



Kent Dunnington

Article

Recovery and the Humble Reconstitution of the Self

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There is evidence supporting the claim that twelve-step programs offer the best hope of recovery for addicted persons. This article offers an explanation for the success of twelve-step programs. It argues that twelve-step programs are the best recovery regimen because they aim at a humble reconstitution of the self, and a humble reconstitution of the self directly addresses two of the most besetting challenges of the addict: (1) the challenge of identifying with the self over time, and (2) the challenge of incorporating personal pain, guilt, shame, failure, and trauma into one's self-understanding. After explaining these two challenges, the article examines the role of pride in typical instances of self-constitution before showing how twelve-step programs self-consciously pursue a different, humility-based, path of self-constitution. The article concludes by considering the scientific and theological merits of its central hypothesis.

Alcoholics Anonymous (AA) and other twelve-step programs (TSPs) appear to “work.” They appear to help people recover from addictions, and to do so better than alternative treatment programs. Although contested, these claims are backed by anecdotal evidence and, more importantly, by several clinical studies.¹ Let’s suppose that it is true that TSPs such as AA work best for addicts. We need not suppose they work for all addicts (they do not), but suppose on the whole TSPs are the most effective available treatment regimen for addicts. Why should that be?

It is perplexing that TSPs work. First, TSPs are nonmedicalized programs of recovery, whereas the prevailing paradigm of addiction presents it as a neurobiological disease. Second, TSPs place spirituality and moral growth front and center, whereas it is a commonplace of the con-

temporary outlook on addiction that it is “not a sin, but a sickness.” And third, much of what TSPs claim about addiction is patently false or woefully superficial.² For instance, the evidence that addicts are incentive-sensitive, and therefore are not powerless over their addictions, is overwhelming,³ but the first step of TSPs states that addicts are powerless over their addictive substance or process. How is a nonmedicalized recovery program that privileges moral/spiritual growth and presents a false and superficial understanding of addiction, nevertheless the best available recovery program?

One way of responding to this puzzle is to question the prevailing understanding of addiction; perhaps the success of TSPs is a mystery only as long as we are committed to a disease model of addiction. I have tried to make that argument elsewhere, by challenging the disease model of addiction and attempting to replace it with a habit model.⁴ In this article, however, I want to set aside the question of whether addiction is or is not a disease. I am no longer confident that such a debate should be at the center of our efforts to understand addiction and recovery.

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My thesis is that TSPs are the best recovery regimen because they aim at a humble reconstitution of the self, and a humble reconstitution of the self directly addresses two of the most besetting challenges of the addict: (1) the challenge of identifying with the self over time, and (2) the challenge of incorporating personal pain, guilt, shame, failure, and trauma into one's self-understanding. I will first lay out the reasons for thinking these two are among the most besetting challenges of the addict before briefly sketching how TSPs address them. At the close of the article, I will propose that understanding the work of TSPs in the way that I have suggested is scientifically plausible (since it is consistent with the neurological findings about addiction), scientifically testable (given the right measurement tool), and theologically illuminating (since it avoids the pitfalls of a purely sociological or a purely mystical interpretation of the power of TSPs).

Addiction as an Intrapersonal Prisoner's Dilemma

One way of getting a grip on what goes wrong in addiction is by trying to understand the perspective from which addictive behavior "makes sense." This might seem like a dead end given the commonplace assumption that addictive behavior is irrational, insane, and unaccountable, but the evidence that addicts, like non-addicts, are incentive-sensitive suggests otherwise.⁵ Natalie Gold offers a powerful heuristic for thinking about the rationality of addictive behavior.⁶ Gold argues that addictive behavior over time can be understood as an intrapersonal prisoner's dilemma. Let me explain by first reviewing the set-up of a prisoner's dilemma.

Suppose you and a fellow gang-member, Hascal, are arrested and detained in separate rooms. You cannot communicate with each other. The officer describes your options: "If you rat out Hascal, and he doesn't rat you out, you're off scot free. If you don't rat him out, and he rats *you* out, you get three years in the can and *he* gets out scot free. If you both rat each other out, you both get two years. And if neither of you rats the other out, you both get a year."

What should you do? What would be *rational* to do? You know Hascal is presented with the same options, but you cannot talk with him to establish a plan of cooperation. You do not know whether he'll

snitch on you or not. The fascinating thing about a prisoner's dilemma is that from the perspective of your individual well-being, it is always rational to snitch. Here is why. You know Hascal will either snitch or keep quiet; those are his only two options. Consider what would be best for you to do in either case. Suppose he snitches: then it is better for you to snitch (that way you get two years instead of three in the can). Suppose he keeps quiet: it is still better for you to snitch (that way you get off scot free instead of spending a year locked up with Hascal). So from the perspective of your individual well-being, it is rational for you to snitch no matter what Hascal decides.

What does this have to do with addiction? Well, suppose you are an alcoholic who wants to recover, but you are facing a powerful temptation to drink. You might think as follows. *Resisting this temptation and bearing the misery of sobriety here and now is only worthwhile if my future self holds up his end of the bargain. If I resist these cravings today only for future-me to give in to them tomorrow, all this misery will be for naught. So I need to be confident that my future self is going to hold up his end of the bargain. But I don't know what my future self will do! All I know is that he'll either hold out, or he'll give in. But wait a minute. If he's going to give in, no way am I going to suffer here and now – it would be a wasted effort. So if my future self is going to drink, I should just drink now. But suppose my future self is going to hold out. Well, even then why shouldn't I enjoy one last drink since he'll get the ball rolling later? Either way, I should drink!*

Although this may be a case of "thinking drinking," as AAs call it, it is not obviously irrational, any more than it is irrational for you to snitch after you think through what is best for you given Hascal's two possible actions. And if that is right, then we have discovered a perspective from which addictive behavior—recurrently giving in to temptation to use—makes rational sense. Put differently, from this perspective, weakness of will is *rational* whereas self-control would be *irrational*, thus reversing the standard Aristotelian view, according to which incontinence is irrational and continence rational.

What is distinctive about the perspective from which recurrently giving in to temptation is rational? Here is the key insight. The distinctive thing about this perspective is that it is a perspective within which an agent does not have a cooperative and trusting

relationship with her future self. Such an agent lacks tools, which apparently others have, of “communicating” with her future self. She feels cut off from her future self, in something like the sense in which you would feel cut off from Hascal while being detained in separate rooms. At best, you can hope for or gamble on Hascal’s cooperation, but you cannot rely on it or trust it. In sum, it is possible to interpret addictive temptation as the occasion of an intrapersonal prisoner’s dilemma, and to interpret addictive behavior as evidence of an inability to “team up” with one’s future self in order to cooperate in the pursuit of shared goals.

The analysis suggests that one of the besetting problems of the addict is an inability to fully identify with a future self. This conclusion is supported by contemporary psychological and neurological research. For example, it explains the strong link between impulsivity and borderline personality disorder (BPD).⁷ Lack of self-control (impulsivity) is a defining symptom of BPD, but we can best understand *why* there should be a correlation between BPD and impulsivity by recognizing that persons with BPD have a special difficulty making strong identifications with future versions of themselves. Daniel Bartels and Lance Rips also found a strong correlation between an agent’s ability to delay gratification and an agent’s sense of connectedness with past and future psychological states, such as memories, intentions, beliefs, and desires.⁸ Subjects who rated themselves as more psychologically connected to past and future versions of themselves displayed greater self-control and a lower “discount rate” when evaluating future goods. In sum, the kind of loss of control that is typical of addiction is highly correlated with a disconnected or fragmented “sense of self.”

If the analysis is correct, then a program of recovery will need to address the fragmented self that besets addicted persons.⁹ The success of AA and other TSPs, I will argue, is largely due to their ability to provide addicted persons with narratives that can overcome the fragmented self and help addicted persons more strongly identify with both their past and future selves. But how, exactly, do we “build” a self? What is involved in moving from a fragmentary toward a more unified self? What exactly would it mean to have a more “solid” or “robust” sense of self that one can count on, and that would cooperate with one’s future self?

Two Ways of Constructing a Self

“Self” is not a clear term. It is used in at least the following five ways.¹⁰ Self can mean

- (1) *person*—one has a self insofar as one is a human person;
- (2) *personality*—one has a self insofar as one has distinctive personal characteristics;
- (3) *phenomenological subject*—one has a self insofar as one experiences consciousness;
- (4) *identity*—one has a self insofar as one has a sense of “who I am”; and
- (5) *executive agent*—one has a self insofar as one can make choices.

It is easy to see how these different meanings can come apart; this shows how easily we can equivocate on the notion of the self. But the sense of self that I have been discussing, and that is emerging as an important theme in discussions of addiction and recovery, is the sense of self picked out by meaning (4). When we say addicted persons are beset with a fragmentary self, we mean that addicted persons lack a sufficiently robust identity.

This remains vague, though, so let’s try to sharpen it. The notion of identity is itself polysemous, since there are various ways in which I might be concerned about “who I am.” We use “identity” variously to pick out the notion of

- (4a) *self-understanding*—a relatively clear idea of what others would need to know about my story in order to really “know me”;
- (4b) *vocation*—a relatively clear idea of the kind of agent I am called to be;
- (4c) *ego ideal*—a relatively clear set of beliefs about myself, reflection upon which is an occasion of pride; and
- (4d) *sense of self-worth*—a relatively clear sense that I am deserving of unconditional love and care.

Again, we can see how these are different by reflecting on how they can come apart. For instance, we can imagine a severely downtrodden addict who possesses only (4a). If she were honest, she could say the things about herself that someone else would need to know in order to understand “her story,” but she might not have a clear sense of practical agency, or of personal pride, or even of her self-worth. And we could imagine scenarios in which each of (4a)–(4d) come apart from the others.¹¹

My view is that a stable and secure “sense of self” is typically achieved through the progressive alignment of (4a)–(4d). That is, by integrating my personal story, my vocation, my ego ideal, and my sense of self-worth, I achieve a reliable experience of some underlying substrate of “who I am” that can withstand the slings and arrows of fortune. Whether there really *is* such a substrate is an important philosophical question, but one that is irrelevant to the phenomenology. What the research shows is not that persons must *have* a substantial self in order to successfully exercise self-control, but only that they must *sense* that they do. In other words, they must have a first-person experience of strongly identifying with an extensive collection of future first-person experiences.

If it is true that addicts have a fragmented self, that they struggle to identify strongly with their future selves because in some meaningful sense they do not fully know who they are, then the problem is likely to be a failure of alignment between the various senses of self that I have outlined. But why should addicts have a special problem aligning (4a)–(4d)? Let me state succinctly what I take the problem to be, and then unpack the claim in the following paragraphs. The problem, most of the time, is that human persons achieve a unified experience of the self by gradually aligning their (4a) self-understanding, (4b) vocation, and (4d) sense of self-worth with a clear and relatively attainable (4c) ego ideal. But, in the case of serious addiction, personal failure and shame undercut this standard mechanism whereby human beings achieve a unified experience of the self. Put differently, most of the time a strong sense of self is built by leveraging pride (which is what the ego ideal is all about), but, in the case of serious addiction, personal pain, guilt, shame, failure, and trauma consistently undercut pride and thereby short-circuit the conventional “selving” project. To understand why TSPs are powerful recovery regimes, we must see why pride is the conventional mechanism for selving, and why addictions cause breakdowns in that mechanism.

Pride is the conventional mechanism for selving because the consolidation of a strong ego ideal typically conditions the other aspects of selfhood: self-understanding, vocation, and self-worth. For example, the ego ideal typically conditions our quest for self-understanding because any tension between

some component of our self-understanding and some component of our ego ideal is an occasion of shame. If it is part of my self-understanding that I am a drunk who has often put the well-being of my family in jeopardy, and if it is part of my ego ideal that I be a good father, reflection on my self-understanding will be an occasion of disappointment and shame. The ego-ideal-induced experience of shame will then motivate a quest for revision of either my self-understanding or my ego ideal. How do I revise it? There are at least three ways.

First, I might “flip the script” and attempt to valorize being a degenerate and reckless drunk, incorporating it into my ego ideal, and thereby achieving alignment between my self-understanding and my ego ideal. Occasionally people or people-groups who have long been shamed for some characteristic or behavior will manage to flip the script and take pride in that characteristic or behavior, by incorporating it into a revised ego ideal. This is what happened, for instance, in the “black power” movement. There are addiction subcultures that flip the script as well. One heroin addict wrote to me from prison that she and her boyfriend (who died by overdose) were

disgusted with the plastic, air-brushed perfection that is the American ideal. So our pale, anemic, track-marked flesh became a mark of distinction that separated us from all that. We were not ashamed of being addicted to heroin because we took a certain amount of pride in our deliberate choice to live in opposition to that ideal.

So addicts *may* leverage pride to consolidate a strong sense of self, but they thereby cut themselves off from recovery.

Alternatively, when confronted with this gap between my ego ideal and my self-understanding, pride might push me to simply repress and deny the aspect of my self-understanding that is in conflict with my ego ideal. Rather than flip the script and valorize the drinking life (as some drunks do, especially in the early throes of addiction), I simply disavow that I am a drunk who has endangered his family. Here again, pride is leveraged in order to overcome a fragmented sense of self, but here again, recovery becomes impossible since the addict is in denial.

A final possibility suggests itself. When confronted with the gap between my ego ideal and my self-understanding, I might try to bring my

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self-understanding in line with my ego ideal by becoming a more devoted father. If I succeed, and I grow into a responsible father, I gain a new self-understanding, a new story to tell about myself: I used to be a drunk, but that is not who I am today. Here again, the ego ideal is the engine that leverages the alignment between self-understanding and ego ideal, which is constitutive of a strong sense of self. But here again, we see how major addiction can easily short-circuit the normal process whereby our ego ideals drive the consolidation of the self. Most of the men and women¹² in TSPs have tried, and failed, to leverage their ego ideals to overcome their destructive behavior. Pride is a strong enough force to overcome many a temptation, but quite often it seems to be insufficient for overcoming the constant onslaught of addictive temptation.

We are beginning to see how the ego ideal is typically in the driver's seat in the effort to achieve a unified self. The ego ideal can motivate flipping the script, denial, or moral effort. We can demonstrate a similar set of relationships between one's ego ideal and one's vocation, and between one's ego ideal and one's sense of self-worth. We see that the ego ideal—that particular perspective on ourselves that can occasion a sense of pride and positive self-regard—typically conditions the formation of our vocation as well as our sense of self-worth. For instance, the formation of our vocation is constrained by our ego ideal whenever we have the conviction that we should be a certain kind of agent but recognize that being such an agent cannot occasion an experience of pride. This is, I suspect, what keeps many serious addicts away from a TSP. It is no part of their ego ideal that they become a “Stepper.” And how could it be? Involvement in a TSP requires the explicit admission of helplessness, failure, and powerlessness. So long as the ego ideal is in the driver's seat, certain vocational possibilities remain problematic.

Let's consider one more example of how pride is the typical engine for unifying the self. Most of us develop a sense of self-worth—a sense that we are worthy of the love and respect of others—by attaining to an ego ideal such that we believe we *deserve* the love and respect of others because of something intrinsically good or delightful about us. We do not want to be the undeserving recipients of gracious love, we want to be the deserving recipients of love that is responsive to our good qualities. That we are

creatures who resist grace is but one way of saying that our sense of self-worth is typically conditioned by our ego ideals.

To sum up, most addicted persons have a fragmented experience of themselves. They are not able to enter into cooperative partnerships with their future selves, and thus addictive behavior becomes rational from the perspective of the isolated here-and-now self. And addicted persons are especially prone to a fragmented self because of the way that their shame and guilt undercut the consolidating role of pride in the formation of a unified sense of self. Pride can lead an addict to flip the script, but then a self-satisfied drunk can never recover. Pride can lead an addict to deny her addiction, but then an addict in denial can never recover. Pride often motivates moral effort, but addictive temptation seems to be uniquely resilient and intense, to the degree that the normal pride-driven efforts at self-control generally fail.¹³

There is, however, another way of consolidating a unified sense of self. It is not the typical way, even if it is the path to selfhood recommended by Jesus and other sages. There is a kind of serving that is grounded in humility, rather than pride. One way of understanding the success of TSPs as recovery programs is by seeing that they offer a nonpride-driven way of consolidating a unified sense of self. If addicted persons need a unified sense of self to exert self-control, but the normal pride-driven “serving” project is not available to addicts, then we should not be surprised by the success of TSPs, which focus on the humble reconstitution of the self.

Why TSPs Work

According to *Twelve Steps and Twelve Traditions*, “the attainment of greater humility is the foundation principle of each of A.A.'s Twelve Steps.”¹⁴ “All of A.A.'s Twelve Steps ask us to go contrary to our natural desires,” the book explains; “they all deflate our egos.”¹⁵ And even a cursory reading of the literature of AA bears out the central role that humility plays in the program. It is also not luminously clear from this literature exactly *what* humility is or exactly *why* humility should be the “foundation principle” of the twelve steps. Similarly, the “Big Book” as well as *Twelve Steps and Twelve Traditions* highlights pride as the alcoholic's biggest problem, but it is not

luminously clear what pride is or how pride hampers alcoholics.

But I think that we are now in a position to see how humility and pride might matter to the practice of recovery. The *emotion* of pride—as in, “I just *feel* so proud”—is an experience of pleasure evoked by a positive self-survey. That is, we experience the emotion of pride when we consider ourselves and discover that there is something about us that distinguishes us as better than, more important than, or more significant than some relevant class of others. It is a powerful emotion, the pursuit of which can energize a wide range of personal initiatives. The *character trait* of pride is the disposition to be overconcerned to experience the emotion of pride. Put differently, the proud person is the one who is overconcerned about all of those ways in which his personal significance over against others can be experienced through a positive self-survey. And so, to be a proud person is to be someone who is ego driven in a straightforward sense: most of what the proud person does is conditioned by her desire to experience herself as “better than” some relevant class of others. The character trait of humility is simply the absence of the character trait of pride: it is a general lack of concern about one’s own personal significance over against others.¹⁶

We still tend to think of pride as a vice and, therefore, of an ego-driven life as a kind of moral failing, but I hope my discussion in the previous section indicates that, for most of us, most of the time, pride is precisely what enables us to make sense of who we are. Even though I ultimately reject Hume’s neo-Aristotelian reinstatement of pride into the column of the virtues, I think he is exactly right—that almost all ambition, success, and aspiration is pride driven. Hume rightly noted that if we got rid of pride, it is not at all clear what motive most of us would have for self-improvement or service to our fellow citizens.

TSPs recognize that this ego-driven way of life is a disaster for addicts, but we can only really grasp why that should be, once we see that the ego-driven life is the norm. In the previous section, I tried to suggest why the normal way in which pride is leveraged to achieve a unified self typically fails for persons who are beset with serious addictions. The central insight of TSPs is that there must be another way to build a cohesive self, a way that does not rely on what Iris Murdoch calls “the fat, relentless ego.”¹⁷

How, then, can humility be the bedrock of a reconstitution of the self? Return again to the various senses, (4a)–(4d), of identity. I showed how, typically, the constitution of the self is pride driven, in the sense that it is one’s ego ideal that conditions and constrains one’s self-understanding, one’s vocation, and one’s self-worth. There is, however, another way. One might put one’s self-worth in the driver’s seat and allow it to condition the others. But how can I *begin* with a sense of self-worth if that sense of self-worth is not already ego-based, built on the back of my achievement, my importance, my status—in other words, my intrinsic or achieved goodness that grounds and justifies my sense of self-worth?

Here the fundamentally Christian orientation of TSPs emerges, because the whole program hinges on the conviction that I can discover that I am accepted, loved, valued, and treasured regardless of my failures. It hinges on the conviction that I am worthy of acceptance, inclusion, and care—no matter what. Put theologically, it hinges on the conviction that there is grace, a love beyond merit. TSPs assert such a love by setting forward the reality of a Power in whose care I can rest and therefore in whom I can unconditionally trust.

The effectiveness of the whole A.A. program will rest upon how well and earnestly we have tried to come to “a decision to turn our will and our lives over to the care of God *as we understand him*.”¹⁸

The theological significance of “as we understand him” has been amply examined,¹⁹ but at least part of the reason that TSPs include this caveat is that they want nothing to stand in the way of a certain kind of experiment of trust. TSPs do not assert the reality of a trustworthy God on the basis of revelation or authority, but on the basis of experience. “We who have tried it ... can testify that anyone, anyone at all, can begin to do it.”²⁰

TSPs link the willingness to submit to and rest in the care of God to the virtue of humility. Faith is required to *believe* in God, but it is *dependence* upon God that grounds humility and thereby frees one from the dominating impulses of the ego. Dependence is the heart of the matter for TSPs, and they go to some lengths to rescue the notion of dependence from its associations with servility. It is pride that insists on unqualified independence, and humility which recognizes that, as creatures, we are fundamentally

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dependent and needy. "It is startling to discover how dependent we really are, and how unconscious of that dependence."²¹

TSPs do not simply assert the existence of a love that can sustain us, though we be without merit. They embody it. They embody it in a variety of ways, but primarily by inviting people to tell the story of their failures in a context of complete acceptance. In this way, they sever the constraining and controlling function of the ego ideal. If, week after week, I can ritually relay the stories of my past (and often continuing) confusion, illusion, failure, and devastated hopes, then I can begin to gain a sense of who I am and who I could be that does not require to be buttressed by my ego ideal. That is, I can begin to piece together a self-narrative in which I play no noteworthy or heroic role whatsoever. New TSPers worry: "If I keep on turning my life and my will over to the care of Something or Somebody else, what will become of *me*?"²² Veteran TSPers discover that they find a truer and more cohesive self, precisely by relinquishing the old pride-driven self-constitution project.

TSPs highlight this shift in self-constitution strategy by repeatedly drawing a contrast between the addict's penchant for independence before the TSP, and what the addict is learning about dependence within the TSP, underlined especially in step two. Like (nearly) everyone else, addicts want to establish their own significance independently of others' love and care, so that others' love and care is deserved, rather than a gift of grace. What addicts discover within TSPs is that their significance may be established in a way that is dependent upon the love and care of their Higher Power and of their fellow Steppers. In other words, TSPs train addicts to see their selfhood as itself a gift of grace, something they receive by learning to rest in the love of others.

AA and other TSPs ingeniously combine the self-constructing power of narrative with a context that eschews ego-ideal-driven narratives. Put differently, telling your story in a way that emphasizes your own personal excellence avails nothing in a TSP meeting. So, you must find a different way of telling the story of who you were, who you are, and who you are becoming. And thus, you may discover an identity that is rooted in the sense of self-worth, the recognition that you are unconditionally loved, rather than in the ego ideal, the belief that you are distinctively

important or impressive. TSPs are powerful recovery regimes because they train addicted persons, whose resources for a prideful reconstruction of the self are typically decimated, to find a new self-understanding and vocation without recourse to pride. They do this by turning the ego ideal into an enemy, an unwelcome and destructive presence that must be starved and systematically sidelined through the practice of the twelve steps. TSPs thus center the serving project on humility, rather than pride.

TSPs, Science, and God

I have argued that TSPs are successful largely because they recognize the need for a nonpride-driven reconstitution of the self. My hypothesis is that TSPs excel other recovery regimes because they prioritize, more than other recovery regimes, a narrative-driven reconstitution of the self from a posture of avowed humility. One might object that this moralizes and spiritualizes a phenomenon that should be understood and interpreted in strictly neurobiological terms, but this objection, I think, would be a failure of true empiricism. For one thing, my hypothesis is consistent with contemporary neurobiological data, and furthermore, my hypothesis is testable. Let me say a quick word about each.

First, the claim that TSPs excel other recovery regimes because they prioritize the humble reconstitution of the self is consistent with contemporary neurobiology. Neurobiologists—at least those who accept the basic premise of cognitive behavioral therapy—recognize that the relationship between neurology and cognition is a two-way street: that is, the structure of our brain affects what we think and (equally so) what we think affects the structure of our brain. If this is true, then it should not be surprising were we to discover a correlation between certain ways of conceptualizing the self, on the one hand, and certain sobriety-conducive neuronal patterns, on the other hand.

This is just what we have discovered. Neurobiologist Marc Lewis, for example, argues that

the facility for viewing one's life as a narrative may be what's missing in addiction. And the loss of an accessible self-narrative corresponds with clues that the dorsolateral prefrontal cortex becomes partially disconnected from the motivational core [the amygdala-accumbens-orbitofrontal cortex

network] both in episodes of now appeal and over the long-term course of addiction.²³

In other words, Lewis argues that addicts typically display a neurological disconnect between those parts of the brain that are responsible for linking the past to the future in the form of a personal narrative.

It is not clear to me what, exactly, this correlational data proves, but it should lend empirical support to those techniques that enable addicted persons to recover an ability to tell a cohesive story that links their past, present, and future. At the very least, it demonstrates that my hypothesis is consistent with the neurobiological evidence, and therefore it is consistent with a disease model of addiction (supposing that model is *itself* consistent with the evidence). There is no reason a defender of the disease model should flinch at TSPs appeal to humility as the foundation of recovery. It may well be that the brain disease of addiction is constituted in part by a partial disconnect between the dorsolateral prefrontal cortex and the amygdala-accumbens-orbitofrontal cortex network, and that the rehabilitation of that connection may be accomplished through the kinds of practices that TSPs feature.

Second, the hypothesis is testable. Suppose we had a measure of the robustness of one's sense of self as well as a measure of humility as I have defined it here. Given these two measurement tools, we could design experiments that test whether TSPs more successfully increase these two measures in participants than do other recovery regimes. We could examine whether successful recoveries in TSPs correlate with higher levels of these measures than failed recoveries. And so on. But do we have such measures?

Some of the studies mentioned earlier, for example, those by Bartels and Rips, use measurement tools that do track the psychological connectedness of agents to their past and future selves. As far as I can tell, these measurement tools track, at least partially, the robustness of an agent's sense of self.

I am less confident that we have proper measures of humility. For one, the social science of humility has long been hampered by a measurement problem because humility, more than any other virtue, is opaque to the one who possesses it. Humble people rarely say or even think that they are humble, whereas proud people often do! Thus there is a seri-

ous methodological challenge in the social science of humility.²⁴

But, in my view, there is an even greater conceptual (as opposed to methodological) challenge in the social science of humility. Humility is the most contested character trait that has been featured in any table of the virtues. Humility is celebrated in the Hebrew scriptures; magnified as a defining characteristic of Jesus in the Christian scriptures; cited by Augustine, Aquinas, and many other medievals (especially the monastics) as the cornerstone virtue of the Christian religion; dismissed by Aristotle as characteristic of the lowly underclass of society who could never aspire to genuine virtue; denigrated by Hume and Nietzsche and many other moderns as a "monkish," slave virtue that could only impede genuine civilization and flourishing; and the story continues. Any concept with such a tumultuous and storied tradition is bound to have undergone revision through its many denunciations and recuperations, and this is certainly true of humility. All of which is to say that there is minimal agreement among social scientists as to how humility should be defined.

June Tangney has written the seminal article in the field of social science humility research in which she identifies six aspects of humility: having an accurate view of self, acknowledging limitations, being open to new ideas, keeping one's abilities and accomplishments in perspective, having a low self-focus, and valuing all things.²⁵ Social scientists have generally followed Tangney's advice in developing measurement tools that track these various dimensions of humility. Low self-focus is closest to what, I have suggested, TSPs have in mind when they counsel humility, and there are indeed measures of humility that isolate self-focus. This suggests a place to begin measuring the role of humility in TSPs.

But even here, things are tricky, because for TSPs a crucial determinant of success is the way that low self-concern is grounded by a glad dependence on God and on the TSP group for one's sense of self-worth. We can see how this matters, by thinking about other ways in which low concern or a low self-focus might be grounded. Suppose I have low self-focus because I am simply obsessed with some other matter of interest. That is not the kind of humility that TSPs have in mind, because it is not a perspective from which a reconstitution of self can occur. What is needed, I think, are measures of

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humility that are more sensitive to the motivational core of the virtue. In the Christian tradition and in the TSP tradition, glad dependence on God is the motivational core of the virtue of humility.²⁶ A measurement that could track such a motivational profile would be especially helpful in testing some version of the hypothesis I have set forth here.²⁷

I have to say “some version” because, of course, there is no way to test whether dependence on God explains the success of TSPs. We can test only whether those who assume a posture of dependence upon a supposed Higher Power are better positioned for recovery. Nevertheless, my hypothesis takes TSPs seriously as a repository of genuine spiritual and moral wisdom, in a way that other attempts to explain the success of TSPs often do not. Most attempts to explain the success of AA and other TSPs tend in the direction of one or another reductionism. Avowed naturalists feel a need to reduce the success of AA to mere sociology, focusing, for instance, on the importance of social support for recovery (here, the theological-spiritual content of TSPs has no explanatory force). Avowed supernaturalists, on the other hand, often feel a need to reduce the success of AA to mere mysticism, as though God miraculously heals those who finally submit to a “Higher Power” (here, TSPs are treated as magic, rather than as a repository of spiritual practice and wisdom).

In my view, TSPs work because the spiritual practices they set forth enable addicted persons to discover that there is a way of connecting their past and their future into a cohesive narrative, despite the fact that their lives have been marred by shame, guilt, trauma, and failure. There is nothing magic about it. It works, in part, by reconfiguring the brains of addicted persons. But if my thesis is correct, we must conclude that the best practices of recovery from addiction invite addicted persons to live as though there is some Higher Power whose unconditional love frees the addicted person from the spiral of pride-driven ego quests. TSPs work because the spiritual practices they recommend enable a genuinely novel kind of self-constitution.

Conclusion

In this article, I have tried to clarify why an agent's solidarity with her past self, and especially with her future self, is so crucial to self-control, and I have tried to show how TSPs provide the opportunity for

addicts to forge a new sense of self when the typical ego-ideal-driven means for serving have been undercut by addiction. Considering the advances made in the neuroscience of addiction, it is surprising that TSPs are still relevant recovery regimes, let alone arguably still the most successful. I have offered an explanation for why they might be especially successful, one that coheres with neurobiology and is testable through social scientific research methods. It is also an explanation that keeps the relevance of theology and spiritual practice very much front and center, and which advances, I think, a more honest empiricism than what is often found in addiction studies today. ▲

Notes

¹The social-scientific data on whether AA “works” is controverted, to say the least. The best attempt to interpret the breadth of the data is by Lee Ann Kaskutas, “Alcoholics Anonymous Effectiveness: Faith Meets Science,” *Journal of Addictive Diseases* 28, no. 2 (2009): 145–57. Kaskutas thinks that there is incontrovertible evidence that AA attendance is highly correlated with (and therefore predictive of) abstinence and sobriety; however, she claims that the studies that have attempted to isolate causation (as opposed to mere correlation) are not in sufficient agreement to support any scientific claims about whether AA “works” better than any other alternative. Many other scholars think that the evidence is strong that AA is better, even if only marginally so, than other treatment regimens for alcoholism, including John McKellar, Eric Stewart, and Keith Humphreys, “Alcoholics Anonymous Involvement and Positive Alcohol-Related Outcomes: Cause, Consequence, or Just a Correlate? A Prospective 2-Year Study of 2,319 Alcohol-Dependent Men,” *Journal of Consulting and Clinical Psychology* 71, no. 2 (2003): 301–8; George Vaillant, “Alcoholics Anonymous: Cult or Cure?,” *Australian and New Zealand Journal of Psychology* 39 (2005): 431–36; Gene Heyman, *Addiction: A Disorder of Choice* (London: Harvard University Press, 2009); and Owen Flanagan, “Phenomenal Authority: The Epistemic Authority of Alcoholics Anonymous,” in *Addiction and Self-Control: Perspectives from Philosophy, Psychology, and Neuroscience*, ed. Neil Levy (Oxford, UK: Oxford University Press, 2013), 67–93. I set aside here the question of whether other TSPs are as effective as AA because there is not enough empirical data on that question.

²See Flanagan, “Phenomenal Authority.”

³Heyman, *Addiction*, 105–7.

⁴Kent Dunnington, *Addiction and Virtue: Beyond the Models of Disease and Choice* (Downers Grove, IL: InterVarsity Academic, 2011). A similar argument from a different disciplinary matrix is offered by Marc Lewis, *The Biology of Desire: Why Addiction Is Not a Disease* (New York: Public Affairs, 2014).

⁵Heyman, *Addiction*, 105–7.

⁶Natalie Gold, “Team Reasoning, Framing, and Self-Control: An Aristotelian Account,” in *Addiction and Self-Control*, ed. Levy, 48–66.

⁷See Gold, "Team Reasoning, Framing, and Self-Control," 61–62, for several studies on this link.

⁸Daniel Bartels and Lance Rips, "Psychological Connectedness and Intertemporal Choice," *Journal of Experimental Psychology: General* 139, no. 1 (2010): 49–69.

⁹There is no one reason why addicted persons suffer fragmentation. Many people resort to addiction to cope with such fragmentation, which is very often due to childhood trauma. However, fragmentation can also be a result of addiction, since denial (a type of fragmentation) is a typical response when one's behavior consistently departs from one's values. In other words, addiction is typically a response to fragmentation and a catalyst for further fragmentation.

¹⁰I have distilled this typology from June Price Tangney and Mark Leary, *Handbook of Self and Identity*, 2nd ed. (New York: Guilford Press, 2012), 6–7.

¹¹For development of such scenarios, and a much more detailed philosophical account of the "self," see Kent Dunnington, *Humility, Pride, and Christian Virtue Theory* (Oxford, UK: Oxford University Press, forthcoming).

¹²Several feminist theologians have argued that although pride may be the primordial male sin, it is not the main failing of women; therefore, projects that accuse women of pride or call for their humility are likely ideological ruses of male power. For a classic statement of this position, see Daphne Hampson, "On Power and Gender," *Modern Theology* 4, no. 3 (1988): 234–50. For a full response to this line of critique, see Dunnington, *Humility, Pride, and Christian Virtue Theory*, chap. 6, as well as Matt Jenson, *The Gravity of Sin: Augustine, Luther, and Barth on 'Homo incurvatus in se'* (London: T&T Clark, 2007), chap. 3. For my purposes here, no full response is needed. I am neither claiming that pride is a problem for women, nor am I recommending humility. Indeed, I acknowledge that pride is the most typical and powerful mode of self-constitution. I am merely arguing that, since pride is short-circuited by the kinds of shame cycles in which addicted persons find themselves trapped, TSPs are successful because they provide a concrete alternative mode of self-constitution. I am not (in this article) denigrating pride or valorizing humility.

¹³This is, I think, the main insight of disease-models and compulsion-models of addiction: there really is something distinctive about the force of addictive desire, and there really is a "loss of control" to the extent that our normal mechanism for self-control—pride—remains too weak to do the job.

¹⁴Alcoholics Anonymous, *Twelve Steps and Twelve Traditions* (New York: Grapevine, 1953), 70.

¹⁵*Ibid.*, 55.

¹⁶This kind of account of humility—called a "low concern" account—is offered by Robert Roberts and Jay Wood, *Intellectual Virtues: An Essay in Regulative Epistemology* (Oxford, UK: Oxford University Press, 2010), 236–56. In *Humility, Pride, and Christian Virtue Theory*, I show how this generic account, although preferable to the alternative ("proper estimation" and "limitations-owning") accounts, has to be further specified to capture what is distinctive about the Christian vision of humility.

¹⁷Iris Murdoch, *Sovereignty of Good* (London: Routledge, 1971), 51.

¹⁸Alcoholics Anonymous, *Twelve Steps and Twelve Traditions*, 34–35.

¹⁹See, for example, Kent Dunnington, *Addiction and Virtue; Linda Mercadante, Victims and Sinners: Spiritual Roots of Addiction and Recovery* (Louisville, KY: Westminster John Knox Press, 1996); and the collection of essays in Jerome Miller and Nicholas Plants, eds., *Sobering Wisdom: Philosophical Explorations of Twelve Step Spirituality* (Charlottesville, VA: University of Virginia Press, 2014): Part Two.

²⁰Alcoholics Anonymous, *Twelve Steps and Twelve Traditions*, 35.

²¹*Ibid.*, 36.

²²*Ibid.*

²³Lewis, *Biology of Desire*, 206.

²⁴For a summary of several measurement problems in the social science of humility, see Don Davis et al., "Relational Humility: Conceptualizing and Measuring Humility as a Personality Judgment," *Journal of Personality Assessment* 93, no. 3 (2011): 225–34.

²⁵June Tangney, "Humility: Theoretical Perspectives, Empirical Findings and Directions for Future Research," *Journal of Social and Clinical Psychology* 19, no. 1 (2000): 70–82.

²⁶See Kent Dunnington, "Humility: An Augustinian Perspective," *Pro Ecclesia* 25, no. 1 (2016): 18–43.

²⁷My colleague Liz Hall and I are developing such a measure.

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