesh' in his commentary on Galatians (Cook, 2006, p. 67). He clarifies that Paul does not categorize eating and drinking as works of the flesh. However, Luther asserts that excessive indulgence in eating and drinking, a prevalent vice in modern times, falls under the category of works of the flesh (Cook, 2006, p. 67). The author suggests that the remedy lies in having faith in Christ, through whom the Holy Spirit enters the heart and governs over the flesh (Cook, 2006, p. 68).

Furthermore, the Reformation led to a heightened focus on scripture as the foundation for Protestant perspectives on the issue (Cook, 2006, p. 68). Luther equated drunkenness with the

sin of Adam and Eve in Eden, asserting that its sole condemnation stemmed from its explicit prohibition in scripture.

A contemporary to Luther, George Whitefield, who, because of His Calvinistic theology led to a break with the Wesleys in 1741, in his sermon on 'The heinous sin of drunkenness' (1771–2), highlights essential elements: Whitefield states clearly that drunkenness was a widespread problem during the eighteenth century that the civil authority together with the church ministers should combat, lift their trumpet and talk about it. Whitefield, drawing from his predecessors, recognised drunkenness as a sin that is 'highly displeasing to God; because it is an abuse of his good creatures' (Cook, 2006, p. 70). For this reason, he identifies the wine as the 'deadly poison' (Cook, 2006, p. 71). Drunkenness affects one's ability to think and make rational decisions. Reason is considered an important quality that distinguishes human beings from animals.

Whitefield condemns drunkenness based on biblical references, such as the stories of Lot (Genesis 9:21) and Nabal (1 Samuel 25:1–42), who insulted David while drunk. The most severe consequence is that drunkenness separates the believer from the Holy Spirit (Cook, 2006, p. 71). In his interpretation of Ephesians 5:18, Whitefield insists that drunkenness and the Spirit of God cannot coexist in the same heart (Cook, 2006, p. 72). To overcome drunkenness, he suggests that one must devote oneself to prayer, avoid 'evil company,' and live strict self-denial and mortification (Cook, 2006, p. 72).

Augustine, Aquinas, Luther, and Whitefield were significantly influenced by Pauline theology. According to this theology, drunkenness was considered a sinful act, categorised as a work of the flesh (Gal 5:19–21), and all of them used scripture to support their arguments. Moreover, Augustine and Aquinas also valued philosophy alongside scripture.

2.3.4. The Nineteenth Century

By the end of the eighteenth century, physicians started studying addiction scientifically (West & Brown, 2013, p. 11); this led to a shift in the understanding of drunkenness in the 19th century. A drunkard was seen as a victim of a disease caused by alcohol rather than a sinner. This shift led as well to the re-conception of intemperance as moderate alcohol consumption and temperance as complete abstinence (Cook, 2006, p. 133). The term temperance, as defined by Aquinas, refers to the virtue of moderation; however, in the nineteenth century, it became predominantly linked to a movement advocating total abstinence from alcohol in Europe and North America (Cook, 2006, p. 77). This movement was born after the medical discovery of

the 'effects of ardent spirits upon the human body' by Dr Benjamin Rush (1785). Other physicians, like Dr Thomas Trotter, published '*An Essay, Medical, Philosophical, and Chemical on Drunkenness and Its Effects on the Human Body*', in which drunkenness is seen as a disease. The solution to the problem was clear to the temperance movement: the problem of drunkenness could only be prevented by consuming water, cider, beer, wine, sugar, and water and coffee rather than distilled spirits (Cook, 2006, p. 78). The principle of this movement was that 'bottles of distilled spirits should be labelled similarly to bottles of laudanum,' as Beecher urged: 'do not touch, taste, or handle.' (Cook, 2006, p. 90).

Consequently, members of the temperance movement vowed to abstain from consuming spirits or wine, except for medicinal purposes, during public dinners, or in the context of Holy Communion. The early members of the temperance movement opted for moderation rather than complete abstinence to prevent intemperance.[6] In this context, 'moderation' typically signified total abstinence from distilled beverages.

According to Cook, the temperance movements believed that alcohol was addictive and caused habitual drunkenness. They also believed that alcohol weakened moral behaviour, led to poverty and crime, and caused physical diseases. The solution promoted by the movements was abstinence, and they viewed drunkards as suffering from a disease (Cook, 2006, p. 80).

The temperance movement significantly influenced scriptural interpretation and the comprehension of salvation doctrine.[7] The central hermeneutical discussions within the temperance movement focused on the scriptural rationale for total abstinence and the characteristics of the wine mentioned in the Bible (Cook, 2006, p. 120). In response to these questions, with the rise of grape juice being accepted in liturgical celebrations, there began a growing trend to believe that wine in the Bible had been grape juice. Some are absolute anti-

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[6] Until 1838, the temperance movement in Ireland focused on discouraging the use of alcoholic spirits. Until 1838, the temperance movement in Ireland focused on discouraging the use of alcoholic spirits. During the 1860s, Catholic temperance associations saw a resurgence in Ireland, leading to the establishment of a Total Abstinence Association, called the Pioneer with James Cullen, a catholic priest as its Founder. Father Cullen believed that complete abstinence was crucial for devout Catholics. The Pioneer had three types of membership: those who abstained for life; those who abstained temporarily; and those who supported the fight against intemperance through prayers and money (Cook, 2006, p. 84). However, Protestants in Ireland were divided, with some advocating for moderation in alcohol consumption and others insisting on total abstinence. This divide was evident in practices like using grape juice instead of wine for communion or accepting funding from alcohol producers by the Church of Ireland.

[7] The temperance movement also brought a different understanding of Christian salvation: 'drunkenness led to death and hell' (Cook, 2006, p. 121); therefore, salvation requires abstinence from distilled spirits.

alcohol and fundamentalists, and they cannot possibly sustain a biblical basis for alcohol. Whereas others sustain the idea that there is no biblical evidence that unfermented grape juice was ever considered wine.[8]

As we have seen above, this has yet to be proven exegetically and scientifically; there was such a thing as unfermented wine. Wine is wine because it is fermented. Consequently, with the rise of these kinds of thinking, alcohol and drugs were regarded as intrinsically evil. This understanding is based chiefly on Augustine's understanding and interpretation of intoxication. In Sober Intoxication of the Spirit, Raniero Cantalamessa quotes Saint Augustine:

> The Holy Spirit has come to reside within you; do not compel Him to depart; do not exclude Him from your heart. He is an exemplary guest; he discovered you vacant and replenished you; he encountered you famished and gratified you; he perceived you parched and intoxicated you. May He truly intoxicate you! The Apostle said, 'Do not be drunk with wine which leads to debauchery.' Then, as if to clarify what we should be intoxicated with, he adds, 'But be filled with the Holy Spirit, addressing one another in psalms and hymns and spiritual songs, singing and making melody to the Lord with all your heart' (see Ephesians 5:18ff). Doesn't a person who rejoices in the Lord and sings to Him exuberantly seem like a drunk person? I like this kind of intoxication. The Spirit of God is both drink and light (2005, p. 104).

During this time, the issue of alcohol was a topic of lively discussion within the Church. It should be noted that not all churches held the same position on this matter. However, there was growing support, particularly among Baptists and Methodists, for moderation and eventually complete prohibition of alcohol (Conley & Sorensen, 1971, p. 13). One of the founders of the Methodist Church, John Wesley (1703-1791), was an early preacher against alcohol consumption. He vehemently denounced wine and distilled spirits, even labelling people who manufactured alcoholic drinks as 'poisoners and murderers cursed by God' (John Wesley, 1756).

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[8] To be more specific, the Presbyterian Church made several decisions during the general presbytery session. They determined that:

1) Wine mentioned in the Bible generally had a lower alcohol content.

2) In ancient times, wine was often diluted before being consumed.

3) Grapes played a crucial role in ancient agricultural practices and required the preservation of their juice. Furthermore, it was acknowledged that the distillation process for liquors had not been fully developed then (Abstinence from alcohol position paper Adopted by the General Presbytery in a session held on August 2-3, 2016).

Wesley's Church was known for its vigorous campaign against alcohol. Conversely, the Catholic Church does not see anything wrong with drinking in moderation.

2.3.5. Recent Ecumenical Responses from Anglican, Methodist, and Catholic Perspectives

As seen above, Protestantism emerged in the 16th century as a reform movement within Christianity, emphasising personal faith, the authority of Scripture, and the priesthood of all believers. Throughout its history, various Protestant denominations have dealt with the implications of alcohol consumption, often reflecting broader societal attitudes toward drinking. For instance, 'the temperance movement of the 19th and early 20th centuries... found strong support among many Protestant groups,' thereby shaping a complex legacy regarding alcohol in contemporary faith communities (United Methodist Church, 2024). While there is a consensus among Protestants that the abuse of alcohol is morally wrong and spiritually debilitating, some denominations hold theological positions suggesting that any alcohol use is spiritually and psychologically harmful. This point examines the Anglican, the United Methodist and Catholic responses to alcohol addiction to offer an ecumenical approach to the issue of alcohol and drug addiction.

2.3.5.1. The Anglican Response to Alcohol Addiction

The Anglican response, particularly within the Episcopal Church, reflects a nuanced understanding of addiction as both a personal affliction and a social issue. The Episcopal Archives note that the Church has historically approached alcohol abuse with caution, acknowledging the 'sacramental significance of wine in its worship' while also promoting 'education, spiritual restoration, and psychological treatment' (Episcopal Archives, n.d.).

In 1916, the General Convention passed a resolution against intemperance, yet it was 'not a major focus of discussion' at the time (Episcopal Archives, n.d.). By the 1940s, the Church began identifying alcoholism as a 'personality deficiency' that negatively impacted family and marital life. The turning point came in the 1950s with the establishment of the Committee to Study Problems of Alcoholism, which shifted the Church's focus to education, prevention, and rehabilitation.

Efforts such as the North Conway Institute played a crucial role in integrating Alcoholics Anonymous principles with medical approaches, educating clergy, and supporting policy

advocacy. The Episcopal Church also established the Recovered Alcoholic Clergy Association and Recovery Ministries to assist those struggling with addiction.

These initiatives demonstrate the Church's commitment to 'a compassionate approach to recovery', grounded in theological reflection and pastoral care (Episcopal Archives, n.d.). The Church calls on dioceses to establish alcohol-related committees and provide spiritual and psychological support, recognising alcoholism as a multifaceted issue with physical, emotional, and spiritual dimensions

2.3.5.2. The United Methodist Church

The United Methodist Church has historically opposed alcohol abuse, with its efforts dating back to 1916, when it established the Board of Temperance, Prohibition, and Public Morals. Recent initiatives include the Bishops' Initiative on Drugs and Drug Violence, which promotes awareness and community involvement (United Methodist Church, 2024). In the *Book of Resolutions* of The United Methodist Church 2020–2024, the Church expresses a profound commitment to addressing alcohol and drug addiction, recognizing them as 'complex social, economic, spiritual, and health crises' (United Methodist Church, 2024). The Church emphasizes the need to 'confront the denial' surrounding substance abuse as the first step toward healing and transformation.

The Church promotes a 'holistic approach to the crisis,' advocating prevention, intervention, treatment, public advocacy, and abstinence. It views abstinence as 'a faithful witness to God's liberating and redeeming love' and encourages members to consider the broader implications of their choices (United Methodist Church, 2024).

Furthermore, the Church recognises the global scale of the issue, stating that addiction crosses all 'ethnic, cultural, and economic boundaries' and is often connected with poverty, racism, and violence. Therefore, congregations are urged to 'demonstrate love and compassion for those struggling with addiction' and to support families through educational programmes and policy advocacy (United Methodist Church, 2024).

2.3.5.3. Catholic Church Teaching

The Catechism of the Catholic Church supports and teaches the virtue of moderation (Cook, 2006, p. 1). The Catholic Church condemns excessive drinking and illicit narcotics (CCC 2290–2291). The virtue of temperance encourages one to reject any form of excess, as it can

lead to addiction and dependency and endanger one's own life and the lives of others. Pope Leo XIII (1810–1903) wrote a letter to the Catholic temperance movement in this context. In this letter, the Pope conveys his delight concerning the vigorous endeavours of numerous commendable organisations, particularly the Catholic Total Abstinence Union, to combat the deleterious vice of intemperance. The Pope recognises the ruinous effects of intemperance on both faith and morals. Therefore, the Pope commends the noble commitment of these pious associations to completely abstain from all intoxicating drinks (Conley & Sorensen, 1971, p. 56).

In brief, the current attitudes of churches towards alcohol and drugs are complex and multifaceted, reflecting a variety of theological perspectives and pastoral responses that depend on the context. Zefeng (2021, p. 12) suggests that Roman Catholics typically adopt a permissive stance towards alcohol consumption, whereas Protestants tend to have a mixed attitude, with most denominations (e.g., Mormons or Methodists) favouring abstinence from alcohol. As churches continue to engage with the realities of substance abuse, there is a rising awareness of the need for an ecumenical approach that encourages collaboration. By sharing resources, pastoral experiences, and theological insights, faith communities can confront these challenges and offer hope and healing to individuals and communities alike. This motivates me to further study the theoretical foundations of substance abuse alongside holistic approaches to recovery and healing within religious contexts.

2.4. Scientific Discoveries around Addiction

Addiction research acknowledges that to cope with any addiction effectively, one must first understand how it operates. In a study, Peplinski (2017, p. 7) found that individuals who were most successful in quitting not only comprehended the negative impact of smoking on their lives but also understood the mechanism by which their addiction gained control over them. Addiction is a complex disorder that impacts every aspect of an individual's life. In recent years, scientists have conducted extensive research and produced abundant literature aiming to uncover the root causes of addiction. Regrettably, research has not pointed to a singular cause.

Pattison and Kaufman, as cited in McNeece and DiNitto (1998), developed a multivariate model in the early 1980s that integrated numerous causative factors of addiction. Various disciplines, including biology, sociology, and psychology, have suggested theories to explain drug use. Horwedel (2022, p. 63) asserts that addiction represents a manifestation of underlying issues, including suffering, trauma, hopelessness, or other stresses associated with

contemporary life, wherein substances or activities that initially offer respite ultimately result in greater detriment.

Gerry May, as discussed by Cook (2006, p. 17), outlines three prevailing models of addiction: the moral model attributes addiction to sin, evil, or moral weakness, with the person with an addiction bearing personal responsibility—biblical injunctions often back this model against drunkenness. The disease model regards addiction as a pathology, absolving the person with an addiction of blame for the condition itself while still holding them accountable for the behaviours stemming from substance misuse; it influences the 12-step programme. Lastly, the scientific model focuses on the neurological, physiological, and psychological processes involved in one's addiction.

In the same line of thought, West and Brown (2013) highlight a variety of theoretical frameworks for understanding addiction, including psychological, biological, sociological, economic, biopsychosocial, and others (West & Brown, 2013, p. 1). They describe addiction as a state of physiological dependence in which the absence of a drug leads to dysfunction and pronounced withdrawal symptoms. A person with an addiction, therefore, is someone who requires a drug to maintain normal physiological functioning (West & Brown, 2013, p. 12). The following point provides an overview of addiction theories.

2.4.1. The Disease Model

Healthcare professionals often advocate for the public health model of addiction, which aims to incorporate various potential causes. This model considers the interactions among the agent, host, and environment (Christianity and the Treatment of Addiction 2004, p. 196). This model posits that addiction is a disease, an illness, and a disorder primarily induced by the chronic consumption of addictive substances or behaviours. Over time, these activities rewire the brain and diminish the individual's agency and free will (Horwedel, 2022, p. 63). Scholars such as Erickson (2007), Kuhar (2012), and others support this view.

It is important to note that some, particularly Christians within temperance movements, reject this notion, believing instead that alcoholism is a sin that requires repentance (Haarer, 1984, p. 47). Others assert that addiction is due to sin, malevolence, or moral frailty, making the addict personally accountable (Cook, 2006, p. 17). However, contemporary versions of the moral theory, represented by Fingarette and Peele (as cited in McNeece & DiNitto, 1998, p. 27), argue that addiction is not an innate sinful nature but the result of poor choices. Nonetheless, the

disease model views addiction as a pathology, absolving the person with addiction from culpability but still assigning responsibility for behaviour resulting from the disorder (Cook, 2006, p. 17). Proponents of this theory assert that addiction can be overcome through abstinence (Cook, 2006, p. 2).

Ritson (1992, p. 45) summarises Thorley's (1980) work, ‘Medical responses to problem drinking,’ by presenting the consequences of alcohol abuse in the following table:

Table 2. Thorley's Synopsis of the Consequences of Alcohol Misuse

Problems Related to Elements of Drinking		
1. Medical problems		
Excessive consumption		
Fatty liver Alcoholic hepatitis Cirrhosis Gastritis Esophageal varices Recurrent pancreatitis Diabetes mellitus	Feminisation Hepatoma Hypertension Impotence Vitamin deficiency Macrocytic anaemia Cardiomyopathy Tuberculosis Epilepsy	Peripheral neuropathy Wernicke-Korsakoff syndrome Dementia Carcinoma of mouth pharynx, larynx Foetal alcohol syndrome Suicide
Intoxication		
Acute alcohol Amnesia Drug Overdose Poisoning Acute hypoglycemia	Acute Hypoglycemia Acute pancreatitis Trauma	Head injury

Dependence		
Anxiety Phobias Depression	Hallucinations Paranoid states Delirium tremens	Epilepsy
2. Social problem		
Excessive consumption Debt Homelessness	Family problems Employment problems	
Intoxication		
Social isolation Domestic violence	Child abuse Child neglect	
Dependence		
Stigma	Work impairment	
3. Legal Problems		
Excessive Consumption		
Theft		
Intoxication		
Driving offences Drunk and disorderly	Theft Assault	Homicide

2.4.2. The Biological Theories

Biological theories assume that people with an addiction are 'constitutionally predisposed to developing a dependence on alcohol or drugs' (McNeece & DiNitto, 1998, p. 27). These theories recognise the source of addiction in the genetic or neurochemical functioning of individuals. Genetic research has suggested that some people are genetically predisposed to addiction. Cook (2006, p. 128) argues that there is a biological transmission of these pathologies and disorientation through dynamic relationships. Consequently, children of alcoholic parents are more likely to become alcoholics themselves, marry alcoholics, and develop mental illness (Haarer, 1984, p. 61). Henderson insists that 'at least half of all people who develop addiction carry genes that make them more vulnerable to the condition' (Henderson, 2001, p. 76). According to Shannon (2010, p. 75), individuals carrying the GABRA2 and CHRM2 genes are at a higher risk of developing alcohol dependence. Research reveals that certain individuals often lack the ability to regulate their usage once initiated. This loss of control may result from genetic factors or physiological alterations caused by the drug's interaction with the brain (Clinebell et al., 2004, pp. 195–196).

Addiction creates pathological changes in the brain's structure. For example, Peplinski (2017, p. 8) states that porn addiction directly affects lower activity in the orbitofrontal cortex, which is responsible for making strategic decisions. Peplinski (2017, p. 8) concludes in his studies that 'porn addiction can cause physical, anatomical changes in the brain, the hallmark of brain addiction'. Shannon (2010, p. 60) characterises addiction as 'a brain disease' resulting from drug abuse, which induces alterations in the brain's structure and function, thereby fostering drug dependency. Alcohol, too, acts as a drug. Alcohol consumption prompts the brain to release dopamine, a chemical that induces sensations of pleasure. Excessive alcohol intake diminishes dopamine levels, prompting individuals to persist in drinking to stimulate dopamine activity (Shannon, 2010, pp. 60–62). An increase in dopamine loss correlates with heightened alcohol consumption, and conversely. However, Horwedel (2022, p. 66), citing Volkow et al. (2010, p. 748), notes that initially, drug abuse is voluntary. However, as one continues using the drug, neuronal circuits in the brain involved in free will become impaired, turning drug use into automatic compulsive behaviour. Therefore, Horwedel (2022, p. 66) concludes that 'addiction may be involuntary, but it is caused by improper voluntary behaviours'. Wilson (1989, p. 6) agrees with all of this and refers to alcohol as 'the most dangerous psychoactive (mind-altering) drug'.

It is essential to clarify that there are many controversies among scientists. The 'disease model' and the biological model are often linked together. Generally, addiction is seen as a biological phenomenon that can be genetically passed from parents to children (Ali, 2014, p. 913). The positive aspect of this paradigm is that it removes social stigma and blame, viewing people with an addiction as victims who need help rather than condemnation.

It is worth noting that this idea contradicts the 'moral model,' which considers people with addiction as morally weak individuals who should bear the consequences, take responsibility, and seek rehabilitation. However, Henderson (2001, p. 11) argues that the best way to approach addiction is to view it as a brain disorder that cannot be separated from morality and personal responsibility. While one may not have chosen addiction, seeking help and accepting responsibility for one's choices are crucial for recovery.

2.4.3. The Psychological Theories

Cognitive-behavioural theories identify multiple factors contributing to addiction, including the pursuit of novelty, the quest for pleasure, and the evasion of withdrawal symptoms (McNeece & DiNitto, 1998). Dr. Eric Nestler proposed that all addictions occur when the pleasure/reward pathways in the brain are hijacked and directly modified. In this sense, each addictive act bears psychological problems (Proverbs 23:29). According to Haarer (1984, p. 46), individuals struggling with alcoholism, for instance, 'struggle with feelings of low self-esteem, fear, guilt, resentfulness towards authority, lack of power, and loss of relationships'. Collins (2007, p. 658) listed disorders arising from alcoholism to include 'a wide variety of mental conditions, such as liver disorders, psychotic disorders, anxiety, and dementia'. Henderson (2001, p. 41) explains that 'shakiness, anxiety, irritability, and sometimes psychotic reactions are seen in people whose bodies are reacting to the absence of a depressant drug. Fatigue, sleepiness, depressed mood, and increased appetite symptoms in someone whose brain is responding to the lack of stimulants'.

Henderson (2001, p. 76) believes that individuals experiencing psychological or emotional problems may easily lead to depression and anxiety, seeking temporary relief and consolation through alcohol and drugs, which provide a sense of well-being and escape, but this may also lead to addiction.

From a psychological point of view, one can understand drugs as a significant tool that we can use to escape and not face the real problem. Psychodynamic theories of addiction are diverse

and may involve coping mechanisms for distressing experiences, guilt, loneliness, internal conflict, or diminished self-esteem (Pittman & Taylor, 2004, p. 197). A maladaptive way of dealing with these feelings may lead to addiction. From this model, alcohol and drug abuse can be considered a mental illness. Thus, the hospital is the centre of care, and its structure refers to confinement. In this case, the dependent is generally taken for treatment by the justice system or family.

2.4.4. Sociocultural Theories

This theory emphasises the importance of social attitudes toward addiction and links those attitudes as causes that may lead one to decide to start abusing drugs or alcohol (Ciarrocchi, 1993). The social environment and upbringing can influence one's addiction. It is asserted that 'the earlier drug use commences, the greater the likelihood of progression' (Shannon, 2010, p. 62). For example, it is argued that European countries have a lower rate of alcoholism compared to the U.S. due to their tolerant views on drinking and intolerant views on drunkenness.

Another significant development worth emphasising is the increasing rate of alcohol consumption by women. Dumbili (2013, p. 23) attributes this trend to the rising influence of globalization and the upsurge of feminism, which has encouraged women to challenge the traditional roles that limit them and extend to alcohol consumption. As women gain education and empowerment, many have thrown off the restrictions imposed by society and are now competing with men in heavy alcohol consumption (Dumbili, 2013, p. 23). It is widely acknowledged that, despite being fewer in number than men, women are also present in outdoor drinking environments.

2.4.5. Addiction is a Spiritual Disease

From a theological perspective, some authors, such as Horwedel (2022, p. 65), advocate for the idea that addiction has a spiritual aspect at its core. Horwedel (2022) refers to this as a 'soul sickness' or 'spiritual bondage,' which arises from the continuous search for solutions to social, biological, and physical issues in life. According to Horwedel (2022, p. 65), when individuals resort to drug use or other addictive activities like gambling, sex, or pornography, it completely consumes their being, affecting their sense of identity, decision-making process, and relationship with God and the world.

Waters (2019a), on his side, criticises the theoretical perspective that regards addiction as a disease. He distinguishes addiction from non-addiction, emphasising that it is not a result of free will action but rather a condition of distress in the soul. Waters (2019a, p. 16) suggests that addiction emerges when the soul yearns for deep love and mistakenly identifies it with substance abuse. According to Waters (2019, in Horwedel, 2022, p. 65), individuals with an addiction seek not pleasure, but rather an alleviation from 'psychic pain' and 'spiritual hopelessness'. According to Waters (2019, in Horwedel, 2022, p. 66), addiction diminishes an individual's capacity to make free choices. It hampers one's ability to make appropriate and voluntary decisions (Horwedel, 2022, p. 66). Thus, Waters (2019a, p. 79) agrees that people struggling with addiction require spiritual, emotional, and material care, as addiction itself represents a manifestation of various histories of relational suffering that demand attention.

Moreover, Cook (2006, p. 178) asserts that dependence is characterised by a division of will, in which conflicting desires to continue drinking and to stop drinking create tension. The author posits that addiction should be comprehended not merely as a medical disorder (with alcohol dependence included) or as a 'disease of the will' (despite its relation to willpower), but also as a facet of human self-reflectiveness that aspires for transformation in response to personal imperfection and sinfulness (Cook, 2006, p. 179).

Based on the above considerations, addiction is a multifaceted condition that involves a complex interplay of biological, psychological, social, and spiritual factors. As noted by Henderson (2001, p. 118), no single element—be it genetic, psychological, chemical, or behavioural—can fully account for the onset of addiction. It impacts brain function, impairing judgment and self-control, as emphasised by both Cook (2006, p. 2) and Horwedel (2022, p. 65). This comprehensive understanding suggests that addiction emerges from a web of issues such as inappropriate attachments, trauma, and social inequalities. Recognizing addiction as a bio-psycho-social-spiritual phenomenon can enhance our approach to treatment and support for those affected.

Is there any hope? The next point treats the conceptualization of holistic healing and present the integration of pedagogical, spiritual, and communal aspects in addiction recovery.

2.5. Theoretical Approaches to Recovery

According to Henderson (2001, p. 168), until the mid-1960s, the hospital treatment for alcoholism and drug addiction primarily involved medical detoxification and advice to abstain from drinking or using drugs. Subsequently, it was acknowledged that addiction constitutes an illness influenced by genetic, societal, and spiritual aspects, akin to other diseases. As a result, more effective and comprehensive therapies have been developed to promote recovery (Henderson, 2001, p. 168).

Pittman and Taylor (2004, p. 197) advocate for a three-pronged approach to intervention, which includes self-help groups, professional treatment programmes, and counselling techniques. On the other hand, Mack et al. (2010, p. 193) believe that without professional help, individuals who have alcoholism will likely continue drinking and may even experience a worsening of their condition, potentially leading to a loss of life.

Shannon (2010, p. 480) delineates three categories of intervention for combating alcoholism. The initial approach is a 'brief intervention, wherein individuals are instructed in skills to evade, withstand, and establish boundaries regarding alcohol consumption' (Shannon, 2010, p. 485). The second intervention is 'detoxification', which involves removing toxic substances from the patient's body. Shannon concedes that detoxification by itself is inadequate for treatment and rehabilitation (2010, p. 493). In some cases, medication may be prescribed for alcohol abuse treatment. Shannon recommends oral medications such as Acamprosate and Disulfiram and injectable medication like Naltrexone (Shannon 2010, p. 509). Other medications aimed at reducing cravings can help individuals break free from the enslavement of their desire for abstinence in the face of continued cravings for alcohol (Cook, 2006, p. 188).

Concise interventions and detoxification therapies can be administered in a comfortable and familiar environment. Shannon emphasises the effectiveness of rehabilitation centres that offer both a living environment and therapy services—some advocate for treatment within therapeutic communities or hospitals led by specialists. Treatment approaches address not only substance abuse but also the individual's entire life, including lifestyle, physical symptoms, relationships, and spiritual beliefs (Mack et al., 2010, p. 193). In that light, the next section explores two holistic approaches applicable to alcohol and drug abuse.

2.5.1. The Twelve Steps Programme

Christianity has faced challenges in addressing the topic of addiction, historically viewing it as a sinful choice rather than a complex issue. This has resulted in a divide between Christians seeking to contribute to addiction treatment from a theological standpoint and the secular community (Pittman & Taylor, 2004, p. 198). Andrew Newberg delineates four interactions between science and religion: antagonism, independence, conversation, and integration (Newberg, 2010, p. 16). Within this interplay of science and faith, the Twelve Steps programme, found in the Big Book, originated as a tool for healing alcoholism.

Alcoholics Anonymous (AA) is widely recognised as one of the most influential approaches to addiction recovery, with roots in Christianity.[9] It is acclaimed as a highly effective method for combating addiction. Despite its Christian roots, AA does not align with any specific religious group, Church, or organisation. It acknowledges that addiction is influenced by various factors, including biology, psychology, and social circumstances, and incorporates a spiritual approach to recovery (Hester & Miller, 1995). AA's twelve-step programme, considered a guide for personal growth, contains inherent Christian concepts and has significantly influenced the development of other twelve-step programmes (Pittman & Taylor, 2004, p. 200). The twelve steps are as follows:

Step One: Admits powerlessness over alcohol and recognises that life has become unmanageable. This acknowledgement of defeat and humility is essential for recovery. Step Two: Involves belief in a Higher Power capable of restoring sanity. Those without a belief in God can find strength in the recovery process or the AA community. Step Three: Focuses on surrendering one's will to a Higher Power, emphasising willingness as crucial for recovery. Step Four: Encourages a fearless moral inventory to identify faults in oneself and improve relationships with others. Step Five: Involves confessing wrongdoings to God, oneself, and another person, promoting humility and accountability. Step Six: Urges readiness to let go of

[9] Narcotics Anonymous, Cocaine Anonymous, Overeaters Anonymous, Al-Anon, and Adult Children of Alcoholics are just some of the groups that are based on the 12 Steps of AA, a program based on abstinence from alcohol and peer support. AA advises that the only way for an alcoholic to stay sober is to help other alcoholics. The program of AA consists of 12 steps (Alcoholics Anonymous, 2021, pp. 59-60). During this project, I encountered several programs for people who found AA was not suitable for them: the 16-Step program created by Charlotte Kasl • the Recovery Medicine Wheel of Kip Coggins • Secular Organizations for Sobriety • LifeRing Secular Recovery • Women for Sobriety • SMART Recovery • Moderation Management, and • the meta-recovery program of Dr. Anne Bewley

negative traits and seek God's assistance in healing. Step Seven: Encourages asking God to remove shortcomings, reinforcing the importance of humility. Step Eight: Involves making a list of harmed individuals and committing to make amends. Step Nine: Focuses on making direct amends to those harmed, with caution, to avoid further injury. Step Ten: Promotes regular self-inventory and accountability for actions, integrating this practice into daily life. Step Eleven: Encourages seeking a connection with God through prayer and meditation, focusing on understanding and carrying out His will. Step Twelve: Involves helping others recover, highlighting action and gratitude as critical elements for maintaining sobriety (AA, 2005, pp. 21-108).

To summarise, the purpose of Alcoholics Anonymous' (AA) twelve steps is to assist individuals in achieving sobriety (Simon-Peter, 2015). The twelve steps are viewed as a path to personal growth for those seeking recovery, relying on honesty, sobriety, humility within the group, the influence of positive role models, self-care, and the destigmatisation of alcoholism (Mack et al., 2010, pp. 191–193). AA advocates for individuals to acknowledge their previous behaviours and pursue the support of a Higher Power. The twelve steps emphasise honesty, accountability, humility, and community support as vital for successful recovery from addiction.

Family and friends of AA members confronting addiction challenges can seek support through Al-Anon. Al-Anon applies similar principles and follows the twelve steps (Mack et al., 2010). These steps have also been adapted and applied to other forms of addiction. Mapunda (2016) suggested that the Catholic Church in Tanzania could adopt the Al-Anon programme and integrate it into their family and healing ministries within the parish.

2.5.2. The Therapeutic Community (TC) Method

The Therapeutic Community (TC) has evolved as an effective treatment model for substance abuse and related issues. The Therapeutic Community Theory, Model, and Method by George De Leon (2000) provides exhaustive accounts of the TC theory, model, and method. The term 'therapeutic community' (De Leon, 2000, pp. 15–17) initially emerged in hospital settings to describe a community organised with the goal of healing. Historically, TCs draw inspiration from diverse sources such as religious sects, temperance movements, and mental health reform (De Leon, 2000, p. 11). They even find roots in ancient practices focused on healing soul diseases (De Leon, 2000, p. 11). For example, the Essene code of sanctions shared similarities with modern TCs (De Leon 2000, p. 14). Key influences on modern TCs include the Oxford

Group of the 1920s, Alcoholics Anonymous (AA) of the 1930s, and Synanon in 1958. The modern TC model for addiction treatment primarily evolved from Synanon, though significant elements were adapted from AA and the earlier Oxford movement. These programmes share principles of self-help recovery and therapeutic relationships but differ in their approach. While AA operates as non-residential meetings focused on sobriety, TCs provide intensive 24-hour residential care aimed at broader psychological and lifestyle changes.

Contemporary TCs are divided into two main categories: social psychiatry units within and outside psychiatric hospital settings and community-based residential treatment programmes for addicts and alcoholics. Today's TCs have adapted to shorter stays (3, 6, and 12 months) and offer TC-oriented day treatment models. They emphasise the importance of group processes like encounters and games to foster personal honesty and uncover behaviours linked to addiction.

The Therapeutic Community (TC) paradigm for addiction treatment stands distinguished among various methodologies for its explicitly recovery-oriented approach. In contrast to mutual self-help groups like Alcoholics Anonymous (AA), which emphasise mutual support over formal treatment and pharmacological interventions such as methadone maintenance to mitigate or eradicate substance abuse, therapeutic communities (TCs) seek to implement comprehensive identity and lifestyle transformations (De Leon 2000, pp. 17–20). The focus of TCs extend beyond mere abstinence to include the complete eradication of social deviance and the instillation of constructive social ideals and suitable behaviours. TCs provide a comprehensive, holistic approach to addiction recovery and encourage personal growth, sobriety, and the development of a new social self within a supportive community environment.

This next point explores the TC's understanding of the person, addiction, and recovery, the TC's method of recovery, and the TC's experience and observation of recovery within the TC framework.

2.5.2.1. Conceptual Understanding of Addiction, the Person, Recovery, and Right Living in Therapeutic Communities

As seen above, addiction is a multifaceted disorder impacting individuals across cognitive, behavioural, emotional, and social dimensions. The Therapeutic Community (TC) offers a distinctive approach to understanding and addressing addiction.

In principle, from the TC viewpoint, substance abuse is not merely about substance use but constitutes a disorder afflicting the entire person. This disorder manifests through cognitive and behavioural problems, mood disturbances, impaired thinking, skewed values, deficient skills, and compromised spiritual and social well-being. As articulated by the author, substance abuse, in this context, is considered merely a symptom of more profound underlying problems related to social and psychological deficits (De Leon, 2000, pp. 38–39).

While acknowledging that various factors contribute to substance abuse (De Leon, 2000, p. 40), TCs place significant emphasis on individual responsibility. The TC approach emphasises that the person, rather than the substance itself, is the root of the problem. The initial choice to use drugs is perceived as the individual's responsibility. Therefore, the TC model encourages residents to make voluntary decisions to cease drug use and take accountability for their actions and recovery processes.

Secondly, the TC's understanding of addiction revolves around the concept of the individual as a social and psychological being (De Leon, 2000, p. 49). Residents in TCs often exhibit cognitive and behavioural deficits, including poor awareness, decision-making difficulties, and a lack of problem-solving skills. Additionally, negative self-perceptions, low self-esteem rooted in adverse childhood and adolescent experiences, and pronounced emotional difficulties are commonplace (De Leon, 2000, pp. 49–55). In addition, social interactions within the TC reveal problematic behaviours and attitudes hindering social relationships, such as inconsistency, irresponsibility, and trust issues. Moreover, residents often resort to manipulative and deceptive coping strategies, defending their actions through denial and rationalization, and some have a history of criminal behaviour (De Leon, 2000, pp. 57–63).

Ultimately, recovery within TCs transcends the conventional medical model. While the medical concept of recovery focuses on physical or mental health restoration, TCs recognise that not all treatment approaches for substance abuse are centred on recovery. In contrast, TCs emphasise lifestyle and identity change as the primary goals of recovery. TCs advocate for rehabilitation—restoring a previously functional lifestyle—and rehabilitation, enabling individuals to acquire necessary life skills for the first time. The goal is for residents to lead drug-free, positive lives (De Leon, 2000, pp. 65–66). The effectiveness of TC relies on the individual's active participation (De Leon, 2000, p. 67). One is expected to take responsibility for recovery, and treatment is provided through the TC environment, staff, peers, and structured activities.

Recovery is conceptualised as multidimensional learning, incorporating behavioural, cognitive, emotional, experiential, and perceptual changes, achieved incrementally (De Leon, 2000, p. 71). It encompasses behavioural, mental, emotional, experiential, and perceptual changes integrated to form the foundation of recovery. Behavioural changes involve eliminating asocial and antisocial behaviours while acquiring positive social and interpersonal skills. Cognitive changes refer to new ways of thinking, decision-making, and problem-solving (De Leon, 2000, p. 69). Emotional changes focus on developing skills to manage and communicate feelings effectively. Experiential and perceptual changes occur through daily social interactions in the TC community, shaping individuals' self-perception and worldview. The TC community encourages and reinforces residents in their efforts to engage in new behaviours and attitudes, emphasising trial and error as a means of learning and growth (De Leon 2000, p. 70). Recovery in TCs is viewed as a developmental process that unfolds in stages of incremental learning. Residents progress through these stages, building upon the maturity, socialization, and personal autonomy acquired at each step (De Leon, 2000, p. 71). The developmental analogy of 'growing up' is frequently used by residents, who enter the TC as dependent individuals and leave as self-aware, responsible adults (De Leon, 2000, p. 71). It is also good to mention that relapse is recognised as a potential aspect of the journey, providing opportunities for learning and growth rather than outright failure (De Leon, 2000, pp. 69–70).

2.5.2.2. The View of Right Living in Therapeutic Communities

The TC framework employs the concept of 'community as a method', leveraging the community setting to facilitate individual change and social learning. Right living within the TC encompasses adhering to community rules, developing personal responsibility, honesty, a strong work ethic, and continuously pursuing knowledge (De Leon, 2000, pp. 74–79). The moral and ethical dimensions of right living are central, as residents learn to behave morally and ethically, adhering to codes of conduct prohibiting antisocial behaviours and negative societal values (De Leon, 2000, pp. 75–76).

The TC teachings emphasise the importance of responsibility and accountability towards oneself and others. Residents are expected to be responsible for their recovery and growth (De Leon, 2000, p. 40). This involves acknowledging one's role in the choices and decisions that have led to substance abuse and actively working toward change. Furthermore, responsible concern (De Leon, 2000, p. 78) instructs residents to assume some level of responsibility for the recovery of their peers. This concept is rooted in the TC's focus on community and family-

oriented values. Responsible concern extends beyond individual recovery and emphasises that supporting and challenging others in their recovery journey is a form of care and compassion (De Leon, 2000, p. 76).

In practicing responsible concern, residents must balance providing support and holding others accountable for their behaviours and attitudes. This may involve challenging and confronting fellow residents when their actions are not aligned with the goals of recovery (De Leon, 2000, p. 79). Although this can be uncomfortable and may lead to conflicts, responsible concern prioritises individuals' overall well-being and recovery over maintaining relationships at any cost.

In addition, the TC emphasises the importance of honest communication and directly expressing one's thoughts and feelings (De Leon, 2000, p. 78). It challenges residents to confront their behaviours, attitudes, thoughts, and motivations through self-examination.

Dishonesty is viewed as a core aspect of the disorder and negative identity associated with substance abuse (De Leon, 2000, p. 78). In the TC, learning to embrace absolute honesty is essential for recovery. Although dishonesty may seem more manageable in the short term and entail fewer consequences, it ultimately leads to more severe repercussions in the long run (De Leon, 2000, p. 78). For instance, hiding drug use and engaging in lies often escalates guilt, leading to relapse (De Leon, 2000, p. 78).

Furthermore, the TC teaches a work ethic that emphasises the value of good habits, self-reliance, earned rewards, performance excellence, and personal commitment (De Leon, 2000, p. 78). These values counterbalance the inconsistent work histories commonly observed among TC residents. Work is deemed a critical therapeutic and educational activity within the TC framework (De Leon, 2000, p. 78). From the TC perception, the work ethic is regarded not only as a tool for conformity but also as a catalyst for profound psychological transformation. Residents develop discipline, responsibility, and a sense of achievement through work, contributing to their recovery and personal growth (De Leon, 2000, p. 78).

Through structured activities, interpersonal interactions, and the practical application of recovery maxims (e.g., 'One day at a time' or 'You get back what you put in'), residents progressively transform their lifestyles and identities (De Leon, 2000, pp. 80–81).

2.5.2.3. Method of Recovery in the TC: Community as a Method

The recovery method in a TC is often described as 'community as method' (De Leon, 2000, pp. 1–2). This principle asserts that the community itself is the primary agent of change. Every community member, from newcomers to long-term residents, plays an active role in the treatment process, democratizing the therapeutic experience (De Leon, 2000, p. 367). The influence derived from peer interactions, shared responsibilities, and communal activities collectively fosters a therapeutic milieu conducive to recovery (De Leon, 2000, p. 369).

The TC adopts an array of structured and unstructured activities designed to facilitate personal growth and social learning. Structured activities often include group therapy sessions, educational workshops, and vocational training, while unstructured activities encourage informal social interactions and peer support. The emphasis is on creating an environment where social learning can occur naturally and spontaneously, contrasting significantly from individual-focused therapies like Cognitive Behavioural Therapy (CBT) or Motivational Enhancement Therapy (MET).

Behavioural change in a TC is facilitated through collective accountability. Members hold each other accountable for their actions and encourage adherence to community norms and values. This peer-driven dynamic helps individuals to internalise prosocial behaviours and attitudes, fostering a robust sense of community and belonging. In other words, a TC's recovery process is inherently collective and reciprocal.

The TC approach is based on the power of community as its central method for treatment. It involves various interventions, such as community dynamics, privileges, sanctions, and surveillance, to create a structured environment conducive to personal transformation. The TC framework, thus, offers a robust and inclusive paradigm for recovery underpinned by mutual support and holistic development within a nurturing community setting. These diverse formats and traditional teaching models contribute to holistic transformation and skill development, highlighting the interconnectedness of group interventions in promoting comprehensive individual change.

2.5.2.4. The Process of Change in Therapeutic Communities: Experience of Recovery in the TC

In the first instance, recovery within a therapeutic community (TC) is fundamentally experiential and lived rather than theoretical or abstract. The recovery process is witnessed

through changes in daily living and interactions. The TC environment provides immediate feedback on behaviour, enabling individuals to observe the consequences of their actions and internalise new, healthier forms of living. Participants in therapeutic communities frequently indicate increased self-esteem, improved social skills, and a heightened sense of purpose as their recovery advances. These psychological and social transformations are key recovery indicators in the TC framework. Moreover, recovery success is often visible in behavioural changes, such as the complete cessation of drug use, adherence to societal norms, and active contribution to the community's well-being.

On a broader scale, the TC model encourages individuals to develop long-term goals and aspirations, fostering a forward-looking outlook on life. This shift from a present-focused, immediate gratification mind-set to a future-oriented, purposeful life is a hallmark of sustained recovery in the TC paradigm.

Secondly, transformation in TCs begins with individuals becoming integral parts of the community—a process known as the community member dimension. Individuals engage deeply in community roles and activities and exhibit behaviours and attitudes that align with community norms. Ownership behaviours often reflect the individual's growing attachment to the community. In the TC's communal setting, individuals exhibit observable behaviours, words, and gestures that indirectly reflect their inner state to others (De Leon 2000, p. 321). The socialisation dimension pertains to the individual's development as a prosocial entity within the broader society, characterised by three interconnected domains: social deviancy, rehabilitation, and principles of ethical life (De Leon, 2000, p. 312). It delineates the individual's transition into a prosocial societal member. Redefining antisocial behaviours and adopting prosocial skills are crucial steps (De Leon, 2000, p. 388). The cessation of criminal and drug-related behaviours is replaced with honesty, reinforcing an individual's role in society. The habilitation domain highlights adopting educational, social, and marketable skills necessary for social functionality.

Thirdly, the developmental dimension focuses on personal growth, emphasising maturity and responsibility (De Leon, 2000, p. 314). Here, maturity involves growing up with inappropriate social and emotional behaviours, while responsibility entails meeting social and interpersonal obligations (De Leon, 2000, p. 315). This dimension underscores the progression towards normative development and self-care.

Cognitive and emotional skills are central to the psychological dimension (De Leon, 2000, p. 315). Cognitive skills involve recognizing and correcting faulty thought patterns, while emotional skills centre on effectively managing affective states. These mental and emotional competencies are vital for facilitating learning and overall well-being and represent crucial elements of the change process within TCs.

2.5.2.5. Community as the Mediator of Change

Central to the TC approach is the belief that individuals undergo significant transformation when fully engaged in the roles and activities of the community (De Leon, 2000, p. 347). The community serves as the medium through which treatment is delivered, conveying messages of recovery, fostering emotional experiences, and facilitating personal insights. Levels of involvement reflect the depth of engagement in the community's roles and activities. Some stages depict an individual's trajectory within the community:

In the initial stage of engagement, residents gradually familiarise themselves with the community's purpose and daily life (De Leon, 2000, p. 350). During primary treatment phases, residents move through community roles like apprentice, mentor, and leader, increasingly immersing themselves in the community. This phase is characterised by residents gradually dissolving defences to their vulnerability and identifying with others in the struggle to change (De Leon, 2000, p. 350). Perceptions of self-change are confirmed through the effective use of community tools, reinforced when residents facilitate change in others (De Leon, 2000, p. 353).

The second stage is about immersion. It denotes complete, total, and active participation in the community's purpose and daily life. Residents deepen their understanding of self-change, develop a more integrated social and personal identity, and embrace vulnerability and honesty in their interactions (De Leon, 2000, pp. 350–353).

In the third stage of emergence, there is a gradual transition towards external engagement, applying learned behaviours in the real world. Emergence denotes decreasing participation in the community associated with increasing involvement in the outside world (De Leon 2000, p. 354). This stage assumes that residents have been fully immersed in the community, integrating learned insights and skills into their broader societal interactions.

Ultimately, the journey of self-discovery and transformation within the TC is a dynamic process driven by active participation, deep involvement, and the gradual integration of newfound insights and skills into one's identity and interactions with the broader community. It involves

stages such as compliance, conformity, commitment to the programme, and commitment to self, signifying a deeper internalization of TC values. Each stage represents internalization and means the individual's progress toward adopting the community's values and principles (De Leon, 2000, p. 359).

In the compliance stage, the individuals conform to community norms primarily to avoid negative consequences, such as disciplinary actions or discharge. In conformity, the individuals conform to community expectations to maintain affiliations within the community, which is crucial for their engagement in treatment. However, learning solely influenced by conformity may regress when external influences fade. Commitment to the programme stage is based on personal resolution, experiences, and perceptions of self-change and new life options. Here the individual is committed to self when recognizing that the ongoing personal change extends beyond the treatment period. This represents the highest level of internalisation.

Today, the Therapeutic Community (TC) model for addiction treatment stands out, unlike other conventional methods, due to its holistic approach. Recovery in a TC transcends mere abstinence; it entails a profound transformation of identity and lifestyle grounded in positive and constructive values. TCs view addiction as a multifaceted issue affecting the body, emotions, social life, and Spirit. The therapeutic community facilitates profound individual transformation through behaviours, cognitions, feelings, experiences, perceptions, and community participation. The TC model fundamentally concerns 'community as method', creating a supportive environment where individuals help one another in their recovery journey.

2.6. Conclusion

In summary, the study of alcohol and drug abuse through biblical texts, historical Church interpretations, and modern scientific research reveals the complex nature of substance abuse and recovery. This literature review highlights the essential need for an all-encompassing approach that recognises the biological, psychological, and spiritual dimensions of addiction. It shows that addiction is not merely a moral failing but a complex interplay of various factors that require compassionate understanding and informed intervention. The Church's evolving position on addiction, as observed through the writings of early Church fathers and medieval theologians, reflects a commitment to moderation and care rather than condemnation. It underscores the significance of fostering an environment that emphasises healing and restoration. By adopting contemporary holistic recovery models, such as the Twelve Steps and

Therapeutic Community approaches, the Church can play a crucial role in supporting individuals on their journey to recovery. The next chapter presents the theoretical restoration.

Chapter Three
Mission to Heal as Theoretical Framework

3.1. Introduction

The concept of healing within a biblical context serves as a transformative guide, influencing our understanding of wholeness and restoration. Rooted in ancient languages and scriptures, healing in the biblical narrative emphasises a profound connection between physical, mental, and spiritual well-being. This chapter looks into the etymological roots of the Hebrew and Greek words for healing, illustrating their significance in both Old and New Testament teaching. The Mission to heal emerges as a central understanding of Christ's earthly ministry and a vital calling for the Church today. As an extension of Christ's Mission, the Church embodies the same compassion and mercy towards those in need, seeking to restore health and wholeness within individuals and communities. This chapter will examine the historical development of the Church's conception of Mission, specifically regarding healing, as articulated in conciliar documents and papal teachings, by analysing the relationship between healing, sin, and salvation. As I articulate and delve into these theological foundations, my aim is to present a theoretical framework for a Mission to heal.

3.2. The Biblical Notion of Healing

The biblical notion of healing holds a profound significance that can be traced through etymology and the scriptural context. Like the word 'health,' the word 'heal' derives from the Old English '*hælan*,' which means to cure, save, make whole, sound, and well. This, in turn, comes from Proto-Germanic '*hailjan*', meaning 'to make whole,' and ultimately from Proto-Indo-European '*kailo-*', which means 'whole'. As Vanderweele (2024, p. 193) notes, healing is fundamentally a restoration to wholeness. In biblical texts, health and wholeness are closely intertwined, as are healing and restoration to wholeness. Vanderweele (2024) points out that the Hebrew word '*Rapha*', commonly translated as 'heal', conveys the idea of restoring to a normal state. Healing, therefore, signifies restoring something to what it is supposed to be. The Hebrew term most akin to 'health' is '*marpe*', which is utilised with relative infrequency. More often, the word '*shalom*', typically translated as 'peace', is associated with healing and wholeness. This term embodies a sense of overall well-being and right relationships with oneself, others, and God essentially, the wholeness of an individual (Vanderweele, 2024, p. 194).

Additionally, Stuart C. Bate (2001, p. 70) explains that various terms and practices illustrate the concept of healing in Jesus' ministry. Understanding these terms within their historical and cultural contexts can yield more profound insights into their significance and Nature (2001, pp. 70–71). In the New Testament, three Greek terms predominantly denote healing: '*therapevo*', '*iaomai*', and '*sozo*'. The term '*therapevo*' is linked with care or attention, '*iaomai*' pertains to cure or restoration, and '*sozo*' more literally translates to 'save.' The Greek term '*hygiano*', meaning 'to be in health', aligns with the English idea of being whole, sound, and well. Hence, Hebrew and Greek concepts of health and healing are intimately connected to general well-being, wholeness, and restoration. For this reason, Vanderweele (2024, p. 194) asserts that healing in biblical accounts often pertains to the whole person and encompasses both physical and spiritual healing. Being whole means being intact, having all parts together, functioning as intended, lacking nothing essential, and conforming to the character of what one is (Vanderweele, 2024, p. 3). This understanding echoes the World Health Organization's definition of health, which established healing as complete physical, mental, and social well-being and not merely the absence of disease or infirmity (WHO, 1948, p. 100).

In the Old Testament, illness frequently correlates with sin and the devil's influence (Healy, 2003, p. 678). Sickness is perceived as a rupture in one's relationship with God, while healing is found in restoring that relationship. For instance, there is a clear connection between the sin of Adam and Eve and the resultant curse, which manifests in illness and suffering (Genesis 3:8-18). Specific passages, such as those in Leviticus and 2 Kings, address laws of purity and cleanliness, including commandments about food and leprosy (Leviticus 11:2; 13:45–46; 15:5), with leprosy often viewed as a form of divine punishment. Two Psalms also reference healing (Psalm 41:2–4; 69:27). Notable miraculous healings include Elijah resurrecting the son of the widow of Zarephath (1 Kings 17:17–24) and Elisha curing Naaman of leprosy (2 Kings 5). Moreover, individuals sought healing through prayer and sacrifices made by priests or prophets, as evidenced by numerous Old Testament references (e.g., Isaiah 28:12; 53:3; 63:11; Jeremiah 6:7–8, 33:10; Ezekiel 13:4–5, 33:11; 34:2–19; Malachi 1:14; 2 Maccabees 9:18).

In the New Testament, healing is a fundamental component of Christ's Mission and a tangible manifestation of His redemptive work. Christ's miraculous healings of the sick (Matthew 11:4–5) signify the arrival of messianic times (Healy, 2003, p. 678). Examples include the healing of the blind man (Matthew 9:27–31), healing the son possessed by an evil spirit (Mark 9:17–27), restoring the centurion's servant (Matthew 8:5–13), and raising both Jairus' daughter (Mark

5:21–43) and Lazarus (John 11:1–43). Jesus assured His disciples that anyone who believes can heal the sick (Matthew 10:1) and emphasised the importance of faith in these healings (Matthew 9:28; Mark 9:22, 26; Matthew 8:8–10; Mark 5:23, 36; John 11:23, 27). Christ not only performed healings but also empowered His disciples to perpetuate this ministry, commanding them to ‘heal the sick, raise the dead, cleanse lepers, cast out demons; the Kingdom of God has come near to you’ (Mat10:7-8; Lk 10:9). These actions denote the expectation of God's eschatological Kingdom (Luke 10:9) and engagement in the forthcoming Kingdom.

Core practices of the early Christian approach to healing included prayer, anointing, and acts of service. The early Church positioned itself as a healing movement within Mediterranean societies (WCC 2005, p. 24). This is evident in various healing ministries described in the Acts of the Apostles and the letters of St. Paul. The gift of healing manifested through miraculous acts performed by the Apostles; Peter declared, 'Silver and gold I do not have, but what I do have I give you: In the name of Jesus Christ of Nazareth, rise up and walk' (Acts 3:1–16). This healing by Peter illustrates the power of faith in Jesus' name. Acts also recounts that 'the father of Publius lay sick of a fever and dysentery' (28:8–9). Paul entered, prayed, laid hands on him, and healed him. Paul's healing ministry extended further, bringing healing to many. St. Paul mentions healing in his list of charisms (1 Corinthians 12:9, 28, 30). Additionally, James 5:14–16 endorses the liturgical anointing of the sick by presbyters, encouraging visits to the sick, prayers, acknowledgment of sin, imposition of hands and anointing with oil.

Moreover, the early Church was profoundly shaped by theologians who genuinely advocated for divine healing. Origen of Alexandria, a theologian from the 3rd century, underscored the significance of faith in healing, asserting that belief in God could result in miraculous recoveries (Shemunkasho, 2004, p. 12). Augustine of Hippo is a pivotal figure; initially doubtful, his subsequent writings record more than 70 healing miracles in the vicinity of Hippo alone. His work, The City of God, alludes to the miraculous efficacy of faith in God to heal and transform lives. Saint Ephrem referred to Jesus Christ as a Healer and Physician (Shemunkasho, 2004, p. 12). In summary, the early Church actively participated in healing practices based on scriptural precedents, showcasing their faith in God's ability to heal and restore humanity to complete health (Shemunkasho, 2004, p. 16).

If Christ demonstrated concern for healing and His message about the Kingdom of God centres on restoration to wholeness (Luke 9:2), how much more should the Church rediscover the

Mission to heal as central to her calling? (Anthony 2001, p. 47). In the next section, I will explore this notion in the conciliar documents.

3.3. Historical Understanding of Mission and Mission to Heal

From a biblical perspective, the Mission of the Church is profoundly rooted in the mandate given by Jesus in Matthew 10. Jesus's ministry was marked by acts of healing, which reflected His compassion and concern for the well-being of others. He conferred his authority, known in Greek as '*ἐξουσία*' (*exousia),* upon His disciples, thereby ensuring that the Mission of healing and restoration would continue within the Church. This Mission can be viewed as a continuation of God's Mission, or '*Missio Dei*', which seeks to redeem the world and bring about wholeness and reconciliation (Sunquist, 2013, p. 7).

This understanding positions the Church as an instrument of divine Mission, tasked with communicating God's love and mercy to humanity (AD 1–2). The Church is called to embody the same compassion and healing that Jesus demonstrated, reaching out to those in need and actively engaging in works of service, justice, and reconciliation.

Exploring the historical understanding of Mission within the Christian framework, mainly through conciliar documents, post-Vatican II teachings, and papal proclamations, is crucial for a comprehensive understanding of the Church's role in today's world. Let us investigate this topic, examining how these sources enrich our understanding of the Church's Mission and its implications for the Mission to heal.

Pope John XXIII called for the Second Vatican Council (1962–65) as a means of spiritual renewal for the Church and an opportunity for Christians separated from Rome to join in a quest for Christian unity (UT, 1964, n. 1). The Council sought to investigate the Church's role in contemporary society and urged the Church to participate in a paradigm shift, or *aggiornamento*, signifying modernisation. This resulted in numerous pastoral, liturgical, and sacramental changes. One of the significant shifts in thinking was the understanding of Mission and evangelization (Kasza, 2015, p. 659).

The first document published in this context is the Decree on the Church's Missionary Activity (*Ad Gentes Divinitus*, 1965). This Decree primarily defines Mission as the Church's imperative to spread the Gospel to non-Christian regions and peoples (AG, 1965, p. 12). It asserts that the Church's Missionary activity is deeply rooted in the life of the Trinity, emphasising that the Church is 'Missionary by its very nature' (AG, 1965, p. 2) and serves as a 'universal sacrament

of salvation' (AG, 1965, pp. 1–3). According to Gorski (2016, p. 412), *Ad Gentes* traditionally employs the term 'Mission' while introducing a new, more dynamic concept: 'Missionary Activity'. The documents assert that the Church's evangelising mission is unique, yet its implementation varies according to the circumstances of its recipients. Thus, AD 6 distinguishes missionary activity—aimed at evangelising individuals or groups unfamiliar with Christ's message, from pastoral activity, which involves the ongoing evangelisation of those already within the Catholic faith (AD 6).

Secondly, Pope Paul VI, in his apostolic exhortation *Evangelii Nuntiandi* (Evangelisation in the Modern World: 1975), asserts that 'the Church exists in order to evangelise' (EN, 1975, p. 14) to proclaim the Gospel. He redefines Mission as communicating God's love intended to transform humanity from within (EN, 1975, p. 18). This document broadens the scope of the Mission to encompass every aspect of human life and culture. *Evangelii Nuntiandi* stresses that evangelization is the Church's specific and fundamental task. The Pope emphasises that evangelization cannot omit the explicit announcement of the Gospel to all people (EN, 1975, p. 2), making the person and message of Jesus Christ known. Evangelisation encompasses more than mere actions; it is a multifaceted, profound, and evolving phenomenon that requires the consideration of all its components for comprehensive understanding (EN, 1975, p. 17).

Thirdly, *Redemptoris Missio*, which translates to 'The Mission of the Redeemer', is a significant encyclical issued by Pope John Paul II. Released on December 7, 1990, this document marked the twenty-fifth anniversary of *Ad Gentes*. John Paul II articulates the permanence and necessity of the Church's Mission in a globalised context, emphasising the ongoing importance of the Church's Missionary mandate and inviting a renewal of commitment to Missionary work within the Church (RM 2). According to Bevans, a more central theme in the missiology of John Paul II and Benedict XVI is the concept of the 'New Evangelization' (2019, p. 21). This phrase appeared during the papacy of John Paul II, initially in a casual manner but eventually becoming one of the symbols of his lengthy pontificate. Where did John Paul II acquire the idea of a 'new evangelization'? According to Gorski, the Pope was aware of the *Puebla Document* (1979: numbers 365–367), which urges the Church to focus on three types of situations that are most in need of evangelization: First are the permanent situations, which refer to people who are not yet evangelised; second is the 'new situations' that call for a renewed evangelization, such as migration, urbanization, and secularization. Finally, there are particularly challenging situations involving groups whose urgent need for evangelization is

often postponed, such as university students, young people, military personnel, business leaders, and those in positions of social communication (Gorski, 2016, p. 415).

Pope John Paul II identified three essential spheres of evangelization to guide the Church's efforts: (1) *Missio ad Gentes*: This aspect focuses on reaching out to those who have not yet embraced the Christian faith, inviting them to discover the teachings of Christ; (2) Re-evangelization: The aim here is to rekindle and strengthen the faith of those who may have drifted away or lost connection with the core of Christianity; (3) Pastoral Care: This area involves deepening the understanding and application of the Gospel among committed Christians, helping them to integrate their faith more profoundly into their daily lives (RM 33–34).

Furthermore, John Paul II speaks of three 'spheres of Mission' (Gorski, 2016, p. 416): territorial, social, and cultural (RM 37). According to John Paul, missionary activity should no longer be confined to the initial proclamation of the Gospel to individuals who have not yet been evangelised within their cultural context. The territorial sphere of Missionary activity remains extensive (Gorski, 2016, p. 416). It is imperative to elucidate that the non-geographical domains—social and cultural—pertain to contemporary cultures or social contexts. All of these require the attention and response of the Missionary Church (Gorski, 2016, p. 417). The social sphere involves new ways of living together or structuring relationships among human groups, while the cultural sphere addresses new value systems and ways of thinking. John Paul II even states that large cities should be considered privileged places for Mission today (GS, 1965, 37). In this context, he also highlights the Church's role in alleviating human suffering.

In 2013, Pope Francis promulgated the apostolic exhortation *Evangelii Gaudium*, signifying 'The Joy of the Gospel'. This document addresses the proclamation of the Gospel in contemporary society.' In the opening paragraph, Pope Francis articulates his vision for the Church as clearly as possible:

> I dream of a 'Missionary option,' that is, a Missionary impulse capable of transforming everything so that the Church's customs, ways of doing things, times and schedules, language, and structures can be suitably channelled for the evangelization of today's world rather than for her self-preservation (EG, 2013, 27).

The Pope extends an urgent invitation to the entire Church, urging it 'to embark on a new chapter of evangelism' (EG, 2013, 27). He emphasises that the Church must embrace its identity

as a community of Missionary disciples, highlighting that its members are 'permanently in a state of Mission' (EG, 2013, 25). This call reflects a deep commitment to spreading the joy and message of the Gospel in every corner of the globe, encouraging believers to actively share their faith and embody the love of Christ in their lives and communities.

According to Bevans (2019, p. 23), Pope Francis has developed the 'missiology of attraction'. What message attracts? According to Francis, the Church should proclaim the mercy and tenderness of God. For this reason, at the beginning of his pontificate, the Pope declared a year of mercy, highlighting that 'God never tires of forgiving us; we are the ones who tire of seeking his mercy' (EG 3). Later in the same document, Francis quotes Thomas Aquinas, stating that 'it is proper to God to have mercy, through which his omnipotence is manifested to the greatest degree' (EG, 2013, 37). He also references Augustine to emphasise that 'it is easier for God to hold back anger than to show mercy' (EG 24). God's mercy, he asserts, is not an abstract concept (EG 142) but a concrete reality through which He reveals His love. In his 2015 document *Misericordiae Vultus*, the Pope emphasises God's love as a visceral love, an instinctual love, which 'gushes forth from the depths naturally, full of tenderness and compassion, indulgence and mercy' (MV, 2015, 6). Jesus, the 'face' of God's mercy (MV, 2015, 1), always offers all a new beginning, 'with a tenderness that never disappoints, but is always capable of restoring our joy' (EG, 1013, 3). Everything Jesus says and does—from healing the sick to identifying with the marginalised and liberating people from the demonic forces beyond their control—teaches the lesson of mercy, and nothing in Him is devoid of compassion (MV 8).

The notion of 'New Evangelization' articulated by John Paul II and later addressed by Pope Francis captures the understanding of Mission in response to contemporary challenges—urbanization, secularization, and the complexity of modern life. In this renewed Mission, healing extends to addressing the wounds caused by societal issues such as injustice, inequality, and fragmentation, including alcohol and drug addiction, reinforcing the Church's role in responding to concrete situations in people's lives and being relevant today.

As discussed, the Church's Mission can be interpreted in various ways, and it is essential to recognise that we can never fully grasp its complete significance. With that in mind, how can one understand healing as an element of Mission and evangelization (Anthony, 2001, p. 47)?

3.4. Healing as an Element of Mission and Evangelization

The Decree instituting the rite, *Pastoral Care of the Sick* (1972), states:

> When the Church cares for the sick, it serves Christ himself in the suffering members of his Mystical Body. When it follows the example of the Lord Jesus, who 'went about doing good and healing all' (Acts 10:38), the Church obeys his command to care for the sick (see Mark 16:18).

Since the promulgation of this document, five successors of Peter have been appointed, who have reaffirmed the Church's commitment to ministry to the sick (Kasza, 2015, p. 662) and healing. Healing is regarded as a fundamental component of Mission within the Church's comprehension of its role in the world. As seen above, *Ad Gentes* emphasises that the Church serves as a universal sacrament of salvation (AG, 1965, 1), indicating that its Mission is not merely to teach or preach but also to heal and restore individuals and communities (AG 3). This sacramental view of Mission suggests that physical, emotional, spiritual, or social healing is integral to the Mission of the Church. By embodying compassion and mercy, the Church acts as a conduit through which God's love can reach and heal the world.

Pope Paul VI, in *Evangelii Nuntiandi*, redefined Mission as the communication of God's love intended to transform humanity from within (EN 18). This transformation inherently involves spiritual and physical healing, reflecting the belief that the Church exists to evangelise by offering all hope, restoration, and spiritual nourishment. The merciful, healing work of the Church aligns with the fundamental task of evangelization, as it meets pressing human needs and demonstrates the love of God in tangible ways.

John Paul II also highlights the Church's role in alleviating human suffering. Two key gestures are central to Jesus' Mission: healing and forgiving (RM 14). These gestures intertwine with each other in profound ways, offering a path to physical and psychological recovery and spiritual liberation. Besides, John Paul II's teachings, delivered through various messages during the World Day of the Sick (1993–2005), reaffirm the Church's enduring commitment to the Mission to heal. Caring for the sick and suffering is integral to the Church's Mission, following Christ's example (Acts 10:38).

In his 2001 address for the World Day of the Sick, titled 'The New Evangelisation and the Dignity of the Suffering Person,' John Paul II emphasises the Church's obligation to evangelise this particular aspect of human experience. He emphasises that every institution caring for the sick and suffering is a privileged area for new evangelization (John Paul II, 2001, n2, n3).

In his address to the Fourth Plenary Assembly of the Pontifical Council for Latin America, John Paul II acknowledged that 'an organised healthcare apostolate is part of the evangelising task' (John Paul II, 1995, n. 8); healing functions as a means to embody and communicate the message of God's Kingdom within the proclamation of the Kingdom. John Paul II's teachings offer profound insights into integral healing, encompassing physical, emotional, and spiritual dimensions.

In *Evangelii Gaudium*, Pope Francis expounds on the 'missiology of attraction', where the Church is called to attract people through the message of mercy, tenderness, and healing. He emphasises that God's mercy is a concrete reality that reveals divine love. The Church exemplifies this divine mercy through actions that heal and address human suffering. The Church fulfils its Missionary mandate by inviting all people, especially those on the margins, to experience God's love and healing.

All the Popes, since the event of Vatican II till today, highlight that (Mission) evangelization encompasses all aspects of human life—cultural, social, and personal. In this context, healing becomes one of the elements of the Mission, addressing not just spiritual needs but also physical, social, and emotional wounds. The Church's engagement in acts of mercy, healing the sick, feeding the hungry, and advocating for justice are all expressions of its Mission to bring about a holistic transformation in people's lives (Mt 25).

3.5. Mission to Heal

The Second Vatican Council, in its Pastoral Constitution on the Church in the Modern World (*Gaudium et Spes*), urged the Church to acknowledge and interpret contemporary signs through the lens of the Gospel (GS 4). In his message delivered in 2000, Pope John Paul II acknowledged that the 20th century had witnessed an overwhelming 'river of human pain', significantly intensified by war, disease, social decay, environmental degradation, organised crime, and proposals for euthanasia (John Paul II, 2000, n.2). Even after twenty-five years, the situation remains unchanged, with evidence of illness, conflict, and oppression prevalent in our world today. This reality necessitates an urgent contextual Mission theology, particularly in addressing health issues.

Currently, societal attitudes often attempt to suppress the recognition of illness and mortality, relegating them to medical facilities, care homes, and palliative centres. There is a prevailing belief that care for the sick and dying falls solely to specialists and trained nurses. However, as

Grün (2003, p. 267) noted, the Church must not adopt this perspective. The *Catechism of the Catholic Church* (CCC) states that 'illness and suffering have consistently represented some of the most serious challenges faced in human existence.' In illness, man experiences powerlessness, limitations, and finitude. Christians are called to care for the sick, pray for them, and follow Jesus's instructions, who sends His disciples to heal the afflicted' (Grün, 2003, p. 246).

The theology of healing within the Christian framework emphasises that healing is an inseparable part of Jesus Christ's Mission. In the following section, I will explore the theology of healing and wholeness articulated in papal teachings and supported by various theological reflections.

3.5.1. Healing as Restoration of Wholeness

According to Vanderweele (2024, p. 10), an individual's health or wholeness can be understood theologically in alignment with God's intention regarding who that person is meant to be. As Genesis states, 'And God saw all that He had made, and behold, it was very good (1:31).' To be healthy is to live a life that is flourishing, embodying the existence that God intended from the creation of the world (Gen 1:26–31). The NJBC affirms that 'there is no evil, only beauty, in the world that God makes' (2011, p. 11). Vanderweele (2024, p. 15) suggests that following the Genesis narrative, goodness can be perceived as a life characterised by (1) bodily health, (2) happiness, and (3) a sense of meaning. Health or wholeness is defined as a state wherein all aspects of life are harmonious, allowing one to live entirely according to God's intentions. Ultimately, God desires humanity to dwell in communion with Himself (Vanderweele, 2024, p. 70). This encompasses not only the absence of disease or mental disorders but also the presence of positive mental well-being (Vanderweele, 2024, p. 16).

The writings of early Church fathers support this view. St. John Chrysostom expressed, 'If you wish to know the state of our body as God created it, return to Paradise and behold the man whom God had just placed there' (Larcher, 2002, p. 19). St. Maximus the Confessor emphasises that 'God, in the creation of human nature, did not incorporate suffering into it, and that the vulnerability to suffering, corruption, and death that ensued did not originate from God' (Larcher, 2002, p. 18). St. Augustine further elucidates that 'man experienced in his flesh an ideal condition of health' (Larcher, 2002, p. 25). Larcher (2002, p. 19) notes that the early Church Fathers are unanimous in teaching that humanity, in its original state, knew nothing of Illness, suffering, or corruption.

Moreover, Vanderweele (2024, p. 12) emphasises that a person's health or wholeness encompasses all dimensions of life—both physical and spiritual. It is good to remember that 'the Fathers often insist that the human being is neither body nor soul in isolation, but entirely and indissociably both' (Larcher, 2005, p. 16). Tertullian emphatically states that 'the body is the pivot of salvation' (Grundmann 2018, p. 4), a notion that carries significant implications for understanding salvation (healing) as an embodied experience. This emphasises that healing is not limited to spiritual dimensions but encompasses the whole person (Grundmann 2018, p. 4). It means that any lack of wholeness in the body reflects a deficiency in the person's overall well-being, just as a fragmented mind indicates a lack of personal wholeness (Vanderweele, 2024, p. 47). Therefore, healing can be understood as a state in which one's life is oriented towards eternal flourishing or where all aspects of life are conducive to a final communion with God. This represents the ideal that one should strive for. It leads to communion with God (Vanderweele, 2024, p. 72). Communion with God requires that one approaches God with faith, hope, and love (Vanderweele, 2024, p. 79).

Additionally, for all aspects of life to be good, one's relationships must also be harmonious—both interpersonal and social (Vanderweele, 2024, p. 20). As God's nature is expressed through the community of God the Father, the Son, and the Holy Spirit (Vanderweele, 2024, p. 52), so too must individuals cultivate flourishing communities to achieve wholeness (Vanderweele, 2024, p. 52). Vanderweele highlights the importance of nurturing good relationships, with family as the primary community where one experiences healing and wholeness, a space where individuals are respected and trusted (Vanderweele, 2024, p. 59). Such environments lead to personal flourishing. God intends for us to live a life of wholeness, so why do we experience ill health?

3.5.2. Healing as Liberation from Evil or Sin

As previously stated, a significant correlation exists between illness and transgression in both Jewish and Christian traditions. Sin causes ill health, impedes wholeness as God intended, and prevents communion with God. In other words, restoration to wholeness cannot be accomplished without addressing sin and its effects, which disrupt peace within oneself, others, and God (Vanderweele, 2024, p. 196).

The Church Fathers identified sin as the origin of all evil. St. Cyril of Alexandria says, 'Nature fell ill from sin through the disobedience of a single man, Adam. Consequently, numerous individuals became sinful—not due to the transgression of Adam, which they had not yet

perpetrated, but because they inherited his fallen Nature, which was subjected to the law of sin' (Larcher, 2002, p. 36). St. Basil asserts, 'It is folly to believe that God is the author of our sufferings' (Larcher, 2002, p. 17). At the same time, St. Maximus the Confessor asserts that 'God, in the creation of human nature, did not incorporate suffering into it' and that the susceptibility to suffering, corruption, and death that followed did not stem from God (Larcher, 2002, p. 18). If health is understood as wholeness as intended by God, then a turning away from that intent, which is defined as sin, results in ill health (Vanderweele, 2024, p. 172). More fundamentally, sin separates us from God and hinders our ultimate communion with Him.

According to Akinwale (2015, pp. 647–648), sin produces four types of alienation: (1) It disrupts the cosmic order by breaking communion with God, resulting in consequences for interpersonal relationships; (2) It assaults the common good; (3) It deprives individuals of peace with God and others; and (4) When alienated from God, the community, and creation, a person cannot find inner peace. A clear illustration is found in the account of the fall. In Genesis 3, the consequences of departing from God affected not only Adam and Eve but also the process of childbearing, with far-reaching impacts on relational and communal life. The story of Cain and Abel that follows similarly illustrates the consequences of sin in family and community life (Vanderweele, 2024, p. 53). St. Thomas Aquinas posits that original sin represents a disordered disposition arising from a disruption of the harmony essential to original justice, akin to how bodily sickness signifies a disordered condition due to a loss of equilibrium needed for health (Akinwale, 2015, p. 646). Aquinas states that original sin 'infects the different parts of the soul in so far as they are parts together in one' (Akinwale, 2015, p. 646).

In His ministry, Jesus healed physical diseases and the moral deficiencies of sin. When performing healings, Jesus often did so within the context of forgiving sins. According to Kasza (2015, p. 661), 'To eradicate an illness, it was essential to confess one's transgressions and obtain absolution for them.' However, the relationship between sickness and sin is somewhat ambiguous in the Fourth Gospel (John 9:3). In the Gospel of John, Jesus challenges the assumption that all illness results from sin (Kasza, 2015, p. 661), stressing that sickness does not always imply the presence of sin (Grün, 2003, p. 250). James retains this ambiguous connection, showing that the Lord both heals and forgives.

The Church does not adhere to an anthropology of total depravity. Catholics affirm that we remain in God's image and likeness, even though we are compromised, affected, and weakened. While humanity may have lost the 'likeness' of God that was originally bestowed, we continue

to bear the divine 'image', albeit in a veiled, obscured, and deformed state (Larcher, 2002, p. 33).

3.5.3. The Healing through Jesus Christ

Although some degree of healing can be achieved through one's efforts, there are limits to what one can accomplish (Vanderweele, 2024, p. 215). In the Bible, healing is often portrayed as the work of God (Vanderweele, 2024, p. 215). It is seen in the context of Christ's economy of salvation. Jesus presented Himself as a healer who enabled the blind to see, the lame to walk, the lepers to be cleansed, the deaf to hear, and the dead to be raised (Vanderweele 2024, p. 216). The Christian doctrine of atonement holds that in the life, death, and resurrection of Jesus Christ, God brought salvation to humanity and the world.

At the beginning of the Christian era, Tradition has consistently referred to Christ as both the 'Physician of bodies and the Physician of souls' (Larcher, 2002, p. 83). According to the Church Fathers, only Christ can deliver humanity from the consequences of Adam's transgression and from sin itself. As a divine person, He can 'hypostasise' the fullness of human nature (Larcher, 2002, p. 40). In doing so, He assumes human nature completely, restores it by the power of His divine Nature, and reunites it with divinity. In the words of Cyril of Alexandria, 'As in Adam man's nature fell ill from corruption... so in Christ, it has recovered health' (Larcher, 2002, p. 40). Additionally, Maximus writes that

> Jesus became man to save man from destruction. By reuniting in Himself the ruptures in universal Nature... He accomplished the great work of God the Father by recapitulating all things in heaven and on earth—in Himself, in whom they were also created... First, He united us in Himself, rendering us in total conformity to Himself. In this way, He restored in us His image, pure and whole, which none of the symptoms of corruption could touch. With us and for us, He embraced the entire creation (Larcher, 2002, p. 41).

Ignatius of Antioch identifies Jesus as 'the Physician... existing in flesh' and emphasises the union of the divine and human, revealing that Christ's Mission transcends mere physical healing to encompass total human salvation (Grundmann 2018, p. 4). He further described the Eucharist as the 'medicine of immortality,' serving as a sacramental means through which believers partake in Christ's healing grace (Grundmann 2018, p. 4). St. John Chrysostom asserted that 'God is the authentic Physician, the sole Physician of body and soul' (Larcher

2002, p. 83). St. Symeon proclaimed: 'We invoke Him who is the Healer of souls and bodies' (Larcher, 2002, p. 83).

The Church Fathers of the third century, including Clement of Alexandria and Origen, also articulated a vision of healing that acknowledges the deep-seated emotional and spiritual wounds of humanity (Grundmann 2018, pp. 5–6). For them, the role of the Physician, especially that of Christ, remedies not just physical diseases but also the 'unnatural passions of the soul' (Grundmann 2018, p. 4). Healing in Christ is portrayed as an internal, transformative experience that reorients believers toward true life and salvation (Bishop Barron). The healing power of Christ is holistic; it addresses both the soul and the body (Grundmann, 2018, pp. 4–5).

The Christian belief asserts that to accomplish this, God became man in the person of Jesus Christ and entered human history for restoration through his life, death, and resurrection (Vanderweele, 2024, p. 217). It means that through Jesus's conception and birth, His assumption of human nature, His exemplary life, His death in love for us, His resurrection and ascension to heaven, and the sending of the Spirit and formation of the Church, 'God addresses the problem of sin and brings salvation in these various ways through Jesus Christ' (Vanderweele, 2024, p. 225). For this reason, healing efforts should always address physical illnesses and more profound existential struggles, offering hope and working towards a future kingdom free of suffering (John Paul II, 2001).

Pope Francis underscores that the Church's Mission transcends the provision of first aid; its objective is the salvation of humanity, realised through Jesus Christ, who beckons humanity to lead a holy life (Pope Francis, 2014). In this view, healing becomes a relational act in which sinners must turn to Christ, the Great Physician.

In John Paul II's apostolic letter, *Salvifici Doloris* (On the Christian Meaning of Human Suffering), the Pope dedicates an entire chapter to the Good Samaritan.[10] The Good Samaritan

[10] One finds an illustration in Saint Augustine. A man was going down from Jerusalem to Jericho, representing humanity, which has fallen from the dignity of being children of God (Bishop Barron). Bishop Barron explains that sin robs us of our dignity, intellect, and willpower. Sin compromises us, creating a disintegration within ourselves—a profound injustice that disrupts our balance. As sinners, we struggle to see things clearly; our will is distorted, and our passions drive us erratically. Barron insists that sin leaves us half-dead. According to Augustine, the man who succumbed to robbers symbolises Adam, the archetype of humanity. He descended from heaven, represented by Jerusalem, and on his way to Jericho, indicating his descent into mortality. The assailants he confronted symbolise the devil and his demons. The near-death situation in which they left him signifies the injuries imposed on the human condition by sin (Akinwale, 2015, p. 654).

symbolises Christ, and the inn he brought the wounded man to signifies the Church (Akinwale, 2015, p. 654). Jesus concludes this parable with the question: ‘Which of these three is a neighbour’? This has a profound ethical implication. We are called to be another Christ in the world. Our task is to look around and see those lying by the roadside, acting as instruments of grace to bring them the healing power of Christ. The Pope previously underscored that 'the Christian community has consistently prioritised the sick and the realm of suffering in its various forms' (John Paul II, 1993, n1), urging us not to turn away from the sick (John Paul II, 1993, n2). In his 2001 message for the World Day of the Sick, John Paul II urged the Church to emulate Jesus' compassionate response to suffering by providing holistic care that encompasses biological, psychological, social, and spiritual needs.

3.5.4. The Church as the Sacrament of Healing (Salvation)

The Mystery of the Church can never be exhaustively understood using a single image. The Vatican II defines the sacrament as a sign or an instrument of a very closely-knit union with God and the unity of the whole human race (LG, 1964, 1). The *Catechism of the Catholic Church* (CCC) uses ‘Church’ to designate this universal community of believers (Catholic Church, 2000, 810, 813; Paul VI, 1964a, 4; Paul VI, 1964b, 2.5). The Church can be defined as the congregation of individuals whom God's word unites to constitute the People of God.’ (Vanderweele, 2024, p. 229). The unity of the Church is derived from the unity of its source in God (Father, Son, and Holy Spirit). Besides, the Church's Nature and Mission proceed from the Triune God's own identity and Mission with its emphasis on proclaiming the message of God's salvation in Jesus Christ and inviting others to the Kingdom of God (WCC, 2005, p. 49). The Second Vatican Council defined the Church as a Sacrament of communication with God and solidarity among peoples, designating it as a promoter of reconciliation and healing (Akinwale, 2015, p. 652). The Church offers numerous pathways to healing and shares in

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However, original sin does not leave one entirely deprived. Nutt (2017, p. 26) articulates this idea: the wound of original sin affects but does not destroy 'the natural powers' of human Nature, subjecting it to 'ignorance, suffering... [and] an inclination to evil known as 'concupiscence. Akinwale (2015, p. 646) asserts that sin does not eradicate the intrinsic goodness of Nature; rather, it corrupts it by decreasing its beauty and potency. The beauty granted to humanity by the Creator is immutable, although it diminishes when individuals stray from the brilliance of divine illumination (Akinwale, 2015, p. 646). Thus, sin leaves one-half dead; we are only half alive.

A priest passed by but did not stop. Official religion, law, and Tradition are not inherently wrong, but they cannot save. Bishop Barron emphasises that a compromised religion cannot offer proper help. In contrast, the Samaritan—an outsider—was moved by God's compassion and mercy. The priest and the Levite, who did not stop to assist the wounded man but passed by, represent the shortcomings of the official representatives of the old covenant. The Second Vatican Council echoes this by asserting that when humanity fell in Adam, ‘God did not abandon them, but at all times held out to them the means of salvation, bestowed in consideration of Christ, the Redeemer’ (LG, 1964, 2).

humanity's joys, hopes, sorrows, and anxieties. The Church has consistently accompanied and supported humanity in its struggle against pain and its efforts to improve health.

Vanderweele (2024) observes that Christian communal existence is realised within the Church. Members are directed to cherish and assist one another while utilising their complementary abilities to serve others. Communal prayer to God and worship of God take place within the Church. (Vanderweele 2024, p. 230). According to Grün (2003, p. 276), the Church's concern for the sick reaches its high point in the sacraments.

3.5.4.1. Healing through Community Life

Vanderweele (2024, p. 234) elaborates on healing through community life. As seen above, God is the principal agent of healing and salvation, which is accomplished in the life, death, and resurrection of Jesus Christ and continuing work by the Spirit and in the life of the Church. However, community life is one of the principal means by which salvation and restoration work out (Vanderweele, 2024, p. 232). In the New Testament narrative, the community was perceived as the fundamental entity through which salvation, forgiveness, and healing would be realised. The community was directed to address the needs of its members (Romans 12:13; 1 John 3:16–18; James 2:14–17). Its members were instructed to hold one another accountable and issue rebukes for wrong actions when necessary (Matthew 18:15–18). They were instructed to engage collectively in religious practices and rituals (Hebrews 10:23–25), to collaborate utilising their diverse talents and strengths (1 Corinthians 12), and to love, support, and encourage each other (Hebrews 10:23–25; 1 John 4:7–12). The community was thus an essential part of the process of salvation and healing (Vanderweele, 2024, p. 232).

Vanderweele (2024, p. 208) asserts that mutual affection is essential for the development of relationships and the flourishing of community life. The church and its members serve as both agents and recipients of healing. Healing is achieved through communal living, forgiveness, prayer, fasting, sacraments, character development, and the care of others, encompassing medical practice (Vanderweele, 2024, p. 229).

The Church has the unique capacity to address a wide range of issues, including mental health struggles, marital problems, job stress, financial difficulties, spiritual crises, and societal neglect. It stands as a comprehensive support system, uniquely equipped to rehabilitate those often overlooked by society, such as the addicted, mentally ill, and homeless. Anthony (2021) highlights that counselling services can be effectively performed by a mix of professionals,

ministers, lay leaders, and human service health professionals. All Church members can engage in informal counselling or intentional listening, particularly during home visitations and significant life events like funerals, weddings, and baptisms (Anthony, 2001, p. 52).

Furthermore, Christians have utilised secular medicine since the inception of the Christian era (Larcher, 2002, p. 102). Medicine aims to restore the parts and systems of the body to their normal functioning or mitigate malfunctions when complete restoration is not possible. Through various interventions, therapy, surgery, prescriptions, and medications, medicine can help restore the body to its normal functioning. Public health efforts have the primary role in preventing ill health, and medicine has the primary role in restoring ill health. Both are important and contribute to preservation and restoration (Vanderweele, 2024, p. 248). Religious institutions and orders have for centuries founded many hospitals, and much of medical care worldwide is provided by religious hospitals and medical mission efforts. The Church is to bring healing and the message of salvation to the world. That work includes healing souls and bodies (Vanderweele, 2024, p. 249).

Pope Francis has persistently characterised the Church as a 'field hospital, after a battle,' underscoring that its foremost duty—its Mission—is to 'Heal the wounds' (Bevans, 2019, p. 21). In his book 'The Name of God is Mercy,' Pope Francis uses the field hospital image to illustrate a Church that 'goes forth' to meet those in need (Francis, 2016). Likewise, during his interview on August 19, 2013, entitled 'A Big Heart Open to God,' Pope Francis emphasised that the Church's essential role is to 'heal wounds and to warm the hearts of the faithful' (Spadaro, 2013). On August 28, 2019, he reiterated this sentiment during his catechesis on the Acts of the Apostles, emphasising that the Church must attend to the sick, even if such actions incite envy and animosity in others (Pope Francis, 2019).

However, Vanderweele (2024, p. 269) insists, 'Institutions of public health and medicine should partner with religious communities to promote health and healing'. This call is echoed in John Paul II's 1995 World Health Day message, in which the Pope called for unity and collaboration within the Church's health ministry. He called for coordinated efforts among various healthcare workers and organisations—Catholic doctors, nurses, pharmacists, and volunteers—to address increasingly complex healthcare challenges. In his 1982 discourse with Catholic doctors, he stated, 'Individual action is insufficient. Collective, intelligent, well-planned, constant, and generous work is required, not only within individual countries but also on an international scale (Insegnamenti et al. II, V, 3 [1982], p. 674; L'Osservatore Romano in English, October

25). The Church contributes to health care through hospitals, healthcare structures, and volunteer organisations, paying particular attention to the most underprivileged, notwithstanding the causes of their suffering (John Paul II, 2000, n3).

3.5.4.2. Healing through Prayer

Prayer represents a powerful tool within the Church. James (5:14–15) underscores the duty of both elders and congregation members to pray for the sick, integrating such prayers into worship services. Writing about prayer, St Isaac the Syrian says prayer is 'our strongest help in times of sicknesses, that God never fails to respond to the call made to him in such circumstances, nor to sympathise with the suffering of those who invoke him' (Larcher, 2002, p. 72). According to Vanderweele (2024, p. 239), 'Biblical stories and personal testimony suggest that God sometimes provides physical healing as a result of prayer'. In certain healing narratives, such prayer is accompanied by the imposition of hands and is frequently associated with faith in God. However, direct physical healing does not always occur (Vanderweele, 2024, p. 239), even after prayer (Vanderweele, 2024, p. 238). Even when physical healing does not come about because of prayer, prayer can result in spiritual, emotional, relational, or communal healing (Vanderweele, 2024, p. 240) and transformation. Benn (2001, p. 145) observes the significant physiological impacts of prayer and meditation, which encompass decreased blood pressure, heart rate, and stress hormone levels, resulting in enhanced relaxation and overall health.

In addition, healing through fasting is linked to prayer. According to the author, fasting is abstaining from food, drink, or some other material good or pleasure to free oneself from disordered attachments (Vanderweele, 2024, p. 240). Vanderweele (2024, p. 241) strongly believes that fasting can weaken attachment to material goods and pleasures, thereby building temperance, fortitude, and self-mastery that God motivates and empowers.

3.5.4.3. Healing through the Sacraments

Vatican II characterises the sacrament as a sign or instrument of a profound union with God and the unity of all humanity (LG, 1964, 1). The Church practices various liturgical celebrations that signify and make present God's grace. Each of the traditional sacraments of the Church can profoundly bring about healing (Vanderweele, 2024, p. 242). The *Catechism of the Catholic Church* (2000) links the sacrament of the Eucharist with community, forgiveness, healing, and restoration. It correlates the sacrament of anointing the sick with supplication, absolution, caregiving, and restoration. It associates the sacrament of penance and

reconciliation with forgiveness, prayer, community, conversion, and healing. Every traditional rite of the Church can significantly facilitate healing (Vanderweele, 2024, p. 242).

Besides, the Church uses sacramentals like Holy Unction (Larcher, 2002, p. 91), Holy Water (Larcher, 2002, p. 94), and the Sign of the Cross (Larcher, 2002, p. 95) to bring healing to those who pray for it (Larcher, 2002, p. 94). Lastly, it is imperative to acknowledge exorcism, which is distinctive and vital in the context of religious healing (Larcher, 2002, p. 95). I will explore the two traditional sacraments of healing of the Church.

3.5.4.3.1. Sacrament of Reconciliation

The sacrament of reconciliation constitutes a commemoration of forgiveness. It pertains to the very being of the Church and is accessible to all. The sacrament of reconciliation is also well-known as confession or penance. The Church affirms that Jesus Christ himself instituted this sacrament. The original aim of confession was to reintegrate sinners fully into the community of the Church (Grün, 2003, p. 134). However, in the early Church, reconciliation was only granted once in a lifetime. By sinning, people alienate themselves from God. They forgo their relationship with him (Grün, 2003, p. 125). Augustine determined three kinds of penances: (1) That which must be done before baptism; (2) that which the Christian accomplishes in private for light or' daily 'faults; and (3) that which one must accomplish if one has fallen in a severe fault (St. Augustine, *Sermon* 352, (P. L. 39, 1549–1560). Saint Augustine agrees with all these contemporaries that Penance due to severe faults is Penance in the strict sense: it should not be necessary for the one who has received baptism, and, in any case, it is granted only once in a lifetime (St. Augustine, *Sermon* 352, (P. L. 39, 1549–1560).

Reconciliation responds to brokenness, fragmentation, enmity, hostility, and distorted relationships. The Church, as a community of the reconciled, functions as a venue for the healing of injuries caused to humanity by sin, animosity, and division (Akinwale, 2015, p. 654). The Church actualises the reconciling implications of Christ's crucifixion and resurrection through the sacrament of reconciliation (Akinwale, 2015, p. 653). For this reason, reconciliation displays three interrelated dimensions: (1) reconciliation between God and human beings; (2) reconciliation among human beings; and (3) reconciliation of the whole creation (Grün, 2003, p. 124). Akinwale asserts that the objective of the Sacrament of Reconciliation is to restore the sinner's communion with God and foster unity among all individuals, facilitating the reconciliation of everyone with God and with one another, ultimately achieving reconciliation in Christ as the Head (Akinwale, 2015, p. 642).

As a healing and transformation process, reconciliation is multi-dimensional and all-embracing. It essentially means turning to God and restoring God's image in humanity. In confession, one tries to restore one's relationship with God and others (Grün, 2003, p. 124). According to Grün (2003), reconciliation ensures peace and restores community. Akinwale (2015, p. 654) asserts that reconciliation is a divine gift from God, the Father of mercies, to His Church, enabled by the risen Christ's outpouring of the Holy Spirit upon the disciples, who are charged with disseminating this gift to the world. The Holy Spirit empowers the Church to participate in this work of reconciliation.

Bernard Sesboüé affirms that reconciliation is a 'gift from God' (Sesboué, 1988, p. 14): This God who is the active subject, we are the passive subject: God reconciles us, and we are reconciled. In reconciliation, God does everything, and we only receive. God who takes not only the first step but all the steps of reconciliation with us' (Sesboué, 1988, p. 14).

Sesboüé (1988, pp. 14–15) adds that 'reconciliation is also a call'. Reconciliation always remains bilateral conduct: God cannot reconcile us if we do not want to. He needs our acceptance. This is why in Paul's mouth, the proclamation of reconciliation extends into a solemn supplication: 'In the name of Christ, we beseech you, be reconciled with God' (2Cor 5:20). God turned to us first; we must respond with the grace he gives us elsewhere by turning to him with a dynamic of conversion. The word conversion means (to turn to). However, reconciliation with God is inseparable from reconciliation with our brothers and sisters (Sesboué, 1988, pp. 14–15). Authentic reconciliation dismantles the barrier of animosity (Eph. 2:14), fostering a new atmosphere for rapprochement and facilitating dynamic, creative engagement. It brings healing, wholeness, and salvation; forgiving others brings healing to oneself, the offender, and the community (Vanderweele, 2024, p. 235).

Vanderweele (2024) insists that forgiveness is also an essential path to healing. Forgiveness can help restore and strengthen a relationship with the offended party when appropriate. It can also relieve sadness and guilt over the wrong committed. Forgiveness can bring about a greater awareness of the needs of others and one's own (Vanderweele, 2024, p. 237).

Celebrating the sacrament of reconciliation provides opportunities for spiritual and emotional healing. Priests help penitents uncover the root causes of their sins and guide them toward the healing love of Jesus. Pope Francis emphasises the significance of the Sacrament of Penance in the Church's healing and salvific mission. He elucidates that this sacrament facilitates the discernment of the optimal course of action for an individual in pursuit of God and grace.

Further, he adds, 'the confessional is not a torture chamber, but the place in which the Lord's mercy motivates us to do better' (Pope Francis, 2014).

3.5.4.3.2. Sacrament of Anointing of the Sick

The sacrament of anointing the sick is vital to the Church's care for the ill. The Church regards its assistance to the ill as pastoral care and support. The scriptural foundation for the Church's sacramental ministry to the sick and dying is found in the Letter of James (James 5:13–15). The Second Vatican Council (SC 62, 73–75) proposed a revision of the Rite of the Anointing of the Sick. In its number (73), the document states that

> Extreme unction, which may also and more fittingly be called anointing of the sick, is not a sacrament for those only who are at the point of death. Hence, as soon as any one of the faithful begins to be in danger of death from sickness or old age, the fitting time for him to receive this sacrament has certainly already arrived (SC73).

The prayer accompanying this sacrament states: 'May the Lord forgive you by this holy anointing and by his gentle mercy all that you have been able to commit by sight, hearing, smell, taste, and speech, touch and movement' (Rite of the celebration). Rahner (1987, pp. 111–112) warns that 'the anointing of the sick is not merely a ritual associated with death; rather, it is a liturgy that acknowledges illness and places it in the hands of God's grace and will'. *The Catechism of the Catholic Church* enumerates five principal effects of sacramental anointing: (1) the association of the sick individual with the passion of Christ for their benefit and that of the entire Church; (2) the provision of strength, peace, and fortitude to endure the tribulations of illness or ageing in a Christian manner; (3) the absolution of sins, should the sick individual be unable to receive it through the sacrament of Penance; (4) the potential restoration of health, if it serves the salvation of their soul; (5) and the preparation for transition to eternal life (CCC:1532).

Kasza (2016) offers the following observation: The purpose of the anointing of the sick is not purely medicinal but also salvific. The sacrament of anointing the sick shows us that illness can become an opportunity to experience God. When Jesus healed sick people, he saw this as an expression of the coming of God's Kingdom (Grün, 2003, p. 265). The letter of James speaks of ‘saving’ and ‘raising up’ (Kasza, 2016, p. 660). The sick need the help of someone who listens to and supports them (Grün, 2003, p. 246). This sacrament assures that no aspect of one's life is excluded from God's loving concern. Through this sacrament, one encounters God, so that God may heal and transform one's life (Grün, 2003, p. 247).

3.5.5. Healing as an Encounter with Salvation and New Life

The WCC defines healing as a 'process towards health and wholeness…. It embraces what God has achieved for human beings through the incarnation of Jesus Christ' (WCC 2005, p. 32). The document also insists that 'God is the source of all healing' (WCC 2005, p. 33). In the Old Testament, healing and salvation are interrelated and, in many instances, mean the same thing: 'Heal me, o Lord, and I shall be healed; save me, and I shall be saved' (Jeremiah 17:14). In the New Testament, salvation (*soteria*) and healing (*therapeuo*) are used interchangeably (Lk. 10: 9, Mk. 5:34, 6:56, Mt. 10:7–8). Healing is the proclamation of salvation in Christ; it grants new life by empowering the helpless and hopeless with the Holy Spirit's life-giving power. The New Testament also makes a distinction between curing and healing. Some may be cured but not healed (Luke17:15–19), while others are not cured but healed (2 Corinthians 12:7–9). 'Cure' denotes restoring lost health and thus carries a pathological view. In the New Testament, healing is often intertwined with spiritual salvation, illustrating a profound link between physical restoration and divine grace. This connection is particularly evident in passages such as Luke 5:24, where Jesus heals a paralytic to demonstrate His authority to forgive sins.

John Paul II emphasises this concept in his teachings, emphasising Jesus' salvific gestures toward 'all those who were the prisoners of evil' (Roman et al., Pref. VII), which is perpetuated through the Church's ministry to the sick. He further states, 'Illness and suffering remain limits and trials for the human mind. However, in the light of Christ's Cross, they become privileged moments for growth in faith and a precious instrument for contributing, in union with Jesus the Redeemer, to the divine project of salvation (John Paul II, 1995, n1; 1997, n4).

It manifests as a 'visit from God', a chance to cultivate love and elevate human civilisation into a civilisation of love (SD, 1984, p. 30). Traditionally, salvation is viewed as transformation and new life in Christ. However, the teachings of John Paul II reveal that salvation is also closely connected to healing, including relief from sickness and suffering. Humanity, created in God's image (Genesis 1:27), was intended for wholeness and perfection (Anthony, 2001, p. 48). Healing becomes explicitly Christian when viewed as a potential encounter with salvation and redemption (Grundmann, 2001, p. 33). Temporal healing and eternal salvation converge in Christ; His ministry brought about reconciliation with God, the very source of all life, and healing served as a sign of this reconciliation (Grundmann, 2001, p. 33).

Healing prevents untimely death and extends life, offering more opportunities to experience the fullness of human potential. In Christian thought, healing is a sign of God's Kingdom, a

foretaste of the eschaton—the final event in God's redemptive plan (Grundmann, 2001, p. 36). For example, after sending out seventy-two disciples, Jesus instructed them, 'Heal the sick who are there and tell them, the kingdom of God has come near to you' (Luke 10:9).

As stated by Grundmann (2001, p. 36), healing averts premature death, but does not eliminate death itself. An extension of life offers additional possibilities to fully experience humanity. In addition, there are limits to healing in this life. Diseases are still manifest, aging takes place, infirmity sets in, and eventually, all still face death. Salvation, which could be understood as the deliverance from sin and its consequences, is a process. Because of that process, it is not complete in this life. These limits must be accepted with humility and hope that a fuller restoration and fulfilment of health will eventually come (Vanderweele, 2024, p. 251). Freedom from sin and its effects does not occur fully in this life. There can be personal growth and healing even amid ill health and suffering. Even amid ill health and sin, there can be growth in character, growth in communion with God, and growth in healing as persons. Ill health and suffering can often bring about character growth (Vanderweele, 2024, p. 254). Ill health and suffering can bring a growth in character and thus healing of the person (Vanderweele, 2024, p. 254). Vanderweele (2024, p. 255) insists, ‘Even in the midst of ill health and sin, there can be a greater communion with God’.

Moreover, even our struggles with sin can sometimes bring about a greater communion with God. They can bring a greater humility that helps us turn to God. The fulfilment of wholeness, communion with God, and completion of God's intent comes only in the resurrection in the life to come and will be accomplished by God (Vanderweele, 2024, p. 259). Along with the body's resurrection, full health restoration will include complete freedom from sin. That deliverance from sin is understood as the consequence of the work of God in Jesus Christ through the Spirit (Vanderweele, 2024, p. 263).

3.6. Conclusion

In conclusion, this chapter on 'Mission to Heal' underlines the Church's vital role as an agent of healing within a world filled with suffering, illness, and discord. The theology of healing and wholeness, as articulated in this chapter, through the teachings of Scripture and the Church

Fathers, reveals that healing transcends physical restoration; it encompasses a profound restoration of wholeness that integrates the spiritual, emotional, and relational dimensions of human life. The Church is called to actively participate in Christ's healing mission, acknowledging that illness and suffering are linked to sin and require divine intervention and communal assistance for proper restoration. This chapter explains the multifaceted approach required for adequate healing, including sacraments, community life, prayer, and collaborative efforts between religious and medical institutions. Drawing on the rich tradition of the Church, it emphasises the sacrament of reconciliation as a means for spiritual healing and the anointing of the sick as a source of grace amid physical suffering.

Moreover, the contribution of recent popes, including John Paul II and Francis, strengthen the Church's mission to be a field hospital, extending compassion and care to all, especially those suffering in our fractured world. Ultimately, healing is presented as an encounter with salvation. Though the struggle with illness and sin remains a part of the human experience, it can foster growth in faith and character, affording believers opportunities for communion with God. The chapter concludes optimistically, asserting that although total restoration will occur at the culmination of time, the eschaton, the process of healing, strengthened by faith and communal love, is a vital component of contemporary Christian existence.

Chapter Four
Research Methodology

4.1. Introduction

Lapan, Quartaroli, and Riemer (2012, p. 70) characterise methodology as 'the blueprint or collection of decisions and procedures that regulate a study and make it comprehensible to others.' Complementing this, Taylor, Bogdan and DeVault (2016, p. 3) describe methodology as 'how we approach problems and seek answers'. This chapter examines the research design and methodology, focusing on the research strategy, sampling techniques, data collection methods, and data analysis. Furthermore, in this research, issues of critical validity, reliability, rigor, and potential replication or adaptation will be addressed. It is essential to highlight that this research is qualitative. It is driven by the research question, which seeks to explore the significance of the Mission of Fazenda da Esperança and its role in facilitating recovery from alcohol and drug abuse for the individuals it serves.

4.2. Research Designs and Methodology

4.2.1. Preliminary

This study employs an empirical data collection method centred on interviews conducted within the two Fazenda communities in Dombe, Mozambique. The theoretical framework of mission to heal guides the research, as articulated in the last chapter. In this framework, healing is presented as an element of mission that brings flourishment in life, liberation from evil, and salvation. The Christian healing journey involves repentance, forgiveness, spiritual struggle, and growth in virtue, all seen as therapeutic processes leading from sin to wholeness (Stanley, 2001, p. 86). Additionally, John Paul II emphasised the Church as a sacrament of healing, a notion later echoed by Pope Francis, who described the Church as 'a field hospital' (AL, 2016, 291) concerned more with those who suffer, who show signs of woundedness, by restoring in them hope and confidence. This research examines how this theoretical foundation connects to the contributions of Fazenda da Esperança in its healing ministry of those suffering from alcohol and drug abuse.

4.2.2. Genesis of Research Methods

The conceptual history of qualitative research is rich and complex. It traces its roots back centuries to various philosophical foundations and has evolved through diverse social contexts

and scientific paradigms. As noted by Brinkmann, Jacobsen and Kristiansen (2014, p. 18), the term 'qualitative' has a lineage that predates its application in research methodologies. Medieval philosophers differentiated between the qualities of things and their quantities, a distinction that the authors argue fostered a deeper understanding of human perception and the subjective nature of experiences (2014, p. 19). In the 17th century, John Locke furthered this discourse by distinguishing between primary qualities—independent of observers, such as number and shape—and secondary qualities, based on subjective experiences, such as colour and taste (Brinkmann, Jacobsen and Kristiansen, 2014, p. 18). This foundational understanding accentuates the validity of subjective experiences as essential focal points of qualitative research and analysis.

Brinkmann, Jacobsen and Kristiansen (2014, p. 19) point out that discussions around qualitative methods were relatively limited before the 1970s, with researchers often relying on seminal ethnographic works, such as Malinowski's *Argonauts of the Western Pacific* (1922) and Whyte's *Street Corner Society* (1943), rather than formal methodological texts. However, by the 1970s, there was a significant shift characterised by an increase in discourse surrounding qualitative methods, reflecting broader societal transformations and a response to the limitations of quantitative approaches (2014, p. 19). This era marked what authors call a 'historical take-off point' (2014, p. 18) for qualitative methods within the social sciences, which paved the way for a significant diversification of qualitative literature and scholarship.

Three influential philosophical trends significantly shaped the development of qualitative methodology. Brinkmann, Jacobsen and Kristiansen (2014, pp. 18–39) identify hermeneutics and phenomenology as foundational perspectives. Hermeneutics, influenced by thinkers such as Friedrich Schleiermacher and further developed by Wilhelm Dilthey, fundamentally concerns interpreting and understanding human experiences (Brinkmann, Jacobsen and Kristiansen, 2014, p. 21). For this reason, Paul Ricoeur (1913–2005), a hermeneutic philosopher, said a century after Dilthey that 'life is no more than a biological phenomenon as long as it has not been interpreted' (Ricoeur 199, p. 28).

Secondly, phenomenology, founded by Edmund Husserl, emphasises the study of human experience and consciousness (Brinkmann, Jacobsen and Kristiansen, 2014, p. 23). Giorgi (1975, p. 83) defines phenomenology as 'the examination of the structure and the variations of structure of the consciousness to which anything, event, or person manifests'. Hermeneutics and phenomenology allow researchers to focus on lived experiences.

The third philosophical approach comes from Malinowski. Malinowski's insistence on participant observation symbolised an ethnographic approach prioritizing immersion in cultures (Brinkmann et al., 2014, p. 30). The researcher's engagement with the subject matter enriches qualitative inquiry and establishes a cornerstone for methodological rigor in the field.

Overall, the evolution of qualitative research facilitates a deep understanding of human experiences and social phenomena. This research is situated within the phenomenological framework, as it aims to understand and interpret the recovery from alcohol and drug abuse in the lived experiences of individuals at Fazenda da Esperança through the lens of healing proposed by John Paul II.

4.2.3. Qualitative Research Strategies

Qualitative research encompasses various strategies, including ethnography, case studies, phenomenology, and grounded theory. Among these, ethnography, as seen above, has its roots in the early fieldwork practices championed by anthropologist Bronislaw Malinowski. According to Brinkmann, Jacobsen and Kristiansen (2014, p. 30), Malinowski immersed himself in the culture of the Trobriand Islanders by living among them for nearly three years. His approach aimed to obtain a comprehensive understanding of the culture and its functional elements. In the late 19th century, Erickson (2018, p. 90) notes, anthropologists began using the term ‘ethnography’ to describe detailed accounts of the lifestyles of local populations situated within colonial contexts. According to Erickson (2018, p. 90), Malinowski introduced three essential principles that continue to guide anthropological fieldwork: first, researchers should reside within the community they study; second, they should learn the community’s language rather than depend on translators who might create distance; and third, effective research requires a combination of participation and observation.

Another essential qualitative strategy is the case study. Lapan, Quartaroli, and Riemer (2012, p. 243) characterise case study research as a methodological approach aimed at comprehensively elucidating intricate phenomena, whether pertaining to contemporary events, critical issues, or particular programmes, in order to reveal novel and profound insights. Case studies involve a clear demarcation of the phenomena being studied, necessitating careful definition of parameters, research questions, timeframes, and physical locations (2012, p. 245). This allows researchers to analyse single or multiple cases, resulting in both single case studies and comparative case studies (2012, p. 247). Additionally, case study methods enable researchers to observe tangible aspects such as interactions and activities and individuals'

subjective thoughts and feelings, often revealed through key informant interviews (2012, p. 251).

The phenomenological approach, rooted in the work of Edmund Husserl (1859–1938) and further explored by existentialists including Martin Heidegger (1889–1976), Jean-Paul Sartre (1905–1980), and Maurice Merleau–Ponty (1908–1961), underscores human experiences as interpreted by individuals (Brinkmann, Jacobsen and Kristiansen, 2014, p. 30). It prioritises the essence of experiences, as it seeks to describe their essential structures from a first-person perspective. A phenomenologist might study specific phenomena, such as guilt, without making assumptions about the legitimacy or reality of that experience, focusing instead on understanding how individuals subjectively experience guilt (Brinkmann, Jacobsen and Kristiansen, 2014, p. 30).

Given that this research focuses on the contributions of Fazenda da Esperança in aiding individuals affected by alcohol and drug abuse, this study integrates both a case study and a phenomenological approach. It is a case study in the sense that it concentrates exclusively on two Fazenda communities located in Dombe, Mozambique, which serve individuals (both men and women) struggling with alcohol and drug addiction. Due to the vastness of addiction issues, this study focuses specifically on cases of alcohol and drug abuse within the context of Fazenda da Esperança in Dombe.

This research is situated also within the phenomenological framework, aiming to understand and interpret the lived experiences of individuals who have recovered from alcohol and drug abuse at Fazenda da Esperança.

4.3. Research Type and Methodological Framework

Qualitative research, as defined by Lapan, Quartaroli, and Riemer (2012, p. 21), offers a comprehensive method for examining social and organisational traits, along with individual behaviours and their significances. The authors emphasise that qualitative researchers rely on primary, face-to-face data collection methods, such as observations and in-depth interviews, highlighting that the success of this process significantly depends on the researcher's ability to interact with participants effectively. Tracy adds another layer to this perspective, emphasising the importance of understanding behaviours from the participants' viewpoints, emphasising that qualitative methods can lead to mutual discovery and understanding through dynamic and

reflective conversations (2013, p. 21–28). These interviews create a platform for respondents to share their lived experiences and viewpoints in depth (2013, p. 132).

Taylor and DeVault (2016, p. 7) contend that qualitative methodology broadly includes research that produces descriptive data, including individuals' spoken or written expressions and observable behaviours. This aligns with Marshall and Rossman (2011), who advocate for a holistic approach to studying people and settings, grounded in their historical contexts. Furthermore, the qualitative researcher challenges Howard Becker's (1967) ‘hierarchy of credibility’, rejecting the notion that the perspectives of the powerful are inherently more valid than those of marginalised individuals (Taylor and DeVault, 2016, p. 8). Thus, qualitative research is fundamentally concerned with the thoughts and actions that shape people's daily lives. Creswell (2009, p. 265) encapsulates this notion by asserting that qualitative research collects 'intimate information through direct conversations with individuals and observing their behaviour within their context'. This methodology employs diverse data collection strategies, such as examining documents, observing behaviour, and conducting interviews.

Further refining this approach, Erickson (2018, p. 87) illustrates that qualitative inquiry seeks to discover and narratively describe what people do in their everyday lives and the meanings they attribute to their actions. Creswell (2009, p. 265) emphasises the importance of multiple data sources, including interviews, observations, and documents, for a comprehensive understanding. Tracy echoes this sentiment, viewing qualitative methods as an umbrella concept encompassing various techniques like individual and group interviews, participant observation, and document analysis (2013, p. 28).

Brinkmann, Jacobsen and Kristiansen (2014, p. 289) identify three distinct forms of qualitative research interviews: structured; semi-structured; and unstructured. Structured interviews often mirror survey methodologies, utilizing standardised questions to facilitate participant comparability (Brinkmann, Jacobsen and Kristiansen, 2014, p. 286). However, structured interviewers adhere strictly to the scripted questions, limiting the opportunity for spontaneity. Parker (2005, p. 53) argues that proper structure is elusive, as participants often share insights beyond the predetermined framework.

In contrast, unstructured interviews feature a minimal pre-set structure, focusing instead on facilitating narrative accounts of participants' life stories (Atkinson, 2002, p. 125). While they prioritise spontaneity, unstructured interviews still carry implicit expectations about the conversation's trajectory.

As Brinkmann, Jacobsen and Kristiansen (2014, p. 286) note, semi-structured interviews are the most widely used format in the social sciences, allowing for a balanced dialogue where interviewers can guide the conversation while remaining adaptable to the interviewee's insights. Lapan, Quartaroli and Riemer (2012, p. 94) further illustrate the value of semi-structured interviews in identifying similarities and differences across respondents' perspectives.

Given the above insights, this choice of qualitative research aligns with this research philosophy, research question, and objectives—precisely, this research conducted qualitative interviews. As mentioned previously, the research employed semi-structured, in-depth interviews to gain insights into the experiences of individuals who have found healing at Fazenda da Esperança. Given the sensitive nature of issues surrounding drug and alcohol abuse, this approach emphasises confidentiality and builds an atmosphere of trust between interviewer and interviewee. The goal is not to reach a universal consensus but rather to articulate diverse viewpoints regarding the contribution of Fazenda da Esperança to healing ministry.

4.4. Sampling Method

Effective sampling methods are essential in qualitative research to gather relevant data. Lewis and Ritchie (2003, p. 104) emphasise that any study involving a population necessitates careful decisions regarding the people, settings, and actions included in the research. Therefore, the research carefully considered the sample population for this study.

First, data was collected from men and women aged 25 to 59, intentionally excluding minors to comply with ethical clearance requirements from the University of KwaZulu-Natal. Devers and Frankel (2000, p. 264) assert that qualitative researchers must concretize the design by establishing a sampling frame that corresponds with the research questions, thus identifying particular participants. Creswell (2009, p. 273) states that qualitative interviews may be executed in person, through telephone communication, or within focus groups consisting of six to eight participants each. Notably, Brinkmann, Jacobsen and Kristiansen (2014, p. 289) mention that researchers have also experimented with smaller groups, such as two-person interviews, which simplify the handling of the research process.

Lapan, Quartaroli and Riemer (2012) recommend that qualitative researchers include a sample size of at least twelve to fifteen individuals but not exceeding ninety. Given the global presence of Fazenda da Esperança and the numerous units in Mozambique, it was impractical to include

all of them in the research. As such, this study focused specifically on two Fazenda communities in Dombe—one for women and one for men—where the researcher conducted interviews with individuals who have recovered from alcohol and drug abuse and are now dedicated to guiding others in their journeys of recovery. These two selected Fazenda communities are multicultural and are served by individuals of various nationalities. This diversity enhances the richness of the data, as each participant brings a unique perspective shaped by their cultural context and recovery experiences from different Fazenda units around the world.

The sample comprised seventeen (17) individuals who had recovered from drug addiction and undergone healing and transformation (Sremac & Ganzevoort, 2013, p. 407).

Table 2 summarises the criteria used for selecting participants and the justifications for these choices.

Table 2: Sampling Selection Criteria[11]

Criteria	Justification
Geographic location	Fazenda Dombe was chosen for its proximity, the presence of many young girls and women in rehabilitation, and its historical significance as the first Fazenda in Mozambique, established in 2006 upon the bishop's request for assistance in helping those in need.
Economic background	Participants were selected from diverse economic backgrounds to explore how these factors influence their involvement in substance abuse and recovery at Fazenda.
Commitment	To examine Fazenda da Esperança's contribution to recovery and healing, the research focused on individuals who had been committed to Fazenda for over five years and had undergone successful recovery.
Gender	Mixed-gender groups were included to balance the experiences shared. The research did not concentrate solely on one gender, as it aimed to explore the

[11] Table 2 outlines the sampling selection criteria used for research at Fazenda Dombe, providing a clear justification for each criterion.

	influence of Fazenda on healing from substance addiction for all participants.
Age	Participants were aged 25 to 59, ensuring compliance with UKZN's ethical protocols regarding minors and allowing those interviewed to have sufficient experience with Fazenda.

In addition, Lapan, Quartaroli and Riemer (2012, p. 253) note that case study researchers often adopt purposeful sampling rather than random sampling, as the former helps ensure that data sources are rich and informative. Purposeful sampling enables researchers to focus on obtaining 'information-rich' sources (Patton, 1987) rather than merely representative samples. Purposive sampling is particularly valuable when studying specific groups, such as delinquent youths, who may not be adequately captured through conventional random sampling methods (Glassner et al., 1983). According to Berg (2001, p. 32), purposive sampling allows researchers to leverage their expertise to select subjects that accurately represent their population. Tracy (2013, p. 134) emphasises the importance of purposeful sampling in qualitative research, asserting that it aligns closely with a project's research questions and objectives. For these reasons, this research was conducted using semi-structured interviews with individuals who have completed their rehabilitation at Fazenda da Esperança. Participants were selected based on their knowledge of Fazenda, their experiences with alcohol and drug abuse, and their commitment to guiding others in their recovery journeys.

To facilitate access to participants, the coordinators of each Fazenda unit served as crucial informants due to their extensive knowledge of the communities and their responsibilities. As Taylor, Bogdan and DeVault (2016) noted, key informants are respected, knowledgeable individuals with whom researchers can build close relationships. They serve as primary sources of information (DeVault, 2016, p. 65). In selecting critical informants for this study, the researcher aimed to understand Fazenda's recovery methods and their impact on participants' lives. The support from these informants was instrumental, further facilitated by a letter from the gatekeepers, the president of Fazenda in Brazil.

4.5. Data Collection Method

Researchers have traditionally identified two critical approaches to data collection: quantitative and qualitative. Recently, a third approach, the mixed method, has gained attention. As

highlighted earlier, the research utilised the qualitative data collection method. Qualitative research is defined by Lapan, Quartaroli and Riemer (2012, p. 69) as an approach that allows researchers to investigate social and organisational characteristics and individual behaviours and their meanings. Taylor, Bogdan, and DeVault (2016) elucidate that qualitative methodology generally pertains to research that produces descriptive data, including individuals' written or spoken expressions and observable behaviours. Qualitative researchers are primarily focused on understanding the meanings people attribute to their life experiences (2016, p. 7).

According to Creswell (2009), interviews can be conducted in various formats, including face-to-face one-on-one sessions, telephone interviews, focus groups, and email interviews. The advantages of using interviews include their utility when participants cannot be observed directly, their ability to provide historical context, the researcher's control over questioning, and the potential for building rapport (Creswell, 2009, p. 271).

Face-to-face, one-on-one, in-depth interviews were conducted with all respondents. Data was collected through interactions with three categories of informants: the founders of Fazenda (acting as gatekeepers); key informants (those responsible for managing Fazenda, demonstrating leadership within small groups); and informants (individuals who have experienced alcohol and drug abuse and are currently part of a supportive group at Fazenda in Dombe). These discussions unveiled insights about the origins of drug abuse, its destructive effects on lives, and the transformative role Fazenda plays in fostering recovery.

Table 3. Categories of respondents interviewed for primary data collection[12]

Respondent	**Respondent Category**	**Research Tool and Approach**	**Justification for Inclusion**
Founders	Gatekeeper	Interviews	Their extensive knowledge of Fazenda's origins, methodologies, and historical influence plays a crucial role.

[12] Table 3 outlines the categories of respondents interviewed for primary data collection, detailing their roles, the research methods utilised, and justifications for their inclusion in the study.

Those in charge of Fazenda in Dombe	Key Informant	Interviews	Their training, responsibilities in managing Fazenda, and unique insights add significant value.
Godparents	Informant	Interviews	These individuals have personally struggled with alcohol and drug abuse, completed the recovery process at Fazenda, and now assist others in their recovery.

To assess the contribution of Fazenda da Esperança in the healing process for those who struggled with alcohol and drug addiction, a closed-ended questionnaire was prepared. Overall, both in-depth interviews and closed-ended questionnaires were employed for data collection. Data collection occurred from March 11, 2025, to April 15, 2025, comprising recorded interviews with informants lasting a minimum of 45 minutes (initial interview questions are detailed in Appendix A). Additionally, informants consented to maintain a recorded diary chronicling their experiences, thoughts, and feelings (the consent agreement is translated to Portuguese and included in Appendix B).

Two follow-up interviews were scheduled for the end of April 2025 (see Appendix C for the proposed timeline and activity schedule). During the data collection phase, transcripts were used (following Taylor, Bogdan & DeVault, 2016) based on either tape recordings or interview notes. In the transcription and analysis phase, the record was compared to the time allocation for each segment. A field diary was maintained to document the reflections, emotions, experiences, and perceptions throughout the research process.

4.6. Data Analysis and Interpretation

Qualitative Data Analysis (QDA) is a structured and systematic method designed to extract themes from text and images, from non-numeric data rich in description and intricate narratives. Lapan, Quartaroli, and Riemer (2012, p. 98) assert that analytic decisions are typically determined by the research questions, research methodology, and the nature of the data gathered. Key methodologies in qualitative data analysis encompass Content Analysis, Discourse Analysis, Thematic Analysis, Grounded Theory, Narrative Analysis, and several innovative techniques, as noted by Creswell (2003). Thematic analysis was primarily employed

in this study to identify and examine the themes emerging from the collected data. This approach provided profound insights into the complexities of alcohol and drug addiction, presenting Fazenda da Esperança's contribution as hope for individuals struggling with alcohol and drug abuse.

This study used Creswell's (2009, pp. 277–284) comprehensive six-step process for qualitative data analysis: (1) Organise and prepare data: This initial step involves transcribing interviews and sorting data according to information sources. (2) Read through all data: In this step, I conducted a thorough reading to gain a preliminary understanding, noting the tone and depth of responses. Marginal notes may capture first impressions. (3) Begin detailed analysis (coding): I segmented text into identifiable categories in this phase, creating labels for each category. This coding could have been carried out manually, as this study was done using NVivo software. (4) Generate descriptions and themes: This involved detailing settings and individuals within the data, culminating in forming concrete themes for further analysis. (5) Represent data narratively: Findings were conveyed through structured narratives, supplemented by visuals or tables when necessary. (6) Interpret the data's meaning: This final step focused on deriving insights and understanding broader implications, questioning what lessons can be gleaned from the analysis (Lincoln & Guba, 1985).

4.6.1. Coding and Thematic Analysis

As seen above, coding is a crucial qualitative research component, facilitating data organisation into meaningful categories. There are two main approaches to thematic coding analysis: inductive and deductive. As Denzin and Lincoln (2018, p. 1075) explain, variables can be inductive, evolving from open coding, or deductive, arising from prior knowledge, also referred to as *a priori* codes. This research utilised inductive coding, facilitating the organic emergence of themes from the data, free from the limitations of pre-established codes (Denzin & Lincoln, 2018, p. 1257). In fact, for qualitative research, it is recommended that themes be generated inductively from data obtained during research rather than imposing preconceived concepts on the data (Denzin & Lincoln, 2018, p. 809).

As Creswell (2009, p. 277) emphasises, while data collection may conclude, analysis continues. Researchers carry forward the analysis that occurred in the field into subsequent phases of the research.

After coding and identifying themes, the interpretation of data becomes essential for drawing meaningful insights. Creswell (2003, p. 194) warns that interpretations are often shaped by the researcher's context, including their history, culture, and prior experiences. In this study, interpretations were framed within a mission to heal, which culminated in the creation of a ‘conceptual contribution’ (Tracy, 2013, p. 282), which, according to Tracy (2013, p. 241), is a construct theory beyond the existing literature that offers a new and unique understanding of the subject.

By employing thematic analysis, rigorous coding, and critical interpretation of the data, this study extracted nuanced insights into the complexities of alcohol and drug abuse, informing both future research and practical applications.

4.6.2. Validity, Reliability and Rigor

According to Patton (2015, p. 38), qualitative researchers too often adopt concepts of validity and reliability from positivist paradigms without critically examining the ideology behind these concepts. Creswell (2009, p. 284) distinguishes between qualitative validity and qualitative reliability. Qualitative validity entails the researcher confirming the precision of their findings through designated procedures, whereas qualitative reliability pertains to the uniformity of the researcher's methodology across various researchers and projects. Merriam (1995, p. 55) suggests that reliability corresponds to the likelihood of replicating findings: if the findings were repeated, would the same conclusions emerge? In other words, reliability often faces scrutiny in qualitative research. While it is typically associated with quantitative studies, Leung (2015, p. 325) argues that defining reliability through exact replicability is epistemologically counterintuitive in qualitative contexts. In qualitative research, reliability should be understood as consistency.

Creswell (2009, pp. 277–284) outlines procedural recommendations to enhance consistency or reliability in qualitative research, including the six-step qualitative data analysis process discussed earlier. To these, one could add checking transcripts to eliminate transcription errors, maintaining clear definitions and meanings throughout the coding process, and communicating effectively with the respondent. By integrating these and several other procedures, Creswell (2009, p. 284) is convinced that one will provide evidence for consistent outcomes and rigour in the study.

In addition, Creswell (2009) delineates eight strategies for augmenting validity: (1) triangulation, which involves comparing and validating data from various sources; (2) member checking, which engages participants to confirm the accuracy of findings; (3) rich, thick description, which offers detailed accounts that elucidate the findings; (4) clarifying the he researcher bias, which entails recognising the biases the researcher introduces to the study; (5) prolonged engagement, which involves dedicating substantial time in the field to attain a comprehensive understanding of the research question; (6) peer debriefing, which employs external perspectives to enhance the precision of interpretations; and (7) the utilisation of an external auditor to assess the entire research (Creswell, 2009, pp. 284–285).

This study employed triangulation, member checking, and peer review to reinforce the validity of our research. Insights that emerged from interviews were corroborated through insights from documents. This multi-source validation process is crucial as it increases the trustworthiness of the evidence—the more sources agree, the more credible the findings (Lapan, Quartaroli and Riemer, 2012, p. 262). Member checking involved revisiting preliminary findings with critical informants to affirm their validity and recognise their contributions (Lapan, Quartaroli and Riemer, 2012, p. 265). According to Tracy (2013, p. 238), participant feedback serves as a validity measure and opens avenues for deeper insights and credibility.

Moreover, colleagues from the researcher's research cohort reviewed the project before its final submission. An external auditor familiar with qualitative research requirements and the context of Fazenda da Esperança also evaluated the research process and findings. Overall, these reviews and interpretations substantiate the validity and trustworthiness of this case study.

4.7. Methodological Limitations and Positionality

4.7.1. Limitation

Creswell (2009) highlights that qualitative research based on interviews inherently carries certain limitations. These limitations include providing indirect information filtered through interviewees' perspectives, data collection occurring in a designated location rather than a natural field setting, potential biases introduced by the researcher's presence, and varying levels of articulation and perception among participants (Creswell, 2009, p. 271).

This study also faces several limitations.

4.7.1.1. Scope of Measurement:

The first limitation arises from the use of a two-item measurement focusing specifically on alcohol and drug abuse within the context of Fazenda da Esperança. While this focus is critical, it is essential to note that individuals at Fazenda da Esperança struggle with a broader spectrum of substance use issues. Additionally, data collection was limited to seventeen (17) individuals who have experienced alcohol and drug abuse and have undergone healing. This sample size may not adequately represent the entirety of the experiences at Fazenda da Esperança. However, the objective of this study is not to generate generalised findings but to offer a comprehensive understanding of the experiences associated with addiction and recovery within the Fazenda of Dombe. To enhance the trustworthiness of the research, considerations of validity and reliability were addressed, as discussed above.

4.7.1.2. Research Setting:

The second limitation relates to the research setting. The interviews were conducted at Fazenda da Esperança in Dombe, where individuals serve as guides for those undergoing rehabilitation. While this environment provides valuable insights into the realities of addiction, it may also influence participants' responses due to their roles and the expectations inherent in this context. Additionally, participants who have recovered from various Fazendas worldwide are now contributing to rehabilitation efforts in Dombe; thus, their perspectives may not accurately reflect the current realities faced at this specific location but rather be shaped by their experiences at other Fazendas.

4.7.1.3. Researcher Bias:

Another limitation is the potential bias of the researcher. To mitigate this concern, the research prioritised validity and reliability, as previously outlined. Spending more time in the field further helped gain a deeper understanding and minimise potential biases in interpretation.

4.7.1.4. Cultural Challenges:

Cultural dynamics presented additional challenges during the research process. Many individuals at Fazenda da Esperança are Brazilian missionaries working in Mozambique. Navigating their cultural and societal context—particularly their attitudes toward alcohol and drug abuse—proved complex. A significant impediment was the language barrier, as most participants primarily spoke Portuguese and were not fluent in English. This discrepancy posed challenges in accurately translating interviews from Portuguese into English, with the risk of

losing nuanced meanings. Fortunately, my five-year stay in Mozambique has equipped me with the language skills to navigate these challenges effectively.

This study seeks to transparently outline the research process and its context by recognising these limitations, thereby enhancing comprehension of the findings and their implications.

4.7.2. Positionality

In developing research methodology, Lapan, Quartaroli and Riemer (2012, p. 71) emphasise the importance of researchers considering their assumptions, biases, and positionality—meaning their personal identity, status, and influence on the study participants. These authors argue that these factors can significantly impact the participants and the data collection process. The authors stress that researchers must transparently examine and disclose their positions. Specifically, they note, 'If the researcher has a close relationship or a history with the case being studied, this information should be transparent. Researcher biases or predispositions can be explicitly recognised in a bracketed interview before the study' (2012, p. 255). Furthermore, the authors caution that the researcher and the study's audience must scrutinise any results that align closely with the researcher's preconceived expectations (2012, p. 255).

Tracy (2013, p. 133) echoes this sentiment, outlining that interviews, as artistic creations, necessitate critical reflection from researchers about their roles, identities, and subjectivities. Self-reflexive interviewers evaluate how their positionalities might impact both the interview process and the outcomes.

My role as a priest with five years of experience near Fazenda da Esperança affords me some familiarity with the context. However, I do not identify myself as an insider. I recognise that this background could have shaped my findings. To mitigate bias, I intended to clarify the assumptions that underpin my study. At the same time, I believed that Fazenda operates with a focus on the 'three p's' (I am referring to Fazenda's methodology of rehabilitation), I remained uncertain of the significance of these elements in the lives of individuals who have recovered through Fazenda's programmes.

To further enhance objectivity, I collaborated with a colleague who had no personal investment in Fazenda to conduct the interviews. This dual approach—combining my insights with the objective perspective of an external interviewer—aimed to reduce the influence of my biases on the results.

While my familiarity with Fazenda da Esperança informs my understanding, I committed to being critical and objective in my data interpretation. I tried to set aside personal biases and preconceived notions, ensuring that the research remained grounded in the experiences and voices of the participants.

4.8. Conclusion

This chapter has outlined the methodological framework that supports the study's qualitative research on the Mission of Fazenda da Esperança and its role in facilitating recovery from substance abuse. By adopting a comprehensive methodology that integrates phenomenological and case study approaches, the study aimed to ensure a deeper understanding of the lived experiences of individuals within this rehabilitative context. Collecting rich qualitative data through semi-structured interviews highlights the value of diverse perspectives, allowing participants to articulate their journeys in a space that encourages trust and confidentiality. Addressing critical concerns around validity, reliability, and researcher biases has also been paramount to this research process, ensuring that the findings resonate authentically and can contribute meaningfully to the broader conversation in academic and practical contexts. Ultimately, this study aims to enrich the existing literature on recovery from substance abuse through a theoretical framework of healing ministry, thus making a meaningful contribution to the broader field of Missiology and the understanding of the Church's role in promoting wholeness in the lives of those it serves.

Chapter Five

Findings of the Study on the Contribution of Fazenda da Esperança Healing Ministry in Dombe

5.1. Introduction

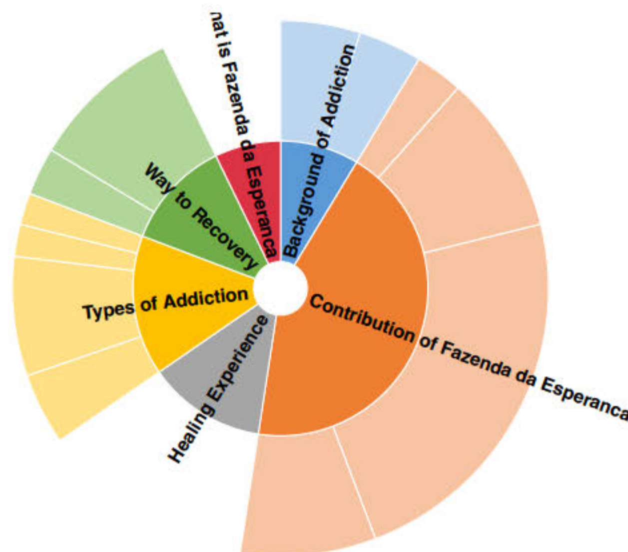
This chapter delineates the findings from interviews conducted in Dombe with the two communities of Fazenda da Esperança, which focus on rehabilitating individuals afflicted by alcohol and drug addiction. It focuses on the qualitative research method and aims to share the meanings that participants associate with their experiences at Fazenda, particularly regarding how its mission facilitates healing. The interviews involved seventeen (17) participants.

To protect the respondents' identities, this work employs the code FZ (followed by a number) in the transcripts to indicate the interviews of Fazenda participants. The interviews were conducted based on a free and informed consent form, clarifying the interviewees' right to answer or decline any questions. The guiding questions aimed to explore the dynamics of personal and family histories, as well as the contribution of Fazenda's involvement in the recovery process of individuals struggling with substance abuse.

The thematic analysis is organised around key themes identified using NVivo and Excel, ranging from demographic studies to an overview of substance abuse at Fazenda, the background of substance abuse and family environments, the path to recovery, the contribution of Fazenda da Esperança, and the understanding of healing from the respondent's perspective and that of Fazenda da Esperança. Following the above thematic presentations, this chapter is divided into seven points, which will be explained using diagrams, tree maps, and Sunburst.

Fig. 1. Themes encountered during the interviews

This graphic illustrates the themes addressed in this research, highlighting the significant contribution of Fazenda da Esperança to healing ministries, various types of addictions, and healing experiences.



5.2. Demographic Studies

The demographic information of participants in this study presents the following components: The study involved 17 individuals from various backgrounds, predominantly Brazilian men. The participants' ages range from 27 to 59, which indicates a diverse representation of middle-aged individuals. The average age of the participants is approximately 42 years, which implies that the study includes primarily adults who have varying experiences related to substance abuse. The gender breakdown shows twelve men and five women. As one might notice, there is a gender disparity, with a majority being male participants. The reason is that Fazenda Masculine has more residents than the Fazenda Feminine. The nationalities represented are primarily Brazilian (10), with others from Mozambique (2), Argentina (2), Kenya (1), Cape Verde (1), and Guatemala (1). The diversity in nationality suggests that Fazenda has diverse contextual differences worldwide, which may also impact the recovery process. It also shows that Fazenda has many individuals from Brazil, where it originated. However, it has a universal vocation, as it welcomes other nationalities.

Regarding the education levels of participants, five (5) individuals completed their tertiary education. However, most participants, twelve (12), have completed only their secondary school education.

Regarding marital status, eight are married, three are divorced, and six are single. Most participants are married, which may influence support systems and accountability in their dependency and recovery journey. The years of sobriety among participants range widely from 3 to 41 years, with a significant portion (6 participants) having over 10 years of sobriety. This is essential in their understanding of recovery stages. The following demographic table summarises all the presentations.

Table 5: Demographic Summary of All Participants

Participants	Age	Gender	Nationality	Education:	Social Status	Years of Sobriety
FZ1	59	Masculine	Brazilian	Tertiary Education	Married	20
FZ2	45	Masculine	Brazilian	Tertiary Education	Divorced	5
FZ3	56	Masculine	Brazilian	High School	Married	4
FZ4	44	Masculine	Brazilian	High School	Married	5
FZ5	43	Masculine	Brazilian	High School	Married	14
FZ6	32	Feminine	Brazilian	High School	Married	7
FZ7	30	Feminine	Mozambican	High School	Single	3
FZ8	28	Feminine	Argentinean	High School	Single	6
FZ9	29	Masculine	Cape Verdean	Tertiary Education	Single	5
FZ10	45	Masculine	Brazilian	Tertiary Education	Divorced	5
FZ11	43	Masculine	Brazilian	High School	Married	15
FZ12	39	Masculine	Kenyan	High School	Divorced	9

FZ13	41	Masculine	Argentinean	High School	Single	41
FZ14	27	Feminine	Guatemalan	High School	Single	27
FZ15	56	Masculine	Brazilian	High School	Single	4
FZ16	35	Masculine	Mozambican	High School	Single	8
FZ17	38	Feminine	Angolan	High School	Married	13

5.3. Overview of Addiction Types:

During the interviews, it was revealed that the individuals had struggled with various forms of addiction. The most referenced substance in which the respondents were involved is drugs, in all its forms, including marijuana, cocaine, and crack (FZ1, 2, 3, 4, 5, 11, 12, 15). Many individuals began their substance use with marijuana, and it presents itself as a gateway to drugs in the lives of many. FZ5 testified that '*the first drug I consumed was marijuana, and then cocaine'* (FZ5). Another respondent shared about his journey, saying, '*I started smoking marijuana when I was 18… then I tried cocaine'* (FZ11). The reference to cocaine is particularly described with emphasis on its destructive nature and presents itself as a significant point of concern in the lives of many respondents. Some references highlight the progression from cocaine to crack (FZ4), indicating a potential intensification of the addiction journey.

The second substance is alcohol. Alcohol dependency seems to be shared by seven individuals (FZ1, 2, 3, 9, 10, 12, 17), with multiple references indicating issues surrounding heavy drinking. Five of the respondents presented the two addictions of alcohol and drugs. Another respondent referred to the use of alcohol, cocaine, benzodiazepines, and tobacco (FZ15). Although these substances are mentioned less frequently, they are acknowledged as components of the overall addiction narrative.

Other respondents recognised associated behaviours and patterns, such as the progression of use. There is a notable pattern where individuals start with less harmful substances (alcohol or marijuana) and gradually move towards more dangerous ones (cocaine and crack). Several references suggest a combination of substances, such as alcohol with marijuana or cocaine, pointing to a complex relationship between multiple forms of substance use and other underlying psychological concerns.

Thirdly, a few interviewees mentioned that their addiction manifested through behaviours such as bulimia, anorexia, depression, gambling, excessive shopping, and self-harm (FZ7, 8, 16). These touch upon emotional and psychological challenges, such as 'inner drugs' (FZ7), which are related to gambling (FZ15), the problem of buying things to fill the void (FZ16), and wounds of betrayals in relationships (FZ7). There is also a reference to betrayal in personal relationships that signals that past trauma could be a significant driver of addiction (FZ7), where individuals may seek to cope with emotional pain through substances or other potentially harmful behaviours. Interestingly, two participants expressed gratitude for having never faced any form of addiction themselves. They joined Fazenda as a way to assist those dealing with alcohol and drug addiction. To elaborate, FZ13 shared their experience:

> *I became acquainted with Fazenda da Esperança in 2008 when I was looking for a place for my childhood friend's recovery. When I visited for the first time, a desire to volunteer was born within me for when I finished my university studies. So, in 2012, I went for a 15-day volunteering experience. I left, tried to continue with my "normal life", but gradually returned to Fazenda and have been there ever since, having found my vocation in the Family of Hope.*

The data presented indicates that addiction may not be purely physiological but also deeply intertwined with mental health struggles. The quote about 'buying things to fill the void' (FZ16) suggests compulsive behaviours linked to emotional distress, akin to substance abuse. The diagrams in NVivo highlight the types of addictions at Fazenda da Esperança.

Fig 2. Types of Addictions at Fazenda

This graphic presents a map of the types of addictions encountered at Fazenda da Esperança, indicating that the majority of individuals struggle with a combination of alcohol and drug addiction. Additionally, many participants faced issues related to drug dependence and other addictive behaviors. The next section of the research presents the reasons behind the initial use of substances abuse.

5.4. Background of Substance Abuse: An Insight from Family Environments

Understanding the roots and backgrounds of alcohol and drug addiction can provide valuable insights into the contribution of Fazenda da Esperança in line with prevention and recovery. The analysis synthesises findings from individuals raised in distinct family environments—characterised as 'bad' and 'good'—to explore how these upbringings influence the development of addiction. Several interviewees mentioned difficult childhood experiences. These experiences ranged from parental divorce and witnessing home violence to the lack of a father figure and psychological or physical abuse. These unstable family dynamics undoubtedly impacted their upbringing and shaped their experiences. These challenging childhood circumstances may have significantly contributed to their vulnerabilities and eventual issues with addiction.

On the other hand, some interviewees described having a good childhood surrounded by supportive social circles, such as friends, clubs, and school. They were fortunate to have a nurturing environment that helped them navigate life's challenges.

5.4.1. Family Dynamics and Emotional Support

In bad family backgrounds, many individuals from troubled family environments reported a lack of parental presence and emotional support. For instance, references indicated significant issues related to parental divorce and absence, leading to feelings of loss and lack of boundaries. One respondent said, '*With the absence of my father, I lost my boundaries*' (FZ1), and another illustrates more by saying, '*I had a challenging childhood because my parents separated*' (FZ16). In addition, another says, '*My childhood was filled with many needs and*

various difficulties. I was raised without a father, with an alcoholic and violent stepfather' (FZ 5). Other shared traumatic experiences, such as exposure to violence, alcoholism, and emotional neglect. This creates an environment where children feel isolated and respond to their pain through substance use (FZ5 & FZ8).

In contrast, in good family backgrounds, those from supportive family situations described their childhood as peaceful and nurturing. They often experienced strong familial bonds and consistent emotional support, which helped them navigate everyday difficulties without resorting to harmful coping mechanisms (FZ10 & FZ13). Besides parental involvement, engagement in community activities and healthy role models contributed to a sense of stability and security, significantly reducing the likelihood of addiction (FZ11 & FZ15). FZ10 illustrated the positive aspect of his family background: *'My childhood was very peaceful and calm. I played a lot, and my parents were very present. As far as difficulties, I do not remember any that stood out. I did have some challenging phases, but they were just normal childhood things*.'

5.4.2. Influence of Childhood Trauma versus Stability

Many narratives revealed that traumatic childhood events—like witnessing violence (FZ2) and experiencing food insecurity (FZ3)—were critical factors that led to drug involvement as a form of escape from emotional pain and instability (FZ5). A significant theme across several participants relates to childhood neglect, trauma, and complex family dynamics (FZ2, FZ5, FZ8). Many participants reported a lack of emotional support or presence from parents, particularly fathers, which often correlated with later struggles with addiction (FZ5). The absence of a strong parental figure or the presence of a harmful stepparent created risks and often resulted in addiction. This emphasises the importance of a healthy family foundation (FZ3 & FZ7) in the person's upbringing.

On the contrary, individuals in good family backgrounds, childhoods marked by stability in these environments, often attributed their ability to cope with adversity directly to the support received from loving and engaged parents (FZ10 & FZ17). Some participants (FZ1, 10, 16) reported healthy childhoods with supportive family structures. This background enabled them to handle everyday life challenges without leaning towards substance abuse, as they felt secure and supported throughout their developmental stages (FZ13).

5.4.3. Peer Influence and External Factors

For some, external relationships provided a foundation for healthy development (FZ1), while others introduced vulnerabilities (FZ2 & FZ3). In bad family backgrounds, the lack of family support often leads individuals to seek validation and companionship from peers, sometimes resulting in negative influences that contribute to the onset of drug use (FZ3). Many expressed that peer pressure, compounded with existing emotional pain, guided them toward addiction (FZ5). The role of friends and social circles emerged as essential for many respondents in their descent into addiction (FZ2 & FZ5).

While those from good family backgrounds still faced peer pressure, their ability to engage in healthy relationships and maintain boundaries mitigated the risk of succumbing to substance abuse. The foundation of trust in their family unit often equipped them to choose friends and positive influences rather than detrimental ones (FZ10 & FZ15).

5.4.4. Other themes

There is also a theme of loss and grief. Some respondents cited profound personal losses, such as the death of loved ones, as pivotal moments that led them towards substance abuse. For example, one participant reflected on how the death of their mother drove them to alcohol (FZ10), indicating that intense emotional pain can lead to seeking out unhealthy coping mechanisms. Numerous interviewees shared that their addiction originated from using substances as a way to cope with emotional pain, feelings of emptiness, or traumatic events from their early years. They sought solace, validation, or escape through substance abuse, ultimately leading to addiction.

Another theme was the lack of a spiritual connection, particularly with a higher power or God (FZ10). Many individuals expressed that maintaining a stronger relationship with their faith could have equipped them to cope better with their struggles. This highlights the importance of spirituality in recovery processes. This reaction points to a common theme where individuals feel compelled to hide their pain behind substances rather than addressing their grief openly. Some interviewees noted that their addiction was driven by a sense of emptiness and a lack of purpose, meaning, and fulfilment, which they experienced during their formative years (FZ10, 15).

This theme illustrates how there is a clear and substantial connection between childhood experiences and addiction, as highlighted by the interviews conducted. Destructive family

dynamics, marked by trauma, neglect, and instability, significantly correlate with a higher risk of substance abuse due to unmet and unsatisfied emotional needs. On the contrary, good family backgrounds characterised by stability, support, and healthy relationships provide protective factors that promote resilience and reduce the chances of falling into substance abuse. By acknowledging and comprehending these connections, efforts can be directed toward providing healing and support and creating pathways to recovery.

5.5. Way to Recovery: Circumstances Leading to the Decision to Stop Using

When exploring the motivation behind the decision to overcome addiction, several factors emerged from the interviews:

- Desire for a better life and to escape suffering, loss, and despair: interviewees articulated a profound aspiration to liberate themselves from the cycle of addiction and forge a better life. They sought relief from the pain, loss, and despair that addiction had brought into their lives.
- External influences: Family, children, friends, and spiritual experiences: A supportive network of family, children, friends, or spiritual experiences played a significant role in motivating interviewees to overcome addiction. The love and support from these external influences acted as a driving force for change.
- Realisation that other treatments were not working: Some interviewees decided to overcome addiction after attempting other forms of treatment that proved ineffective (in other rehabilitation centres). The recognition that alternative methods were not producing the desired results catalysed the search for a different path to recovery.
- The need to change for oneself or to avoid negatively impacting loved ones: Many interviewees acknowledged the importance of personal growth and self-improvement as a motivation for overcoming addiction. They realised that changing themselves could prevent further harm to their loved ones and preserve important relationships.
- Feeling the warmth of family or finding hope in a supportive environment: The warmth, love, and support from family members and a nurturing environment were cited as influential factors in the decision to overcome addiction. Interviewees found hope and encouragement in these supportive settings, motivating them to make positive changes.

These and various motivations demonstrate the complexity of the decision to overcome addiction and highlight the interplay between personal desires, external influences, and the recognition of the need for change. The thematic analysis examines the circumstances that lead

to recovery from substance abuse and can be summarised in two themes that highlight the importance of family support and the notion of hitting rock bottom.

5.5.1. Importance of Family Support

Familial support emerged as a significant theme in the recuperation process. Several experienced people illuminate how relationships with family members motivated and encouraged seeking help. In the first instance, the family is a motivator for change. There are references to individuals finding motivation through their children. For example, one participant noted, '*When I realised that I was sick, I felt the need to change. I am young and was living in darkness, and my children should not have to go through what I was going through'* (FZ8). This sense of responsibility prompted individuals to confront their addiction and seek assistance, demonstrating how the well-being of the family can be a driving force for recovery (FZ12).

Family relationships play a crucial role in motivating individuals to seek recovery. The belief that someone can change, supported by family, often becomes a cornerstone of recovery. References to family members and their emotional well-being served as catalysts (FZ1, 17, 9), illustrating how the concern for loved ones influenced their decision to change. FZ1 said his daughter of 11 years old at the time, felt sorry for him. FZ17 also confirmed that she has four children—three sons and a 14-year-old daughter—who became her motivation. The experience from FZ17 made it clear that '*I chose to stop, not for myself, but because I lost my grandmother and did not want my mother to witness me in that condition. I understood that it was not my family who needed to change their lives but me*' (FZ17).

In addition, the familial belief in the individual's potential to overcome addiction encouraged and became a significant step toward change. The reference to a biological brother who believed in one participant emphasises how encouragement from loved ones can instil hope and motivation. '*My brother who believed in me, encouraged me, and introduced me to Fazenda da Esperança*' (FZ9) suggests that familial support is pivotal in connecting individuals with recovery resources. Thirdly, the mention of family members connecting individuals to recovery programmes demonstrates the proactive steps families can take to facilitate healing. Another participant recounted their sister introducing them to a recovery programme, showing that family members actively participating in the recovery journey can significantly benefit those struggling with addiction (FZ10).

More than half of the participants in the overall sample indicated that their initial contact with the Fazenda da Esperança occurred via family members, friends, relatives, or acquaintances.

5.5.2. Hitting Rock Bottom

Sremac and Ganzevoort (2013, p. 414) contend that the decision to discontinue substance use is generally preceded by a profound existential crisis, termed by theorists as a 'epistemological shift' (Shaffer & Jones, 1989), a 'turning point experience' (McIntosh & McKeganey, 2001), or the attainment of 'rock bottom' (Maddux & Desmond, 1980). Biernacki (1986, p. 57) characterises the rock bottom experience as 'the juncture at which individuals encounter the lowest point of their existence and, with considerable emotion, resolve to enact change,' and as a 'symbolic demise of the self.' In the context of the present findings, many references suggest a widespread awareness of how addiction leads to feelings of shame, fear and even death. For example, one participant mentioned feeling like a burden to their child, which reflects the stigma and personal shame often associated with addiction. '*My daughter…said she felt sorry for me*' (FZ1), also mentioned in the point above, illustrates how addiction can strain familial bonds and create a sense of disconnect. Other participants discussed significant emotional lows as catalysts for their decision to stop using substances. These include feelings of despair, loneliness, and the realisation of the pain their addiction was causing to loved ones. FZ10 said '*I experienced a significant loss, the death of my mother. I did not know how to cope with the loss, so I turned to alcohol as a refuge*'. FZ12 emphasised that '*I was very depressed, everyone was distancing themselves from me, including my family, and I was heavily in debt*'. FZ15 experienced a loss of purpose, low self-esteem, and lying, whereas FZ16 experienced sadness, loneliness, and emptiness.

In addition, there was a sense of isolation from family. The realization of being distant from family during the addiction period is highlighted in one account. One participant mentioned being '*heavily in debt*' and their family distancing themselves, resulting in feeling ashamed (FZ12). This illustrates how substance abuse situations often push individuals away from the very support they need. The cycle of hiding one's struggles intensifies loneliness and makes recovery more challenging. The majority of participants characterised their conversion as an existential crisis, compelling them to seek solace in God.

The section below presents Fazenda da Esperança's proposed ways to recover based on the respondents' experiences.

5.6. The Contribution of Fazenda da Esperança to Healing from Substance Abuse

The analysis of Fazenda da Esperança's contributions reveals three essential themes: spirituality, family life, and work, often referred to by respondents as the 'tripod' (FZ1, FZ4, FZ8, FZ13).

5.6.1. Spirituality as a Foundation for Recovery

Al-Omari, Hamed and Abu Tariah's (2015, p. 1269) study argues that religion and spirituality not only serve as a protective factor against alcohol and substance abuse but also significantly contribute to the recovery process. The authors note that heightened engagement in spiritual and religious activities, such as prayer, meditation, and reading, throughout recovery is associated with enhanced outcomes in addressing drinking problems (Al-Omari, Hamed & Abu Tariah, 2015, p. 1269). In these findings, spirituality played a vital role in the recovery of many respondents. Numerous individuals reported that deepening their relationship with God gave them the strength to overcome substance abuse (FZ1, FZ6, FZ11). The spiritual dimension concerns prayer and mystical experiences (FZ1, FZ10). These moments of connection with faith are seen as transformative affirmations pushing participants toward recovery. Participants describe their spiritual experiences as transformative, allowing them to reconnect with their faith, find hope, and discover meaning in life (FZ1, FZ3, FZ8). Phrases like 'without God, we live without direction' (FZ12) and an emphasis on practicing forgiveness (FZ1, FZ3, FZ16), prayer (FZ1), and the sacraments (FZ1, FZ9, FZ17) illuminate the transformative power of reconnecting with faith during recovery. One respondent testified that Fazenda enables one to have 'a personal encounter with Jesus' (FZ1). FZ8 insisted that:

> *Spirituality helped me rediscover the sense of life that I had lost. It is the pillar and centre of my life, on which the other two depend (work and family life). I can better live the other two if I am strong in it. It helped me find myself, gave me a path so as not to feel lost in life, and showed me that love I sought in the darkness and found in God.*

A participant shared a profound mystical experience that helped his desire for change, indicating a connection between spiritual practice and the will to seek help. This participant said:

> *I had been praying a lot to leave that life, and on a hill in Recife, which is also a "Sanctuary of Our Lady of the Conception of the Hill", I was there drinking at a bar and looking at the 12-meter image of Our Lady, asking to get out of that life. The next day, when I woke up, I felt different and had the strength to ask my family for help.*

> *This was a mystical experience with our Lady. My wife and mother also prayed a lot for me* (FZ1).

Another element of spirituality is living the Word of God. Understanding and living the Word of God was central to many participants' experiences (FZ1, FZ4, FZ16). This spiritual engagement suggests that the teachings at Fazenda provide support and daily principles of life that participants can apply to their lives. One respondent said: *'Living the Word, prayer, and sacraments, especially the Eucharist, allows me to encounter the Great Hope who is Jesus, who gives me back the sense of life, the path from/to eternity, and the appreciation of the sacred'* (FZ1). Likewise, FZ15 shared that his connection with the Word and his study of the Bible and other texts have helped him realise that God loves him, empowering him to love others as well. This realisation has also led to forgiveness and the ability to freely make choices and begin anew when needed (FZ15). He further explained that loving each other the way God loves us, helped to get through hardship and trauma. It also protected each other from harm, above all it helped to be a family, obedient, truthful, honest, and merciful (FZ15) with all.

The emphasis on prayer, sacraments, and living the Word illustrates how spirituality offers guidance and strength in recovery. Participants' testimonies indicate that spirituality helps them forgive themselves and others, create meaningful relationships, and develop a deeper understanding of their purpose (FZ6, FZ7, FZ11). One emphasised the importance of adoration of the Blessed Sacrament (FZ16) as a moment that helped one to draw closer to God through the concrete living of His Word (FZ16). Another participant said, through the daily spiritual exercises, '*I have improved greatly after I first forgave myself and then forgave my ex-husband, not to go back but for him to continue his life while I followed my own that I had already chosen'* (FZ7).

Spirituality was discussed not only as a personal experience but also as a communal one, where group worship and collective prayer become vehicles for healing. FZ9 shared that '*For me, spirituality at Fazenda da Esperança means the strong presence of Jesus among us*' (FZ9). The role of spirituality in recovery at Fazenda is significant, as it allows for a personal encounter with Jesus and encompasses practices such as living the Word, adoration, and studying the Bible.

Spirituality forms the foundation of the other pillars, offering deeper meaning and purpose in life. It helps individuals find their connection with a higher power or with God, reinforcing

their personal beliefs. Spirituality guides the recovery journey, illuminating the eternal and transcendental aspects of existence and promoting a reunion with the Sacred and the essentials.

5.6.2. Family Life and Fraternity

The theme of family life and fraternity is also essential in facilitating recovery. Many participants noted that the sense of belonging, and familial bonds developed within the community at Fazenda helps mitigate feelings of isolation that often accompany substance abuse (FZ13). Living together fosters fraternity (FZ1, 13), allowing residents to share their struggles and triumphs and reinforcing a sense of solidarity and support.

This theme indicates that external familial relationships, too, play a role in recovery. Individuals reported that reconciliation with their biological families was enhanced through the learning and growth experienced at Fazenda, further exemplifying how family dynamics contribute to healing. Many participants credit their peers for providing emotional support, companionship, and accountability (FZ4, FZ8). This is illustrated by FZ8:

> *Community life helped me learn to tolerate others as they are so I could live in society later. It made me feel supported by the sisterhood lived at the Fazenda. I discovered many things about my history and family through the people I lived with. It made me realise that I always need others in my life.*

This collective bond is crucial for individual recovery, emphasising the belief that *'we divide our pain and multiply our joy'* (FZ16). The community becomes a vital space for healing, allowing participants to recognise their interdependence and the importance of supporting one another (FZ12, FZ11).

Some respondents emphasised the importance of reintegrating into society and regaining recognition (FZ3, FZ9, FZ16). FZ16 said, *'In community living, I learned to relate to other participants' newfound dignity and social respect'*, accentuating how Fazenda facilitates acceptance and healing, extending beyond individual recovery to affect family dynamics and community relations. Other participants mentioned the sense of community and support they receive from fellow members (FZ12, FZ17), illustrating that the journey through recovery is often less isolating when shared in a collective environment. This aspect contributes to a sense of belonging and shared experience that can be crucial for long-term recovery. The idea that one cannot live without the other highlights the supportive nature of fraternity and family life in recovery.

Community life is recognised as a vital source of support and belonging. It creates a sense of fraternity and family, encouraging forgiveness and new beginnings. Fazenda's supportive communities generate commitments and responsibilities, fostering personal growth and a sense of accountability. Living together at Fazenda redefines the concept of family, valuing collective efforts, and establishing a life within a supportive community.

5.6.3. Work as a Tool for Self-Worth and Engagement

Work is identified as a significant pillar in the recovery process, serving multiple functions: providing structure, enhancing self-esteem, and facilitating interaction within the community. Participants emphasised that engaging in meaningful work cultivates a sense of productivity and purpose. It aids in building a positive self-image while creating opportunities for individuals to contribute to the community. FZ1 testified, *'In work, I live the Word; it boosts my self-esteem because I feel productive, cooperate with others, and maintain my recovery*', whereas FZ14 stressed the importance of work for personal growth and renewal. FZ9 affirmed that he has moved away from bad behaviours in these terms: he understands the value of work and that he can work to sustain himself without needing to steal (FZ9).

Commitment to work helps restore a sense of normality and encourages accountability to oneself and others. Participants consistently highlighted the importance of work in reclaiming dignity and fostering self-sufficiency (FZ9, FZ10). Engaging in productive work is seen as a way to rebuild one's identity, move away from past behaviours, and develop a sense of self-worth outside of substance abuse.

At Fazenda, FZ4 stated that work is regarded as more than just a source of income. It has the potential to enhance self-esteem, promote cooperation, and organise one's daily routine (FZ4). FZ8 further asserted that by participating in meaningful work, one can redirect negative thoughts, combat boredom, and restore productivity. Work reinstates structure to the day, boosts self-esteem, rejuvenates productivity, and serves as a distraction from negative thoughts and boredom.

Moreover, working together fosters social skills and interactions necessary for reintegrating into society after recovery. In essence, work is a therapeutic activity, helping individuals rebuild their identities and reconnect with their communities, leading to further empowerment and reinforcement of their recovery journey. The collaborative nature of work at Fazenda encourages relationships among participants, which fosters trust, forgiveness, and shared

growth (FZ8, FZ17). This aspect of community work helps in personal recovery and strengthens the collective experience of all involved.

The example of FZ9 clearly illustrates the change in the way that work operates in itself. FZ9 is in charge of the milk sterilization process at Fazenda. He has been at Fazenda since 2019. He said that his wife left him because of his addiction to drugs. After recovering from this vice, he has volunteered and dedicated his life to helping others who are struggling with the same addiction. FZ9's work at Fazenda has given him a new purpose in life. Another example is that of FZ11: he showed the researcher the vegetable garden, pointing out the carrots he planted by himself with a sense of fulfilment.

In short, through work, community living, and spirituality based on the gospel, the victims of addiction at Fazenda are able to recover and free themselves from the bondage of alcohol, drugs, and other vices. These three pedagogical elements enable one to develop a new sense of self-worth and identity in the world. The next section discusses psychological tools used at Fazenda.

5.6.4. ADI (*Adesão directo do incondite:* Direct Adhesion of the Unconscious)

It is imperative to mention that three participants recognised that where there is a blockage in the healing process, Fazenda utilises a psychological tool named ADI. According to FZ5, this psychological tool helps one understand one's history deeply. FZ1 also recognised that the pillars of the farm and the ADI therapy are important factors '*in our recovery—especially the spiritual aspect'* (FZ1). Moreover, FZ13 testified that '*I had the grace of participating in ADI in 2015, which helped me confirm my vocation within Fazenda. It was a surprise to me because I often questioned why I was at Fazenda and felt incapable of supporting the boys since I had not experienced drug use and recovery myself' (FZ13)*. According to FZ1, ADI plays an essential role in understanding one's personal history and family background. Exploring the depths of the unconscious mind leads to greater self-awareness, enriching recovery, and fostering personal growth.

In summary, the thematic analysis of the contributions of Fazenda da Esperança to healing and recovery from alcohol and drug abuse emphasises the integrated framework of spirituality, family life, work, and ADI. Each of these pillars plays a significant role in promoting a sense of purpose and overall well-being. Although each pillar can be on its own, there is some interconnectedness am all these pillars in facilitating recovery. Some respondents testify to it:

FZ10 said that the pillars of the farm and the ADI therapy are important factors in his recovery, especially the spiritual aspect. As for FZ11, *'I fully agree with this because there is no recovery without these three pillars'*. FZ12 concluded by saying, '*one cannot live without the other, and all three pillars support each other'*. It is in this sense that one can consider that each of these pillars supports and enhances healing and liberation from alcohol and drug abuse. The section concludes with FZ13, who testified that the tripodal structure of Fazenda not only addresses addiction recovery but can also serve as a valuable model for those in broader contexts, indicating its potential utility beyond immediate recovery goals (FZ13). The tripod approach benefits not only individuals struggling with substance dependence but also, as many mentioned, anyone seeking meaning in life.

5.7. The Understanding of Healing

This is a thematic analysis of how the people at Fazenda da Esperança understand their healing. It highlights the transformative nature of their experiences and focuses on spiritual renewal, personal fulfilment, familial reconciliation, and the acknowledgment of a lifelong recovery journey. These transformative changes signify growth and personal development that follow recovery.

Fig 3. Understanding of Healing at Fazenda

This graphic illustrates the understanding of healing at Fazenda da Esperança. Many respondents view their healing as a transformative experience characterized by a new outlook on life, a shift in perspective, and the discovery of renewed hope. This process often involves letting go of past behaviors and cultivating personal discipline.

5.7.1. Healing is Spiritual Renewal

Many participants mentioned a profound spiritual transformation that accompanied their healing. For instance, one respondent stated, *'today I feel more fulfilled, with more hope and my relationship with God is much better'* (FZ10). This indicates that their healing is not merely about abstaining from substances but entails deepening their connection with God. Being *'born again'* (FZ10) signifies a fresh start and a renewed sense of purpose driven by faith, suggesting that spirituality plays a critical role in their recovery process. Discovering hope, a deep connection with God, and a renewed sense of purpose and gratitude gives one a new beginning in life.

5.7.2. Personal Fulfilment and Happiness

The notion of attaining true happiness is frequently referenced. One participant articulated, *'I found true happiness that does not deceive and is permanent'* (FZ1). This highlights a shift from temporary highs associated with substance use to a more sustainable and genuine sense of joy. Such fulfilment stems from introspection, self-discovery, and a willingness to embrace a new way of life (FZ1), emphasising that healing involves finding emotional and psychological satisfaction that transcends past struggles. A newfound outlook on life is filled with greater happiness, meaning, and fulfilment as they discover a renewed sense of purpose and enjoyment.

Two participants stressed the improvements in self-love, patience, and communication skills. They emphasised their capability to relate better to others and foster healthy relationships (FZ2, FZ8). FZ2 said, *'I am a new person and have found joy in living'*. FZ8 put it this way: '*Since I recovered, I have seen life, especially its difficulties, through different eyes. I know that everything has a solution, that love heals, and that one becomes complete and fulfilled by love. I know that I have many reasons to be thankful for, as there is a greater hope that sustains me'*. This development suggests that their experiences at Fazenda extend beyond recovery into the realms of emotional and social well-being.

5.7.3. Familial Reconciliation

Healing at Fazenda da Esperança is closely tied to restoring relationships with family. Statements like *'I have returned to my family's home'* (FZ11) and *'I have regained my family'* (FZ10) showcase the restoration of bonds that may have been fractured due to addiction. The emphasis on family suggests that both healing the individual and reinstating social ties are vital for long-term recovery. FZ12 said: *'I can start over, work, and support my family and children'*. Forgiveness is a vital aspect of personal growth for many participants (FZ3, FZ8). Re-establishing connections with family and engaging in meaningful work are necessary as they rebuild relationships and embrace the opportunity to create a wholly restored new life. FZ8 stresses that her ability to relate to others and to develop herself in society has brought joy back into her life:

> *I have forgiven my father and have a good relationship with him and his family. I have returned to my studies and excelled where I used to fail. I have learned to deal with frustration, not to hurt myself anymore, and to not obsess over my body. I have learned to communicate and share my feelings* (FZ8).

By learning to forgive oneself and others, one finds a path to healing and improved family dynamics, which are crucial given the experience that substance abuse often strains familial relationships. Healing also involves letting go of past resentments and embracing forgiving oneself and others, leading to emotional healing and a release of burdens. Participants often expressed gratitude for being able to support and be present for their loved ones once again.

5.7.4. Lifelong Recovery Journey

Participants were aware that healing is not a linear process. FZ2 noted, '*I feel that I can live without the drug, but I am aware that recovery is a lifelong journey*' (FZ2). For this to happen, one is called to adopt a day-by-day approach to life, letting go of expectations and surrendering

to a higher power, allowing them to find comfort and guidance in God's will. This acknowledgement signifies the understanding that the journey continues while one may have made significant progress. The narrative indicates that healing requires ongoing effort, resilience, and the willingness to face future challenges, underlining that recovery is an integral part of their identity moving forward. Above all, healing is about personal change and finding peace. FZ16 said his perspective on life has changed a lot. '*Now, I have learned to appreciate things, found joy, love, and peace, and no longer feel the need to fill the void with material things'* (FZ16). He further stressed that it changed '*my perception of myself; it made me believe in my capabilities, replacing 'I cannot' with 'I can.' It changed how I think and love and helped me see life differently'* (FZ16).

5.7.5. Helping Others through Shared Experience

There is also a theme of altruism and a desire to assist others who face similar challenges. One participant shared, '*With my experience, I help other people going through the same problems. Fazenda has opened my eyes. Now, I can start over, work, support my family and children, and, with my experience, help other people who are going through the same problems*' (FZ12).

This perspective suggests that healing is enhanced through shared experiences, reinforcing the idea that recovery can lead to empowerment, not just personal gain but the ability to contribute positively to the lives of others (FZ13).

In conclusion, healing at Fazenda da Esperança is a complex journey, grounded in spiritual renewal, personal fulfilment, reconciliation, the understanding of recovery as a continuous journey, and a dedication to helping others. The participants' experiences illustrate a comprehension of healing that surpasses personal situations and includes a wider narrative. The next section discusses how the participants understand Fazenda da Esperança and its mission.

5.8. What is Fazenda da Esperança

This thematic analysis shows how individuals perceive Fazenda da Esperança after their experience of recovery and healing within the Fazenda facilities.

5.8.1. Fazenda da Esperança is the work of God

One participant views Fazenda da Esperança as a 'work of God' (FZ1), emphasising its role as a spiritual sanctuary. Phrases like *'a Work of God to build His Church'* (FZ1) suggest that participants feel a strong connection between their recovery and a higher purpose, seeing

themselves as part of a divine mission to help others, akin to modern-day ‘lepers’ (FZ1). This theme stresses the significance of faith and spirituality in the healing process.

5.8.2. Fazenda da Esperança is a Place of Transformation and New Life

Many respondents frequently described Fazenda as a path to a ‘new life’ and a ‘new Christian lifestyle' (FZ10, FZ11, FZ12, FZ15). This highlights the idea that recovery extends beyond mere physical sobriety; it embraces a profound change in identity and outlook on life. Participants often shared their desire for Fazenda to gain recognition (FZ10, FZ11, FZ12, FZ15), indicating its perceived importance as a life-altering experience. One participant said, ‘*The world is so focused on wealth and material possessions that it forgets it has souls to save, and Fazenda is no different. The work needs help, and governments do little to assist*’ (FZ12).

5.8.3. Fazenda is a Family for Restoration

As seen above, 'family healing' (FZ3) is essential. Many participants assert that recovery at Fazenda positively impacts not only the individuals but also their families. This indicates that the Fazenda programmes reach far beyond the individual, fostering a holistic approach to healing that emphasises familial bonds and community support. FZ4 asserted that the value and contribution of Fazenda not only help the people with a substance use disorder to recover but also helps the families (FZ4). According to FZ11, *'recovery at Fazenda becomes a reality in the lives of many people, including the families of the dependents, where not only the person is restored but the entire family*' (FZ11).

5.8.4. Fazenda is a Place of Freedom and Liberation

Two participants consistently described Fazenda as a place that offers ‘*liberation from addictions*’ (FZ12) without the constraints often associated with traditional rehabilitation. Put clearly, FZ12 asserted that Fazenda ‘*liberates us from addictions without imprisoning us*’ (FZ12). Meanwhile, FZ8 shared the liberating actions of Fazenda, stating that it is through the experiences of Fazenda that one feels liberated from darkness and addictions (FZ8). These perspectives are important, as they suggest a more compassionate and understanding approach to recovery, allowing individuals to feel free and supported rather than imprisoned by their past behaviours.

5.8.5. Fazenda is a Piece of Heaven on Earth

One of the respondents refers to Fazenda da Esperança as *'a piece of heaven here on Earth*' (FZ10), which reflects their deep appreciation for the environment and community it fosters.

This metaphor indicates that the setting and the supportive network available at Fazenda create an atmosphere conducive to healing and peace.

5.9. Conclusion

In summary, I concur with Pope Benedict XVI that Fazenda has profoundly impacted individuals' lives through its comprehensive treatment, encompassing medical, psychological, and educational support, alongside extensive prayer, manual labour, and discipline. A significant number of individuals, particularly the youth, have successfully liberated themselves from alcohol and drug dependence, thus reclaiming purpose in their lives (Benedict XVI, 2007).

The participants' interviews indicate that drug addiction significantly impacts individuals and their families. Family support may act as both a catalyst for seeking assistance and a source of motivation during the healing process. The subject of hitting rock bottom exposes the internal struggles individuals encounter, the humiliation linked to addiction, and the emotional detachment that can foster an internal impetus for healing. The findings of this thematic analysis confirm that Fazenda da Esperança is a vital resource for recovery from substance abuse. Fazenda has influenced the healing paths of several individuals via its foundational pillars of spirituality, familial relationships, work, and ADI. The understanding of Fazenda da Esperança is deeply intertwined with spiritual beliefs, community connection, family healing, personal transformation, and a sense of freedom. All these descriptions illustrate the transformative power that accompanies the work of Fazenda da Esperança.

Chapter Six
The Contribution of Fazenda da Esperança to Healing Ministry

6.1. Introduction

This chapter synthesises the insights obtained from the interviews conducted with participants from two communities of Fazenda da Esperança in Dombe, Mozambique, focusing on their experiences of recovery from substance abuse. This is part of the key research question of the study. The findings revealed Fazenda's multifaceted role in the healing of individuals struggling with addiction, emphasising the intertwined themes of spirituality, family dynamics, the importance of work, and the ADI/TIP. This chapter analyses findings related to the theoretical framework and examines the implications for the Church's mission in combating addiction. It also presents the strengths and limitations of Fazenda's approach and gives suggestions for future research and practical applications.

6.2. Contributions to Healing

The Mission to Heal framework emphasises a comprehensive view of healing that encompasses physical, mental, emotional, and spiritual well-being. These points apply the 'Mission to Heal' theoretical framework to the context of Fazenda da Esperança and examines how the principles of healing and restoration are articulated within the context of recovery and the Church's mission at Fazenda.

6.2.1. Spirituality as a Core Component of Recovery

The Mission to Heal framework emphasises the integral role of spirituality in the healing process. At Fazenda, spirituality is a core pillar that supports recovery. Fazenda's reliance on spiritual beliefs mirrors scriptural teachings that associate healing with wholeness and restoration. Participants' interviews acknowledge the spiritual practices—such as prayer, meditation, and community Eucharistic celebration and worship that significantly contributed to individuals rediscovering their sense of purpose and meaning in life. These practices provide a supportive environment where participants feel connected to something greater than themselves, thus facilitating personal transformation.

Participants often characterised their journeys as profound spiritual renewal, evidencing that their healing transcends physical sobriety—many express feelings of transformation through their reconnection with God. As observed in the narratives, participants frequently credited their spiritual experiences with providing hope and direction. FZ8 articulates this connection

well, asserting that spirituality helped her rediscover meaning and purpose in life. This sentiment reinforces the idea that spirituality is not just a supportive element but a foundational pillar in the healing process. These results are consistent with other researchers.

In this context, Christians possess a profound theological heritage from which they can derive concepts of healing. Saint Augustine, an early theologian, asserted that the restlessness in human existence will persist until the heart finds repose in God (Morgan & Jordan, 1999). In his discourse on the human quest for happiness, Augustine contended that individuals would encounter emptiness until they achieve a state of surrender, permitting God to fill the void that only He can. Augustine underscored the enslavement of the will, characterising it as 'the force of habit, by which the mind is propelled and constrained even contrary to its volition' (Stone & Clements, 1991, p. 260).

As a religious therapeutic community, Fazenda da Esperança strongly emphasises spirituality as a means of healing. Spirituality involves prayer, meditation, and religious rituals to cultivate inner peace, purpose, and connection with a higher power. The spirituality of Fazenda is based on living the Gospel. The Word of God finds a place in one who seeks rehabilitation. Spirituality is part of the recovery process and a tool that helps those in rehabilitation find life's meaning. Through the Word of God, people in recuperation acquire values of fraternity in their lives and permanently change their behaviour from the inside so they may find meaning in life. Fazenda da Esperança welcomes broken people and restores, recreates, and renews them with the power of prayer. According to Pope Francis, Fazenda is like that maternal womb that gives birth to new men and women (Heim, 2021, p. 7). It is marked by the spirit of Saint Francis, who received the command to 'go and rebuild the Church' (Heim, 2021, p. 7). According to Heim (Heim, 2021, p. 7), Fazenda da Esperança is the pearl of the Church because it rebuilds the faith of drug addicts, and their families.

Zefeng (2021), Charzyńska (2015), Harrell and Powell (2014), and Kathol and Sgoutas-Emch (2017) assert that individuals with religious affiliations are less inclined to engage in hazardous alcohol consumption compared to their nonreligious peers. Religion bestows and shapes people with values and norms about how to lead a good life, which goes beyond the issues of alcohol and drug consumption.

6.2.1.1. Spirituality Fosters Love

In all his speeches, lectures, and homilies, Father Hans refers to the love of God as the source and inspiration of Fazenda (Heim, 2021, p. 6). He believes strongly that all evils, violence, and problems ultimately originate from a lack of love. Fazenda is a path of rediscovering love and overcoming the lack of love that one might have experienced in life. The value of love is also underlined in the ADI/TIP method. Dr. Renate, the founder of ADI/TIP, is right: 'heartbreak is so severe that a child can be deeply hurt when experiencing it – especially in the phase when he is learning to love. Often, this situation creates a blockage in the person; one stops growing in their ability to love and seems to walk around the world screaming: 'I want to be loved' (Heim, 2021, p. 125).

In most cases, the person seeks this love through the use of drugs, alcohol, or other addictions and does not find it (Heim, 2021, p. 125). It is almost impossible to fully recover a person who is addicted when behind him there is the reality of heartbreak (lack of love). In every person with a substance use disorder, there is a cry that begs for love. Without that love, one cannot fully recover. Through ADI, one can see where one has stopped loving and can return to practicing it (Heim, 2021, p. 126). The turning point to sobriety is falling in love. Maybe the thing one was looking for in addiction is the feeling of love that is not well-oriented.

While journeying at Fazenda, one is called to find out where and when one stopped loving. One should begin from there, to start loving again, taking concrete steps to move beyond oneself and to love anew. As mentioned earlier, Wednesdays at Fazenda are dedicated to Bible sharing, where a chosen passage from the Scriptures is highlighted. For example, if they have chosen the 'act of love' (1 Corinthians 16:14), all are requested to share how one should practice it: to remove another resident's dry clothes from the washing line when the rain comes, said FZ11.

6.2.1.2. Spirituality Fosters Forgivenes

The people in rehabilitation at Fazenda are encouraged to share their stories and constantly recount everything they have gone through. Many have experienced inhuman treatment and a terrible past, which provoked hatred and anger within them, often against their parents and against those who have abused them (Heim, 2021, p. 243). In some circumstances, forgiveness becomes almost impossible, almost inhuman, but they are always told to ask Jesus Christ for help (Heim, 2021, p. 243). In other words, it means imploring the higher power to help forgive.

Father Hans recognises forgiveness as the first important step to a new life. He elaborates more with these words:

> Throughout my years as a priest, I have seen so many lives destroyed for lack of forgiveness, families divided over a piece of land, over an inheritance, over a word that someone said and the other did not like, over the most minor things and also over something more serious (Heim, 2021, p. 244).

At Fazenda, numerous individuals have encountered experiences of homelessness and incarceration. Some individuals have been incarcerated for years due to grave offences, including robbery, property destruction, and even manslaughter. Recovery entailed initiating and overseeing a new existence following years of abuse, accompanied by significant social, health, and financial repercussions. Recovery is not limited to quitting substance abuse. It includes re-establishing the right relationships, reunions, and reconciliation with family to learn how to cope with everyday challenges, obstacles, and burdens (Borras et al., 2010).

6.2.1.3. Spirituality Fosters Prayer

A study conducted by Zefeng (2021, pp. 157–158) indicates that regular prayer may diminish alcohol consumption among moderate drinkers. Young people at Fazenda live with enthusiasm for the liturgical celebrations; they feel a great attraction to beautiful hymns and Eucharistic celebrations. As Cardinal Burk said, ‘liturgy provides a sense of transcendence that indicates that our lives are turned toward the Lord and that the sacrifice on Calvary is being renewed’ (Burk, 2016, p. 38). As one prays and moves forward on the road of recovery, one begins to see that the past is the past. The past cannot be changed; the only thing that may change is the present moment. This is the essence of the prayer of serenity that is recited every day at Fazenda and all the AA Groups: ‘God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference’ (AA, 2005, p. 125).

6.2.2. Family Life and Community Support

The emphasis on family and communal ties reveals another crucial theme in the healing process at Fazenda. Participants' experiences reflect that family support catalysed seeking help and is a source of motivation during the recovery journey. Fazenda promotes the involvement of families in the recovery process, allowing participants to heal not only from their addiction but also to mend relationships with their loved ones. By integrating family workshops and support groups, Fazenda aligns with the scriptural understanding of community as vital to restoration.

Many participants recounted how familial relationships and connections formed within the Fazenda community nurture their recovery processes. Through shared experiences and emotional support from peers, individuals express a sense of fraternity and belonging that mitigates the isolation often felt during addiction. This is exemplified by FZ1's insight into the importance of mutual support and the quote 'we divide our pain and multiply our joy'. Such communal living fosters resilience and accountability, vital to the recovery journey.

Moreover, many participants identify a renewed commitment to their biological families, noting that restoring relationships and reconciliation is key to their healing. FZ11 captures this sentiment well, highlighting the holistic impact of the recovery process on them and their families. Such reconciliation emphasises the multifaceted nature of healing, in which individuals and their families experience restoration.

In addition, the concept of healing within the biblical framework (James 5:16) extends beyond individual experiences to embrace communal aspects that support healing. Fazenda's model not only focuses on the individual but also attempts to build a supportive community that shares in the healing journey of its members. This collective approach reflects the idea in *Ad Gentes* that the Church serves as a 'universal sacrament of salvation' (AD 1). Participants within Fazenda benefit from the presence of others in rehabilitation and shared struggles and victories, reinforcing the notion that one is not alone on the journey to recovery. This sense of community diminishes feelings of humiliation and isolation linked with addiction, fostering an environment where individuals can experience mutual healing.

Travis et al. (2021, p. 3392) support the notion that faith communities play a unique role in aiding individuals, families, and communities in the process of recovering from substance use disorders. Grim and Grim (2019, p. 1737) also affirm the effectiveness of faith-based institutions, particularly during times of crisis. They emphasise that faith communities possess the ability to foster connections aimed at overcoming past negative experiences, which often contribute to emotional and spiritual despair that feeds into mental health issues and substance abuse.

A study conducted by Al-Omari, Hamed, and Abu Tariah (2015, p. 1275) examined the influence of religion on the recovery from alcohol and substance misuse in Jordanian adults, emphasising the role of religious leaders in the treatment and rehabilitation of substance use disorders. A significant number of participants perceive religious men as unapproachable and critical. The authors advocate that an inclusive approach has enabled individuals with

addictions to attain respect and dignity, restore their self-esteem, and reintegrate into society through new activities and social connections. Pope Benedict recognises that faith-based institutions facilitate essential transformations, such as the rediscovery of God and active engagement in the Church's life. He stresses the importance of caring not only for the body but also for the soul (Benedict, 2007).

6.2.2.1. Community and Communal Living

The early Christian community models of communal living and mutual support (Acts 2:44–47). Fazenda da Esperança creates a supportive community where residents live and work together, sharing their struggles, successes, and spiritual journeys. Through shared experiences and mutual accountability, individuals develop a sense of solidarity and friendship, which enhances their resilience and fosters a sense of belonging.

Communal Living emphasises the importance of community-based interventions in promoting recovery and rehabilitation. By creating a therapeutic community characterised by shared values, mutual support, and collective responsibility, Fazenda da Esperança fosters a sense of belonging, accountability, and empowerment among its residents. Through communal living, group dynamics, and peer-led activities, individuals learn from each other, challenge destructive behaviours, and cultivate a sense of solidarity and belonging that transcends addiction.

6.2.2.2. Community Support

Living within a supportive community of peers who understand their struggles can immensely benefit individuals recovering from addiction. Fazenda da Esperança offers a safe and nurturing environment where residents can share their experiences, provide mutual support, and hold each other accountable on the journey to sobriety. This environment provides individuals with a sense of acceptance, encouragement, and accountability. By living alongside others who share similar struggles, residents develop strong bonds and learn to rely on each other for support, fostering a sense of belonging and solidarity.

The challenge of coexisting harmoniously is significant, especially in a house (Fazenda) and community where people deal with painful and traumatic situations, which ultimately lead to drug addiction. Living together plays an important role in Fazenda. It helps one to be inserted into a family lifestyle based on respect, responsibility, and solidarity, and it is an instrument for changing mentality and attitudes. It consists of living together and being a brother/sister to the

other. While living at Fazenda, one sees, feels, and experiences what the early Church was like, where there was a mutual commitment: all things were put together and shared (Acts 4:32–5:16), and lived in the spirit of brotherhood.

Living together also means having a spirit of conviviality and celebration, whereby one learns to receive and give love. Father Hans insists that this 'Trinitarian life (this life of relationship) is fundamental' (Heim, 2021, p. 69). He also traced today's problems to this lack of conviviality and proper relationships. He firmly believes that people enter into addiction and wrong relationships because there is a lack of right relationships. People do not live in the spirit of the Trinity (Heim, 2021, p. 85). According to Father Hans, the root causes of addiction often arise from dysfunctional relationships and a lack of meaningful connections—whether with oneself, family, or society (Heim, 2021, p. 85). By nurturing these 'trinitarian elements' (Heim, 2021, p. 69), of oneself, family, or society, Fazenda seeks to mend broken relationships and foster the personal growth and spiritual awakening needed for recovery.

In this context, FZ3 expressed during his birthday celebration that it was the first occasion anyone had ever celebrated him. He was moved to tears, as this marked the first time in his life that people honoured him. He saw that he had dignity; he, too, is a person.

Conviviality aims at living in small communities that resemble normal family life. Father Hans says that in the past, the family spirit was deeply engraved in people's souls. However, nowadays, many of our young people at Fazenda come from separated and broken families; and many are not well, or even if they are, one will notice a certain sense of isolation (Heim, 2021, p. 142). The world today is thirsting to become a family once more.

6.2.3. Work as a Therapeutic Value

The Mission to Heal theoretical framework teaches that healing leads to restoration and empowerment. The findings during the interviews indicate that people at Fazenda are given a sense of freedom, helping them move toward a healthier, more restored life. In this context, work emerges as yet a significant pillar in Fazenda's recovery framework. Participants describe work as a source of dignity, self-worth, and community engagement. FZ1 and FZ14 articulate that finding purpose through work instils accountability and personal growth while reinforcing self-esteem. This productive engagement becomes a therapeutic practice, helping participants reclaim their identities while fostering connections with others.

Fazenda promotes empowerment through work, which gives individuals a sense of purpose and responsibility. This is a practical manifestation of faith in action (James 2:14–17), enhancing feelings of self-worth and capability. Fazenda embodies the Church's mission of restoration and healing by equipping individuals with skills for reintegration into society. Notably, work is portrayed as preventative against falling back into past harmful behaviours, illustrating its vital role in sustained recovery.

6.2.3.1. Work Therapy

Moore (2018, para. 1) suggests that engaging in activities that benefit both one's life and the community can significantly enhance mental well-being. The author also mentions that having a job is essential in the rehabilitation of drug users, as it aids them in quitting the abuse of illegal substances (Moore, 2018, para. 4). Work therapy is a central component of the Fazenda da Esperança programme, providing individuals with meaningful tasks and responsibilities within the community. According to RecycleForce, 'finding dignity in work is what makes work therapy' (2020).

Engaging in productive work fosters a sense of accomplishment and self-worth, teaches important life skills, and promotes a structured daily routine. Fazenda da Esperança empowers individuals to take ownership of their recovery journey by providing opportunities for personal growth, skill development, and leadership within the community. Through meaningful work, educational programmes, and participation in decision-making processes, residents learn to cultivate self-confidence, resilience, and a sense of agency in overcoming their addiction.

The founder of Fazenda explains that after finishing school at the age of fourteen, he started working. This was very important for him to learn to be disciplined and productive. However, nowadays, it takes a lot for the younger generation to understand and learn that being busy is one thing and producing is something else (Heim, 2021, p. 30). Idleness is the gateway to addiction[13].

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[13] A typical Fazenda schedule starts with waking up at 4 a.m., breakfast at 5:30, meditation and Bible reflections at 6:15, a break at 9, and farm work until 11:45 a.m. Lunch and siesta follow until 2 p.m., then back to farm work until sundown. Monday nights are devoted to sharing experiences about how the practice of the three pillars of Fazenda works, while Tuesdays are for catechism. On Wednesday, residents share the 'word of life' (Bible sharing). Residents do their daily routine on Thursdays, and on Fridays, they watch movies together (usually inspirational films). There is half-day work on Saturdays and Sundays, and the rest of the time is dedicated to the Mass and other celebrations that are held together.

Working has much value in life. In line with the recovery process at Fazenda, it is occupational and therapeutic and provides the income to run the centres. Working is an important duty for people living in society and those who need to rediscover their dignity. With work, the person with a substance use disorder learns to be responsible, uses his or her time creatively, and regains self-esteem and willpower.

Work is essential in this way; it plays a significant role in the person's integration process into society. One is called to develop skills and activities inside Fazenda, which will, in return, enable and facilitate one's integration into society after recuperation.

6.2.4. Psychological and Therapeutic Tools

The theoretical framework highlighted personal transformation as a part of the healing process deeply rooted in individual and communal faith. Fazenda encourages participants to confront their internal struggles, including emotional detachment and feelings of hitting rock bottom. Such moments are pivotal in the healing journey, mirroring biblical teachings where restoration is often born from recognising one's brokenness and sinfulness (Lk 15). By adopting psychological tools like the ADI/TIP method and spiritual exercises, Fazenda facilitates a holistic healing approach that values emotional and psychological recovery alongside spiritual renewal.

As participants indicated, these tools provide deeper insight into one's history and enrich the therapeutic process. The integration of spirituality with psychological practices indicates that Fazenda recognises the complexity of addiction and seeks comprehensive strategies to support recovery.

The ADI/TIP Method – Direct Approach to the Unconscious Method (ADI) – based on phenomenological psychology and clinically applied in Personal Integration Therapy (TIP) – was identified as a possibility of theoretical and practical psychotherapeutic intervention concerning mental disorders, including addiction and depression (Jost & Goto, 2021, p. 46). This method was created and developed by Dr. Renate Jost de Moraes (1936–2013) in 1975. Jost de Moraes started her investigations in 1970, and held theoretical discussions with several authors, such as V. Frankl (1905–1997), C. G. Jung (1875–1961), H. Bergson (1859–1941) and E. Husserl (1859–1938).

While working with those in rehabilitation for chemical dependency and other dependencies, one will usually notice the presence of past trauma; for instance, child abuse, or being

abandoned by their parents. At some point, despite their desire to change, to quit drugs or alcohol, and to embrace a new lifestyle, they often encounter barriers and relapse into addiction. Certain wounds need specialised attention (Heim, 2021, p. 60). It is for these reasons that in 2007, a partnership was formed between Fazenda and the team of Dr. Renate Jost de Moraes in psychological care called the ADI/TIP method[14].

What, then, is ADI/TIP? It is a method created by Jost de Moraes for the treatment of physical, psychological, and existential problems (Yello page, 2025) It aims to discover some existential codes elaborated by the subject at the unconscious level based on lived experiences.

Jost de Moraes noted three essential elements (Yello page, 2025) first, the child, from conception, knows of its existence and registers all external and internal events of suffering and joy. Secondly, in this first phase (of the mother's womb), the first records accompany one throughout one's existence and define decisions, conditioning, and consequences. Thirdly, the gestation phase is the most important phase for any person's good psychophysical health and upbringing. For this reason, Heim explains that the ADI/TIP is essentially a method through which one works on one's inner conflicts, traumas, and fears registered in the unconscious, to reach total healing (Heim, 2021, p. 25).

Many at Fazenda have undergone this psychological treatment; they have regained their freedom, assumed their stories, and overcome limits and personal suffering in the restoration of their lives and relationships in the performance of their mission. Many in rehabilitation at Fazenda felt blocked because they were unable to forgive; they could not move forward. However, with the ADI experience, they discovered in the unconscious the reason for this blockage, the reasons for acting in one way or another. From these discoveries, they free themselves and move forward in life. At the end of ADI/TIP, many described themselves as capable of adapting and making a difference in the surrounding environment (Jost & Goto, 2021, p. 55). Father Hans said, 'ADI was a great gift that God bestowed in my life'. It allows one to enter the unconscious and find out the reasons that push one to engage in addictions

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[14] ADI/TIP Method is conducted by a team of psychologists and doctors in different countries in Brazil and abroad (Germany et al. 2009), bound to the social clinic Fundação de Saúde Integral Humanistica (FUNDASINUM) Belo Horizonte/MG, Brazil. This is a research centre continually generating data about the results of psychotherapy. From 2010 to 2019, an average of 2.300 patients were seen yearly, meaning 61 400 annual sessions. Highlighting the result of longitudinal research from June 2003 to March 2005, with 558 participants, 67% female and 33% male, a 5-point Likert scale was used to assess quantitative changes concerning complained symptoms. The result was 80.41% of symptomatic improvement, confirming results obtained throughout 45 years of the existence of this methodology (Jost et al., 2009).

(Heim, 2021, p. 115). However, one thing is still clear: it is not enough to discover the blockage to healing in the unconscious; above all, one has to choose to live by the values that the process of recovery at Fazenda suggests and armbraces a new lifestyle (Heim, 2021, p. 118), among which are love, forgiveness, and prayer.

6.3. Mission Theology around Alcohol and Drug Addiction

Addressing substance abuse presents considerable challenges; it requires perseverance to help individuals confront their realities effectively. While it can be uncomfortable to discuss addiction, it is essential to approach the topic honestly and openly. Alcohol and drug addiction represent a paradox (Cook, 2006, p. 1): despite alcohol being predominantly consumed in social settings, individuals with alcohol-related problems frequently face ostracism, including from their families. This marginalisation leads many individuals to withdraw further into secrecy. As Shannon (2010, p. 452) observes, it may be easier to remain passive by claiming, ‘after all, it is their private affair’, but such an attitude fails to acknowledge the harm of allowing someone to destroy their life.

Is there any hope? O'Callaghan (2011, p. vii) asserts that 'the essence of Christian salvation is hope, and the most valuable contribution of Christianity to the world is hope.' Saint Paul stated: ‘For in hope we have been saved, but hope that is seen is not hope; why does one also hope for what he sees?’ (Rom. 8:24). Paul elaborated further that hope gives life surety, gaiety, and lightness of touch; it serves as a living bond between the other two theological virtues that rule Christian life: faith and charity. This virtue should stimulate and influence all our endeavours against the culture of death, which Paul also identified as the last enemy (1 Cor. 15:26).

Should one live in despair because of an addiction? Based on Paul’s teaching, only the pagans and the Gentiles are ‘those who have no hope’ (1 Thes 4:13; Eph 2:12), as most first-century Greeks’ epitaphs indicate. Fee (as cited in Cook, 2006, p.36) asserts that the Pagan world had minimal negative views on drunkenness, except when it resulted in vices like violence and immorality. For this reason, one will quickly associate the worship of Dionysos and Bacchus with Greek and Roman mythology. Greeks had a strongly pessimistic view of death. Lada (Glasnik Etnografskog institute, 2007). Living without hope makes life meaningless. O'Callaghan (2011, p. 8) insists that hope points to the future but is not yet possessed; it points to something ‘superior,’ which is better than what one already possesses.

For the Bible, God is the basis for any future hope, whereas to base one's expectations on anything less than God, be it human endeavour or magic, leads to frustration (Fallon, 2003, p. 102). The object of such longing is not the future good; God is the Hope of Israel (Fallon, 2003, p. 103) and 'a Saviour in time of distress' (Jer. 14:8). Saint Paul also affirmed this in his letter to Timothy when he says: Christ is the hope of our salvation (1 Tim. 1:1). Father Hans, the founder of Fazenda*,* firmly affirms that 'the other name of Hope is God' (Heim, 2021, p. 25). God can transform our hopelessness into instruments of his work.[15] This is what Pope Benedict XVI said in his visit to Guaratinguet, on his visit to Fazenda in 2007:

> Where society no longer sees a future or hope, Christians are called to announce the power of the Resurrection: right here on this Fazenda da Esperança, where there are so many people, especially young people, who are trying to overcome the problems of drugs, alcohol, and chemical dependency, the Gospel of Christ is witnessed amid a consumer society far from God (O Globo, 2007)

According to O'Callaghan, the essence of Christian hope is 'the divine promise of salvation made present to humanity through the life, death, and resurrection of Jesus Christ, the true Witness to the Father, and the sending of the Holy Spirit' (O'Callaghan, 2011, p. 14). In the context of alcohol and drug addiction, this conviction should impel us to work hard to overcome the present situation in order to attain recovery. It is in this sense that O'Callaghan (2011, p. 9) says that the future good (*bonum futurum arduum)* may be attainable through the investment of one's energies by overcoming obstacles and barriers; however, it may, in some cases, necessitate the help of others. In this sense, hope ceases to be an individual experience but an interpersonal one. Therefore, just as the development of any addiction involves the biological, psychological, social, and spiritual processes, the treatment also follows a multifaceted approach (Cook, 2006, p. 29). Through different therapies, one can get back one's life. I would argue that missiology has vital insights to contribute to the discussions on alcohol and drug addiction recovery. The question is, what kind of Mission theology can be constructed in this context?

6.3.1. A Brother's Keeper Theology

The primary missiological theme that can be articulated here is based on the provocative question: 'Am I my brother's keeper?' (Gen 4:9; 9:5). This enquiry underscores our obligation

[15] Art speaks at *Fazenda*: the car's tools are always kept in the rear part; God is able to use what has been abandoned and make it great (Guarachengeta), an instrument of the proclamation of his words.

to support all individuals, particularly those facing significant challenges in their lives. The Old Testament provides background answers, inciting us to consider our obligation to look after our brothers and sisters facing substance abuse. The New Testament consistently emphasises this obligation, encouraging us to 'love one another' (John 13:34) as Jesus Christ loved us. How can we express this love to those battling addiction?

Cook (2006, pp. 164–166) characterises addiction as an expression of the human condition, emphasising that although not everyone is 'addicted' in a scientific or sociological context, none should regard themselves as morally superior to those who are. True love compels us to communicate to those we care about: ‘I love you enough not to let you destroy your life’. Can we bear their burdens during relapses and forgive them repeatedly when they seek forgiveness? Being a brother's keeper necessitates responsibility and compassion, as well as acknowledging our shortcomings in demonstrating care and taking the initiative to assist others. We often deceive ourselves by believing that the kindest act is to remain silent even while witnessing someone’s decline in substance abuse.

Recognising that ‘nothing can be done unless the alcoholic wants to stop’ (Shannon, 2010, p. 452) is foundational. Many people must reach a critical low, losing their jobs, homes, and families before genuinely desiring to recover (Henderson, 2001, p. 83). Accepting the label of ‘alcoholic, drug addict’ requires humility and recognising it as a cunning, powerful, and baffling disease (Big Book, 2001, p. 328). This is the principle of being successful in recovering from alcohol. However, one should always be willing, compassionate, and patient to help rather than moralising. Success in recovery from alcoholism hinges on a supportive environment filled with compassion.

Throughout the recovery process, a 'relapse' (Shannon, 2010, p. 453) may transpire, potentially exacerbating one's condition; nevertheless, this does not signify failure on the individual's part. Individuals should always be respected, accepted, and encouraged in their struggle to return to the recovery programme. The quality of our presence influences the duration and pace of their recovery. Practically, how can one assist an individual with a substance use disorder on the path to recovery based on the missiology of ‘brother’s keeper’?

Adequate support often arises from personal relationships—between good friends, family members, and community members. The person with a substance use disorder must feel supported and engaged, with meaningful tasks assigned and accessible transport provided. Always prioritising non-alcoholic options fosters an environment of understanding and

recovery. Interactions must reflect a gentle and caring spirit, resonating with Newberg and Waldman's (2012) concept of 'compassionate communication', wherein each interaction positively influences relationships. Being a brother's keeper to someone calls for responsibility and love.

Pope Francis, in *Evangelii Gaudium*, expressed his concern about the lack of care that victims of various kinds of human trafficking are experiencing. This could be extended to those with substance abuse. The Pope desires that all hear God's cry:

> Where is your brother? (Gen 4:9). Where is your brother or sister enslaved? Where are the brother and sister whom you are killing each day in clandestine warehouses, in rings of prostitution, in children used for begging, in exploiting undocumented labour? Let us not look the other way (EV: 211).

De Leon (2000, p. 77) articulates the concept of responsible concern, emphasising that peers should assume personal responsibility for the recovery of others in their community. This idea reinforces the notion of being one another's keeper. Responsible concern encompasses monitoring, challenging, and affirming others in their recovery journey, placing their well-being above personal relationships.

6.3.2. The Wounded Healer

Individuals who have endured pain and adversity frequently acquire valuable insights and subsequently seek to assist others as they themselves have been aided. As Carl Jung (cited in Sharon, 2017, p. 6) pointed out, they become 'wounded healers'. Jung believed that the wounded healer's suffering is both a burden and a compelling force in one's need to heal the problems of others (cited in Sharon, 2017, p. 13). Henry (1971) and Burton (1972) discovered that the majority of therapists originated from families with significant issues (O'Connor, 2001). Alice Miller (1979) explains that we have all been wounded in some way, some more severely than others. When we can learn from our woundedness, develop empathy for ourselves, and use empathy to help others, this is something to feel good about. This example clarifies:

> One analyst recently told the author that he would never quit practicing and seeing patients because he would get sick again if he did. In substance, he is saying that it is only through his exposure to analytical work with patients that he can stay in touch with himself and find the roots and sources of wholeness to the degree that he can stay in some balance (Sharon, 2017, p. 25).

The theology of Wounded Healer reveals how God uses even a disgrace, a situation of humiliation, to manifest himself (2 Corinthians 12:9). In his book *The Wounded Healer* (1972), Henri Nouwen considers Jesus a wounded healer who knows how to heal our wounds because he experienced them. He is the Healer, the Wounded Healer (Sharon, 2017, p. 25). Many Saints had sad, even negative lives, such as Saint Paul, who took many people to prison, Saint Augustine, Saint Francis, and many others. Paul recognised his woundedness in the Acts of the Apostles. Remaining in touch with his wounds protects him from the threat of pride and arrogance (Sharon, 2017, p. 47). Henri Nouwen himself struggled with depression and asserted that loneliness constitutes the minister's wound; a profound comprehension of his anguish and pain makes it possible for him to convert his weakness into strength and to offer his own experience as a source of healing to those who are often lost in the darkness of their own misunderstood sufferings (Sharon, 2017, p. 25). Father Hans recognises that suffering does more than good things (Heim, 2021, p. 26). Often, the negative things in one's story, such as the lack of love, can help one to start over.

The power of love transformed the lives of those first young people and, later, that of all the others who today seek out Fazendas da Esperança so that they can find their way back to themselves and relationships. To start with addiction, the experience of suffering leads to a more profound truth, to union with the divine. This reality of woundedness helps us understand those in rehabilitation at Fazenda and is part of God's revelation of God.

Residents who complete the programme become facilitators, providing assistance and guidance to other residents in their activities and tasks. To recall FZ11's words, he shared that he does not know where he would be without Fazenda. All participants expressed being motivated by the desire to 'give back' and to be a missionary and noted their own experiences of addiction and recovery as assets in understanding, making connections, and building a rapport with people, especially with those still struggling with substance abuse.

6.3.3. A Theology of Unconditional Love Based on One's Relationship with God

In his book, *Hope and Help for the Addicted*, Jeff Vanvonderne (2004, pp.12–15) acknowledges that 'the road to addiction is ugly, not scenic' and that 'living with addiction is like living on a tightrope'. Nonetheless, during the recovery process, the author recognises three fundamental requirements for effective societal functioning. Primarily, one must be loved and accepted without conditions. Secondly, one must be regarded as worthy, valuable, and significant by others. Thirdly, it is essential to seek unwavering support from others

(Vanvonderne, 2004, pp. 27–28). From these basic needs derives a theology of love and care. The resultant unconditional love pays attention and care to those who are weak. This aligns with Pope Francis's invitation to go against a 'throwaway culture' where things and people are less valued and used then discarded (O'Gorman, 2016, p. 240). Jesus demonstrated compassion and healing toward those struggling with various afflictions, emphasising the importance of love, forgiveness, and restoration. Fazenda da Esperança's healing ministry aligns with the Church's fundamental mission to proclaim the Gospel and minister to the marginalised and oppressed. It offers hope and redemption to individuals ensnared by the chains of addiction.

The approach to individuals facing life's challenges should adhere to the Pauline principle of overcoming evil with good (Romans 12:17–19) and the notion of conveying truth, even when it is painful (2 Corinthians 7:8–11). One has to show love and understanding while at the same time saying very clearly that any kind of addiction is evil, and consequently, it causes serious harm to the human person. In his *Motu Proprio Apostolic Letter* (2016, May 12, 2025), Pope Francis insisted that 'the Church loves all her children like a loving mother, but cares for all and protects with a special affection those who are smallest and defenseless. This is the duty that Christ himself entrusted to the entire Christian community as a whole' (Pope Francis, 2016).

Furthermore, Vanvonderne (2004, pp. 123–125) asserts that, following an examination of the healing and recovery process from alcohol addiction, an individual must recognise the utter insufficiency of alcohol in their life. Only then will one uncover methods to attain happiness independent of the object of one's addiction. In summary, demonstrating unconditional love entails embracing authenticity in the presence of God and others.

6.3.3. A Pastoral Ministry towards Recovery from Addiction

The increasing number of rehabilitation centres and the enduring demand to join Fazenda da Esperança highlight a significant gap in society and in people's lives, where the Church is called to act. The Church emerges as one of the first institutions to address the issues of alcoholism and drug addiction. As noted by Conley and Sorensen (1971), long before medical resources were directed towards alcoholism, society's drunks were relegated to the care of the Church and the prison system. Even today, the care of the homeless people with a substance disorder is still largely seen in many cities as the sole responsibility of churches and missions (Conley & Sorensen, 1971, p. 5). For most individuals and the families of those struggling with

addiction, the Church ministers are often the first professionals approached for either prayer or guidance.

Pope Francis has invited the Church to be ‘a field hospital’ (AL 291) for the wounded of the world. In the mind of the Pope, the Church must accompany with attention and care the weakest of her children (AL 291). The UCCB declares that ‘no wound is so deep as to be out of the reach of Christ’s redeeming grace’ (O’Gorman, 2016, p. 241). As a ‘field hospital’, the Church is founded on the mercy of God, and its focus is to bring both healing and hope to those who have been harmed by any addiction and who desire to be free from its effects. The Holy See's statement presented by Monsignor Auza at the UN on April 22, 2016, acknowledged that 'Individuals afflicted by drug abuse necessitate all the assistance we can provide, encompassing comprehensive health and social services that are accessible, effective, and affordable' (Pettus, 2016, p. 59).

In his July 2013 visit to Rio de Janeiro, Pope Francis stated that:

> A liberalization of drug laws will not achieve a reduction in the spread and influence of drug addiction… instead, it is necessary to confront the problems underlying the use of these drugs by promoting greater justice, educating young people … [and] accompanying those in difficulty and giving them hope for the future (Pettus, 2016, p. 59).

Greyling and Byamugisha (in Patterson, 2012, p. 62) have encouraged language such as ‘The Body of Christ has AIDS’. This could also be applied to alcohol abuse and drugs, saying that the Body of Christ has addictions to signify that when one of us is infected, we all are.

The challenging question that Anderson (2016) asks is how the Church is responding to addiction, the spiritual disease of our time. According to him, addiction and recovery are still an untouched area (Anderson, 2016, p.141). Most churches often limit themselves to setting aside a room for 12-step meetings and referring people with a substance use disorder to specialists (Crites, 2017, p. 141). For this reason, Anderson (2016, p. 114) suggests using the prodigal son’s story, emphasising that the Church can be a ‘prodigal church’ for those seeking refuge and recovery support’. The well-known parable of the prodigal son illustrates the themes of confronting brokenness and altering one's path, whereas the Sermon on the Mount associates brokenness with blessedness (Crites, 2017, p. 142). It urges us to substitute our moralising and shaming with compassion. The author poses a pertinent enquiry: If the Church were to be

considered a prodigal institution, would it be prepared to welcome individuals with substance use disorders into its congregations weekly? Is it capable of supporting individuals with addictions throughout the prolonged recovery process? Anderson (2016) urges Church leaders to transcend their comfort zones and venture into unfamiliar territory by providing genuine support to individuals with substance use disorders, rather than merely offering referrals. In this way, the Church leaders and members can do so much more by personally getting to know the person behind the addiction, going with the person to a meeting, and preparing to meet the deeper needs of the person with a substance use disorder.

6.3.4. What Can Be Done Concretely?

Addressing the challenges posed by alcohol consumption within the pastoral context requires practical and informed strategies. Specifically, the Church could develop a Bible-based theology to enlighten its members about the effects of alcohol, rather than merely preaching against it (Ademiluka, 2020b, p. 8). This Bible-based theology may integrate the teachings of Proverbs 23:29–35 and analogous texts into homilies, catechism, bulletins, magazines, and all instructional manuals of the Church. It should be integrated into the programme of the Church's schools and colleges.

The Church should also form faith-based groups, especially men's and youth fellowships that aim at helping alcoholics regain sobriety. Here, one finds many groups in the Church that advocate abstinence from all, including alcohol (e.g., the pioneer movement). Horwedel (2022, p.74) proposes that pastoral caregivers should learn and apply the well the 12-step, using them in the Church and 'communities across the country, often meeting in the basements and spare rooms of their very places of worship'. Although this will not solve the issue of addiction, telling one's story of vulnerability makes one strong (Waters, 2015, p. 772).

Father Baptist Mapunda, a Missionary of Africa, started the Farijika group in Tanzania and Kenya. This faith-based group works to help families. The goal is to reconstruct strong families and make homes that are full of love, peace, growth, and hope. The word '*Kufariji*' in Swahili means 'to comfort, heal, empower, and give hope.' The club is all about spreading the word and fixing broken families. 'Come to me, all you who are weary and burdened, and I will give you rest,' Jesus said wisely (Mt 11:25–30). The group's theology focusses on saving and improving lives, especially for people who are battling with alcoholism, by encouraging a quality of life that is better than what they had before they were addicted.

In implementing the brother's keeper spirituality, the Church could integrate the 'faith-based components, such as 12-step programmes' to support those on the journey of recovery and healing (Travis et al., 2021, p. 3932). However, the Church should be equipped and prepared. The alcohol recovery programme must incorporate professionals for optimal efficacy. The Church may establish an alcohol recovery committee. This committee communicates the Church's recovery programme for alcoholics via media and other channels, identifies alcoholics within congregations and society, and devises a strategy to deliver the programme effectively to them. Families who have alcoholic relatives will be very helpful in getting such relatives to respond to this call. The Church must begin by teaching its members to have a caring attitude towards those with alcohol and drug addiction. Church members must be taught to 'avoid stigmatization, destructive criticisms, and gossip but educate them with passion and love. This attitude fosters positive and progressive change' (Njoku, 2012, p. 72). According to Haarer (1984), individuals must transcend negative emotions, attain comprehension, and cultivate attitudes of compassion and acceptance towards others, without necessarily condoning their detrimental behaviour (1984, p. 20). The ex-alcoholic pastor Alexander DeJong (1985) again writes on how persuasion from people helped him to recover:

> Gradually … I came to see patterns of drinking which were inappropriate. This awareness was fostered by those who resolutely tried to reduce, rather than intensify, my feelings of guilt. Factual accounts of inappropriateness were presented to me without moral condemnation or religious disapproval. Confrontation, not condemnation, helped me enormously (1985, p. 57).

Besides this, according to Cook (2006, p. 194), the Church should also promote an alcohol policy for the common good, and the objective of the common good must be understood as the positive basis for all alcohol policy (Cook, 2006, p. 200). In recent years, the Church has established numerous therapeutic centres and communities for healing ministries across various congregations, offering support to individuals with addictions. It is essential to recognise that these centres are operated by former addicts, referred to as wounded healers. However, the pastoral ministry is limited because of the expense of therapy, counselling, drugs, and lodging facilities. The Church must consider the impoverished and those unable to finance their rehabilitation, recognising how they could gain from a pastoral approach. Poverty often compels individuals to consume inexpensive and hazardous alcohol, resulting in fatalities due to substance abuse.

6.4. Conclusion

Is the work of Fazenda necessary after forty years of existence? In October 2023, Fazenda celebrated forty years since its creation. When it started, it was a different generation from the current one. In the past, many still had families and grandparents; they had a point of reference. More and more young people come from broken families now (*Amoris Laetitia* 31–57). Many come to Fazenda after suffering the divorce of their parents, some after suffering from abuse in their childhood by close members of their families and, unfortunately, by some religious men or women (Heim, 2021, p. 40). This was already pointed out by John Paul II to the representatives of the International Conference on Drug Abuse and Illicit Trafficking in 1987:

> Many factors contribute to the dramatic increase in drug abuse. Among these, we have the breakdown of the family. In addition, there is a steady weakening of traditional ways of life, which for generations have passed on cultural values; there are increasing tensions in human relationships, rising unemployment, sub-human standards of living, fears engendered by the threat of nuclear war, and numerous other social factors, not the least of which is a psychological need to escape from the hardships and painful responsibilities of life. Escape via the bottle was always our solution. However, the loss of ethical and spiritual values is at the root of this evil. John Paul II. (John Paul II, 1987).

As his successor, Pope Francis also highlights different reasons that lead people to addiction. To the Pontifical Academy of Sciences on Narcotics (November 24, 2016), the Pope stated clearly that:

> There is no single cause of drug addiction. Instead, many factors contribute to it, among which are the absence of a family, social pressures, the propaganda of drug dealers, and the desire for new experiences. Every drug addict has a unique personal story and must be listened to, understood, loved, and, insofar as possible, healed and purified. We cannot stoop to the injustice of categorizing drug addicts as if they were mere objects or broken machines; each person must be valued and appreciated in his or her dignity in order to enable them to be healed. The dignity of the person is what we are called to seek out. They continue to possess, more than ever, dignity as children of God (Pope Francis, 2016).

Pope Francis expresses admiration for Fazenda da Esperança and implores that it not be forsaken: 'Your charism is profoundly beautiful: the charism of hope!' You must never abandon this *vocation to hope*! (Pope Francis, 2023). This charism has helped reduce crime and violence in society, which currently, in most cases, are related to chemical and alcoholic dependency. Above all, Fazenda aims at building a more fraternal society.

Another reason that justifies the purpose of Fazenda is that we are living in a globalised indifference' (*Fratelli Tutti* 30), whereby the notion of belonging to a single family is fading away; people pass quickly to the other side of the road at a safe distance or look elsewhere in the presence of those with addiction (*Fratelli Tutti* 73). In this context and many others, Fazenda stands as an instrument of hope to the world, helping those with addiction to conquer vices, overcome trauma, and rediscover their place in the family and society (Exaudi, 2023).

As a fact, it is true that the youth of today are the most significant consumers of hard drugs. In this light, it is legitimate to still have Fazenda and many other institutions of rehabilitation due to the kind of society in which we are living. For this reason, in 2000, Fazenda da Esperança created a group called Esperança Viva Group (EVG), which means A Living Hope Group, as an extension of the Fazenda in society for those who recovered on the Farm and want to continue living what they learned during their process of recovery. This group subscribes to the values of mutual love, living the Gospel, and the need to be together with those who have discovered a new way of life. In addition, the EVG also opens the space for relatives of drug addicts and other people who are affected by the situation of addiction and who are looking for a new lifestyle.

With the group Esperança Viva (EVG), Fazenda aims to provide support to former addicts and those in search of help due to the use of drugs, giving them space to exchange experiences and provide guidance to prevent the recurrence of addiction.

In a broader way, the group Esperança Viva prevents the recurrence of drug addiction, alcohol, prostitution, and other forms of abus. EVG contributes to strengthening the families in the performance of its protective function, leading the family to discover what is possible to do so that their children do not seek the solution in drugs and alcohol. In addition, the group supports, guides, and accompanies families with one or more members in situations of drug addiction, prostitution, violence, infractions, and others; this contributes to the restoration and preservation of the integrity of the people with a substance use disorder, and their families.

EVG works more in line with prevention. This means that the members can listen to the suffering, manage conflicts through dialogue, and share other ways of thinking and acting. The group also works with families and mediates in conflicts, including prejudice, demands, misunderstandings, discussions, and relationship difficulties. In this way, it helps the families to find peace, even in conflicting and painful situations. When the rehabilitation process is done, Fazenda, through Esperança Viva, works for 'reintegration in society' (Benedict XVI,

2007) of those in rehabilitation. It may refer to training programmes and projects for work, professionalisation, and productive inclusion. It also identifies job opportunities and motivates people to be busy, even in voluntary activities while they are still searching for jobs, to avoid idleness so that they are enabled to get rid of drugs.

Chapter Seven
General Conclusion

This paper elucidates the role of theology in the discourse surrounding substance abuse and addiction. For many years, theology was largely excluded from public discourse on alcohol-related matters; however, it is argued that 'theology still has a significant contribution to make to the discussion of addiction' (Cook, 2006, p. 164). The main research question explored was how the Mission of Fazenda da Esperança in Dombe, Mozambique helps in the recovery from alcohol and drug addictions among the people it serves, and the establishment of the Mission of the Church in this regard.

The research investigation revealed that alcohol and drug addiction has attained epidemic proportions. Chapter one contextualises this by examining the understanding of substance abuse through different lenses. The biblical view, both from the Old and New Testaments, emphasises moderation and warns against the destructive nature of excessive drinking, which is often associated with consequences. The Church, throughout history, has had varying attitudes towards alcohol, from outright prohibition by some Church fathers to a focus on moderation by others. Theological viewpoints are often intertwined with philosophical thoughts, highlighting that alcohol abuse is opposed to a virtuous life. In recent centuries, particularly the 19th and 20th, scientific discoveries began to view addiction through disease and biological models, focusing on genetic predispositions and the physiological effects of substances. Psychological and sociocultural perspectives broaden understanding by considering the influence of social environments, personal psychological states, and cultural norms. Additionally, the discussion acknowledges addiction as a potential spiritual disorder impacting one's relationship with self and the divine.

Regarding recovery, approaches like the Twelve Steps Programme and the Therapeutic Community (TC) method highlight the importance of community, personal responsibility, and holistic healing. These methods integrate spiritual, psychological, and social dimensions into recovery, promoting identity transformation and positive lifestyle changes. In essence, this chapter stresses the fact that substance abuse is a complex issue that requires a multidimensional understanding that embraces biblical, historical, scientific, and holistic perspectives. Efforts to address it should consider the individual's psychological, social, and

spiritual needs, promoting self-awareness, community support, and transformative healing practices.

Building on this understanding of holistic recovery, the second chapter comprehensively presents the theoretical framework for the Church's Mission to heal and highlights its importance in suffering and societal challenges. This chapter explores the concept of healing within the biblical and Church context, emphasising its multifaceted nature involving physical, mental, and spiritual restoration. It outlines the significance of healing as a key aspect of Christ's ministry and the Mission of the Church, rooted in Old and New Testament teachings. Papal teachings and conciliar documents, especially post-Vatican II, have reaffirmed the Church's commitment to the Mission to heal, emphasising that it extends beyond physical diseases to address social injustices. By exploring historical understandings of Mission, this chapter shows how the Church is called to participate in God's redemptive work, bringing healing and wholeness to all domains of life. It also emphasises the Church's role in spiritual and physical healing, faith, prayer, sacraments, and integrating secular medicine into its Mission. The Mission also ties healing to salvation, perceiving it as an encounter with God, ultimately leading to the transformation towards wholeness and communion with God.

Transitioning from the theoretical framework to practical application, the third chapter presents the research methodology for exploring the Mission of Fazenda da Esperança in facilitating the recovery from alcohol and drug abuse among individuals in Dombe, Mozambique. This research uses qualitative research that collects empirical data through interviews within the two Fazenda communities in Dombe, Mozambique. The methodology integrates a phenomenological perspective to capture the lived experiences of individuals recovering from addiction and includes semi-structured interviews to facilitate in-depth exploration. Sampling was purposeful, targeting individuals aged 25 to 59 who have undergone recovery and are now serving others. Seventeen participants were selected to ensure diverse perspectives. Data collection involved interviews with different respondent categories, including founders, key informants, and individuals who have completed rehabilitation.

The data was analysed using Creswell's (2009) six-step process for qualitative analysis, focusing on thematic analysis. This approach enabled the identification of themes related to addiction recovery and the contribution of Fazenda's Mission. Strategies to ensure validity, reliability, and rigour include triangulation, member checking, and peer review. This chapter acknowledges limitations such as potential researcher bias, the bounded scope of measurement

focusing on specific substance abuse (alcohol and drug), and cultural challenges, including language barriers. Overall, this chapter demonstrates a rigorous attempt to understand the complex recovery process at Fazenda da Esperança and the role of its Mission in facilitating transformation for individuals affected by substance abuse.

Consequently, the fourth chapter presents the thematic analysis conducted with participants from the Fazenda da Esperança rehabilitation community. This chapter reveals several key insights about healing and recovery from substance abuse. As mentioned above, this chapter presents samples of recovery from alcohol and drug addicts from two Fazenda da Esperança in Dombe. Several themes emerged from the interviews. There are seven key findings. (1) Demographic Insights: The study involved seventeen (17) study participants, primarily middle-aged Brazilian men, and covered diverse nationalities and educational backgrounds. (2) Types of Addiction: The study highlighted common themes in substance use, including the progression from less harmful substances to more dangerous ones and the complex interplay between different substances and mental health struggles. Substance abuse types ranged from drugs like marijuana, cocaine, and crack to alcohol and associated behaviours. (3) Family Backgrounds: Participants' backgrounds varied, with some growing up in troubled family environments marked by neglect and others with supportive upbringings. These backgrounds significantly influenced the development of addiction and the recovery process. (4) Motivating factors (Path to Recovery) for overcoming addiction included family support, spiritual experiences, and hitting rock bottom. In participants' interviews, the turning point experiences are crucial. Family played a crucial role as a motivator and the rock-bottom moment acted as catalyst for recovery. (5) Fazenda's Contribution: The 'tripod' of spirituality, family life, and work at Fazenda da Esperança was vital for recovery. Spirituality provided strength and a renewed sense of purpose, while family and fraternity helped build supportive relationships. Work restored a sense of self-worth and engagement. (7) Healing was multifaceted, including spiritual renewal, personal fulfilment, familial reconciliation, and a lifelong recovery journey. Participants reported profound spiritual transformations and an enhanced sense of community, leading to improved relationships and a new outlook on life. Finally, seven (7) participants perceived Fazenda as a divine work, a place of transformation and new life, a family for restoration, a place of liberation from addictions, and even described it as a 'piece of heaven on Earth'. This comprehensive approach suggests that Fazenda could serve as a meaningful model for addressing substance abuse.

The fifth chapter provides comprehensive insights into Fazenda's approach to addressing addiction and promoting recovery. Fazenda da Esperança significantly contributes to the healing ministry by effectively integrating spirituality, community support, work, and psychological tools to address substance abuse recovery. The interview findings with participants highlight the central role of spirituality in recovery, emphasising prayer, meditation, community worship, and the rediscovery of life's purpose through spiritual renewal. The strong sense of community, akin to early Christian communal living, fosters a supportive environment where individuals can heal, find fraternity, and restore familial relationships. Work therapy, presented as a dignifying activity, empowers individuals, helping them regain self-worth and social reintegration skills. Additionally, psychological methods like the ADI/TIP offer insights into personal traumas, aiding complete recovery.

This chapter also links Fazenda's approach to mission theology, identifying themes of brotherly responsibility and unconditional love aligned with the teachings of the Church. The 'wounded healer' concept illustrates how previous experiences of suffering can become a source of empathy and healing for others in similar situations.

The Church's response to addiction, seen as a modern-day mission field, involves establishing faith-based recovery programmes and creating supportive communities beyond referrals to engage personally with those in need.

This research has changed my previous view of Fazenda. Previously, I thought that people were healed miraculously through abstinence as they lived separated from the world of drugs and alcohol. However, this research has discovered that the journey to healing and recovery combines science, spirituality, and theology. This has made me appreciate the work done in this field of healing. In synthesizing the findings, this study illustrates how communities like Fazenda da Esperança provide a refuge from addiction and a path to wholeness and fulfilment. By integrating spirituality, community support, and therapeutic methods, Fazenda da Esperança exemplifies a model for healing and recovery. Fazenda da Esperança fundamentally embraces the spirit of the Mission to Heal as a dynamic framework that integrates spiritual life, prayer, community living, and purposeful work into its healing process. It stands as a transformative place where individuals can encounter wholeness and restore dignity.

In future studies, further research could be conducted with more interviewees to reinforce the results. This will enable a contribution to the research, increasing the range of scientifically based psychotherapeutic possibilities. More concretely, future research could study specifically

the issue of gadget addiction, for this is one of the biggest challenges, especially for the younger generation. All the means of social communication, which are increasingly developing, are a great gift to humanity. Be that as it may, one can find important news on social media and in the same breath, many toxic things that undermine and corrupt people's lives. Cardinal Burk invites us to look critically at what is happening in the world:

> Think, for example, of someone who spends hours in front of his computer screen and does not have the time to relate responsibly within his family or at work. This situation is so absurd that members of the same family even text each other while under the same roof. Some say they prefer to send text messages rather than communicate directly (Burk, 2016, p. 32).

Parents are happy when their child learns everything about the internet. However, they fail to see the danger that this poses to the young person. Parents and guardians should pay close attention to what children watch on television or the computer. Technological dependents live in tremendous solitude, unable to relate to anyone else. This is unnatural. Humanity is fashioned in the image and likeness of God (Gen 1:26), who is triune and designed for relationships. One only fulfils oneself to the extent that one goes to meet the other, and the gadget isolates in such a way that one no longer has time to relate to living beings. Currently, many people commit suicide because they are entirely isolated from the real world (Mumbi, 2024); they have the false feeling that millions of people are listening to them and that they are communicating using mass media, but it is a grand illusion. Deep down, people live in tremendous loneliness. Father Hans agrees with the necessity to cultivate authentic human connections in an increasingly digital world, as he said, if he were younger, he would open a Fazenda for technology addicts ‘because getting rid of this addiction is difficult’ (Heim, 2021, p. 41).

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Appendix

Appendix A. Permission for Research at Fazenda da Esperança

ESPERANÇA

Guaratinguetá/SP, 13 de Maio de 2024.

Caro Pe. Elie Sango Nyembo, M.Afr,

Assunto: **Permissão para Pesquisa na Fazenda da Esperança**

E com grande prazer que estendemos nossas mais calorosas saudações a você da Fazenda da Esperança, uma comunidade terapêutica dedicada à reabilitação de indivíduos que lidam com abuso de substâncias.

Por meio desta, concedemos permissão ao Pe. Elie Sango Nyembo para conduzir pesquisas dentro de nossas instalações. O Pe. Nyembo terá o privilégio de entrevistar indivíduos, especificamente monitores e pessoas recuperadas que dedicaram suas vidas para ajudar aqueles que lutam contra a dependência. Além disso, ele terá acesso a todos os documentos pertinentes relacionados à Fazenda da Esperança para facilitar seus esforços de pesquisa.

Estamos confiantes de que a pesquisa do Pe. Nyembo lançará luz sobre o trabalho significativo que realizamos e contribuirá para uma compreensão mais ampla da reabilitação de dependência na vida e missão da Igreja.

Antecipamos que os resultados da pesquisa do Pe. Nyembo não apenas beneficiarão a academia, mas também fornecerão insights valiosos para nossos esforços contínuos em ajudar indivíduos a recuperarem suas vidas do domínio da dependência.

Esperamos colaborar com o Pe. Nyembo e ansiamos compartilhar os resultados de sua pesquisa.

Agradecemos pelo seu interesse em nossa organização e por considerar a Fazenda da Esperança para seus empreendimentos de pesquisa.

Atenciosamente,

PE. JOSÉ LUIZ DE MENEZES
Presidente Geral
Fazenda da Esperança

OBRA SOCIAL NOSSA SENHORA DA GLÓRIA - Fazenda da Esperança
Rua Tupinambás, 520 Bairro: Pedregulho Tec: (12) 3128 8800 CNPJ/MF 48.555.775/0001-50
CEP: 12.515-190 Guaratinguetá/SP www.fazenda.org.br

Fazenda da ESPERANÇA

Guaratinguetå/SP, May 13, 2024.

Dear Fr Elie Sango Nyembo, M.Afr,

Subject: **Permission for Research at Fazenda da Esperanca**

We are delighted to extend our warmest greetings to you from Fazenda da Esperanqa, a therapeutic community dedicated to the rehabilitation of individuals grappling with substance abuse.

We hereby grant permission to Fr Elie Sango Nyembo to conduct research within our facilities. Fr Nyembo will have the privilege to interview individuals, specifically monitors and recovered individuals who have dedicated their lives to aiding those battling addiction. Additionally, he will be granted access to all pertinent documents related to Fazenda da Esperanqa to facilitate his research endeavors.

We are confident that Fr. Nyembo's research will shed light on the significant work we undertake and contribute to the broader understanding of addiction rehabilitation in the life and mission of the Church.

We anticipate that the findings of Fr Nyembo's research will not only benefit academia but also provide valuable insights for our ongoing efforts in helping individuals reclaim their lives from the grip of addiction.

We look forward to collaborating with Fr. Nyembo and hope to share in the outcomes of his research.

Thank you for your interest in our organization and for considering Fazenda da Esperanga for your research endeavors.

Yours sincerely,

JOSÉ LUIZ DE MENEZES
General President
Fazenda da Esperanca

OBRA SOCIAL NOSSA S
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CEP:12.515-190 Guaratinguet

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Rua Tupinambås, 520 Bairro: Pedregulho Tel: (12) 3128 8800 CNPJ/MF 48.555.775/0001-50 www.fazenda.org.br

Appendix B. Participant Interview Questions

Introduction:

I will start by thanking the participant for their willingness to share their experiences, explaining the purpose of the interview, ensuring confidentiality, and encouraging them to speak openly.

Demographics:

Age**:**

Gender: [ ] Male [ ] Female [ ] Other

Education Level:

[ ] High School

[ ] Bachelor's Degree

[ ] Master's Degree

[ ] Doctorate

[ ] Other: ____________

Main Questions:

Motivation to Join the Project on the Contribution of Fazenda

1. .What inspired you to get involved in the project focused on the contributions of Fazenda?

- How would you describe your childhood background and how it may have influenced your participation in this project?
- Can you share your personal experiences regarding addiction to drugs or alcohol, if any?
- How did you come to the realization of your drug of choice, and what influenced that journey?
- In your view, what factors do you think contributed to your addiction?
- Can you elaborate on the duration of your engagement with drug or alcohol use?
- The decision to Stop Using

2. What were the pivotal moments or thoughts that led you to decide to stop using substances?
- Can you discuss the circumstances or events that influenced your decision to stop?
- How would you describe your journey in recovery so far, including how long it has been?
- In what ways do you think your life or perspective has evolved since beginning your recovery journey?
3. Contribution of Fazenda to Recovery and Healing Ministry
- Can you describe, in your own words, the significance of work, Convivência, spirituality, and ADI at Fazenda in relation to your experience?
- How do you perceive the importance of these aspects within the context of your involvement at Fazenda?
- In your opinion, what role does Fazenda da Esperança play in the broader field of addiction recovery?
- How has the spirituality experienced at Fazenda influenced your personal recovery journey?
- What observations do you have about the areas where Fazenda da Esperança may need improvement or faces challenges?
- Can you share any innovative approaches you have observed at Fazenda that stood out to you, and what made them successful or not?
- Let's explore alternative strategies that Fazenda could have pursued but chose not to. What are your thoughts on those alternatives?
- Lifelong Commitment to Fazenda
4. How do you view your long-term commitment to Fazenda moving forward?
- In what ways do you believe you have changed as a result of your experience at Fazenda?
- Can you pinpoint specific transformations that have occurred in you since your time at Fazenda?
- How do you view your spiritual journey today? Are you baptized, and do you regularly attend church?
- Do you have a personal spiritual practice that you actively engage in? If so, how does it manifest in your life?

- In your own words, what does the spirituality of Fazenda mean to you, and how has it impacted your recovery journey?

Conclusion:

I will thank the participants for sharing and insights, reiterating the value of their experiences in contributing to the understanding of the impact of Fazenda. I will also offer an opportunity for them to give any final thoughts or questions they may have.

Appendix C. Participant Interview Questions Portuguese Translation

Introdução:

Começarei agradecendo ao participante por sua disposição em compartilhar suas experiências, explicando o objetivo da entrevista, garantindo a confidencialidade e incentivando-o a falar abertamente.

Demográficos:

Idade:

Sexo: [ ] Masculino [ ] Feminino [ ] Outro

Nível de Escolaridade:

[ ] Ensino Médio

[ ] Graduação

[ ] Mestrado

[ ] Doutorado

[ ] Outro: ____________

Principais Perguntas:

Motivação para Participar do Projeto sobre a Contribuição da Fazenda

1. O que o inspirou a se envolver no projeto focado nas contribuições da Fazenda?
- Como você descreveria o contexto da sua infância e como isso pode ter influenciado sua participação neste projeto?
- Você pode compartilhar suas experiências pessoais relacionadas à dependência de drogas ou álcool, se houver?
- Como você chegou à percepção da sua droga de escolha e o que influenciou essa jornada?
- Em sua opinião, que fatores você acha que contribuíram para a sua dependência?
- Você pode elaborar sobre a duração do seu envolvimento com o uso de drogas ou álcool?

2. A decisão de parar de usar : Quais foram os momentos ou pensamentos decisivos que o levaram a decidir parar de usar substâncias?

- Você pode discutir as circunstâncias ou eventos que influenciaram sua decisão de parar?
- Como você descreveria sua jornada de recuperação até agora, incluindo há quanto tempo está nessa caminhada?
- De que maneira você acha que sua vida ou perspectiva evoluiu desde que começou sua jornada de recuperação?

3. Contribuição da Fazenda para o Ministério de Recuperação e Cura . Você pode descrever, com suas próprias palavras, a importância do trabalho, da Convivência, da espiritualidade e do ADI na Fazenda em relação à sua experiência?

- Como você percebe a importância desses aspectos no contexto do seu envolvimento na Fazenda?
- Em sua opinião, qual é o papel da Fazenda da Esperança no campo mais amplo da recuperação de dependências?
- Como a espiritualidade vivenciada na Fazenda influenciou sua jornada pessoal de recuperação?
- Que observações você tem sobre as áreas onde a Fazenda da Esperança pode precisar de melhorias ou enfrenta desafios?
- Você pode compartilhar alguma abordagem inovadora que você observou na Fazenda que se destacou para você, e o que a tornou bem-sucedida ou não?
- Vamos explorar estratégias alternativas que a Fazenda poderia ter seguido, mas optou por não fazê-lo. Quais são seus pensamentos sobre essas alternativas?

4. Compromisso Vitalício com a Fazenda. Como você vê seu compromisso a longo prazo com a Fazenda daqui para frente?

- De que maneiras você acredita que mudou como resultado da sua experiência na Fazenda?
- Você pode identificar transformações específicas que ocorreram em você desde o seu tempo na Fazenda?
- Como você vê sua jornada espiritual hoje? Você é batizado e participa regularmente da igreja?
- Você tem uma prática espiritual pessoal na qual se envolve ativamente? Se sim, como isso se manifesta em sua vida?

- Em suas próprias palavras, o que a espiritualidade da Fazenda significa para você, e como ela impactou sua jornada de recuperação?

Conclusão:

Agradecerei aos participantes por compartilharem suas experiências e insights, reiterando o valor de suas vivências para contribuir com a compreensão do impacto da Fazenda. Também oferecerei a oportunidade para que eles compartilhem quaisquer pensamentos finais ou perguntas que possam ter.

Appendix D. Informed Consent Document and declaration

Informed Consent Document

Dear Participant,

My name is Nyembo Sango Elie (*student nr* 224116644). I am a master's candidate studying at the University of KwaZulu-Natal, Howard College / Pietermaritzburg Campus. The title of my research is: The Mission of the Church in Addressing Alcohol and Drug Abuse: The Case of Fazenda da Esperança Healing Ministry in Dombe. The aim of the study is to present the contribution of *Fazenda da Esperança* in helping people overcome alcohol and drug addiction. I am interested in interviewing you so as to share your experiences and observations on the subject matter.

Please note that:

The information that you provide will be used for scholarly research only.

Your participation is entirely voluntary. You have a choice to participate, not to participate or stop participating in the research. You will not be penalized for taking such an action.

Your views in this interview will be presented anonymously. Neither your name nor identity will be disclosed in any form in the study.

The interview will take about 30 munities.

The record as well as other items associated with the interview will be held in a password-protected file accessible only to myself and my supervisors. After a period of 5 years, in line with the rules of the university, it will be disposed by shredding and burning.

If you agree to participate please sign the declaration attached to this statement (a separate sheet will be provided for signatures)

I can be contacted at: the School of Religion, Philosophy & Classics, University of KwaZulu-Natal, Pietermaritzburg Campus, Scottsville, Pietermaritzburg. / Howard

College Campus, Durban. Email: 2 2 4 1 1 6 6 4 4 @ s t u . u k z n . a c . z a / Phone Number: +2

My supervisor is Lilian Siwila who is located at the School of Religion, Philosophy & Cell: Classics, Pietermaritzburg Campus / Howard College Campus, Durban of the University of KwaZulu-Natal. Contact details: email: siwila@ukzn.ac.za Phone number: +[redacted]

The Humanities and Social Sciences Research Ethics Committee contact details are as follows: HSSREC Research Office, Tel: 031 260 8350/4557/3587, Email:

hssrec@ukzn.ac.za

Thank you for your contribution to this research.

DECLARATION

I…………………………………………………………………………… *(full names of participant*) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

I understand the intention of the research. I hereby agree to participate.

I consent / do not consent to have this interview recorded (if applicable)

Signature of Participant………………………………………….………… Date…………………..

Appendix E. Informed Consent Document and Declaração

Documento de Consentimento Informado

Caro(a) Participante,

Meu nome é Nyembo Sango Elie (número de estudante 224116644). Sou candidato a mestre na Universidade de KwaZulu-Natal, Campus de Howard College / Pietermaritzburg. O título da minha pesquisa é: A Missão da Igreja na Abordagem do Abuso de Álcool e Drogas: O Caso do Ministério de Cura Fazenda da Esperança em Dombe. O objetivo do estudo é apresentar a contribuição da Fazenda da Esperança na ajuda a pessoas a superar a dependência de álcool e drogas. Estou interessado(a) em entrevistá-lo(a) para que compartilhe suas experiências e observações sobre o tema.

Por favor, note que:

A informação que você fornecer será usada apenas para pesquisa acadêmica.

Sua participação é totalmente voluntária. Você tem a opção de participar, não participar ou parar de participar da pesquisa. Você não será penalizado(a) por tomar tal decisão.

Suas opiniões nesta entrevista serão apresentadas de forma anônima. Nem seu nome, nem sua identidade serão divulgados de qualquer forma no estudo.

A entrevista levará cerca de 30 minutos.

O registro, assim como outros materiais associados à entrevista, serão mantidos em um arquivo protegido por senha, acessível somente por mim e meus supervisores. Após um período de 5 anos, de acordo com as regras da universidade, eles serão descartados por meio de trituração e incineração.

Se você concordar em participar, por favor, assine a declaração anexada a este documento (uma folha separada será fornecida para assinaturas).

Posso ser contatado(a) na Escola de Religião, Filosofia & Clássicos, Universidade de KwaZulu-Natal, Campus de Pietermaritzburg, Scottsville, Pietermaritzburg. / Campus de Howard College, Durban. E-mail: 224116644@stu.ukzn.ac.za / Telefone: +2

Meu supervisor é Lilian Siwila, localizada na Escola de Religião, Filosofia & Clássicos, Campus de Pietermaritzburg / Campus de Howard College, Durban, da Universidade de KwaZulu-Natal. Dados de contato: e-mail:

siwila@ukzn.ac.za Telefone: +

Os dados de contato do Comitê de Ética em Pesquisa em Ciências Humanas e Sociais são os seguintes: Escritório de Pesquisa HSSREC, Tel: 031 260 8350/4557/3587, Email: hssrec@ukzn.ac.za

Obrigado por sua contribuição para esta pesquisa!

DECLARAÇÃO

Eu, ………………………………………………………………………… (nome completo do participante), confirmo que compreendo o conteúdo deste documento e a natureza do

projeto de pesquisa, e consinto em participar do projeto de pesquisa.

Compreendo que sou livre para me retirar do projeto a qualquer momento, se assim desejar. Compreendo a intenção da pesquisa. Concordo em participar.

Consinto / não consinto que esta entrevista seja gravada (se aplicável)

Assinatura do participante……………………………………………..data…………………

Appendix F: Turnitin Report

Submission date: 26-May-2025 04:47PM (UTC+0200)

Submission ID: 2681696850

File name:

Elie Sango Nyembo

_The_Mission_of_the_Church_in_Addressing_Alcohol_and_Drug_Abuse_The_Case_of_Faz
enda_da_Esperança_Healing_Ministry_in_Dombe.pdf (902.44K)

Word count: 48216

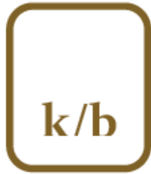
Character count: 269217

ORIGINALITY REPORT

13%	12%	5%	5%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

Appendix G: Editor Report



7 May 2025

Editing Certificate

This letter confirms that the following Master's dissertation by Nyembo Sango Elie was language edited: **The Mission of the Church in Addressing Alcohol and Drug Abuse: The Case of Fazenda da Esperança Healing Ministry in Dombe**.

Dr Karen Buckenham, *PhD (KwaZulu-Natal), MA (KwaZulu-Natal), BSc (Toronto), TESL (Toronto)*.

DISCLAIMER: The English language editor used track changes for corrections and inserted comments for queries. The responsibility for effecting the changes in the final, submitted document is the responsibility of the student.

Appendix H: Ethical Clearance Certificate

10 March 2025

Revd Sango Elie Nyembo (224116644)
School of Rel Phil & Classics
Pietermaritzburg Campus

Dear Revd Nyembo,

Protocol reference number: HSSREC/00008059/2024
Project title: The mission of the church in addressing alcohol and drug abuse: The case of Fazenda da Esperança Healing Ministry in Dombe
Degree: Masters

Approval Notification – Full Committee Reviewed Protocol

This letter serves to notify you that your response received on 07 March 2025 to our letter of 03 February 2025 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

Incidents of adverse events and serious adverse events (AEs and SAEs) should be reported in writing to HSSREC, the study sponsors, and any regulatory authority (where appropriate), within 7 working days of the occurrence for local sites and 14 days for all other South African sites.

This approval is valid for one year until 10 March 2026
To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

HSSREC is registered with the South African National Health Research Ethics Council (REC-040414-040).

Yours faithfully

....

Professor Dipane Hlalele (Chair) /nng

Humanities & Social Sciences Research Ethics Committee
UKZN Research Ethics Office Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Tel: +27 31 260 8350 / 4557 / 3587
Website: http://research.ukzn.ac.za/Research-Ethics/

Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

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