



E. Janet Warren

Article

"I Do Not Do What I Want": Commonalities in Addiction and Sin

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Addiction is a prevalent and complex problem. Likewise, sin is universal but cannot be considered in a simplistic manner. I suggest that psychological conceptions of addiction and theological conceptions of sin can inform one another. Although they are not identical, both addiction and sin are characterized by ambivalence, denial, self-absorption, and self-deceit. Both often develop as a means to avoid emotional/psychological distress but easily spiral out of control. They involve volition, but choices may be constrained by experience. Considering the nuances of sin and addiction can guide a compassionate Christian response.

"I'm addicted to my cell phone." I had been working with this woman in regard to her anxiety, family relationships, and need to be in control. She did not expect me to take her proclamation seriously, but in fact, the phone causes her stress, she has "withdrawal" symptoms if she loses it (panic), feels soothed if it is nearby, and has increased her use of it.

"Christians should not get angry; I must forgive my parents." This patient, horrifically abused as a child, had difficulty expressing her emotions related to this experience. She was involved in multiple church activities, was confident that "God has a plan for my life," and felt anxious if she had to miss church.

"I need you to fill out my disability form," said a man in his mid-thirties, who makes appointments with me between drinking binges and jail terms. He steals to buy alcohol and, when intoxicated, often gets into altercations.

These vignettes raise multiple questions regarding the definitions and nature of addiction, sin, volition, avoidant behaviors, anxiety, and moral culpability. These topics are large, but an examination of aspects of them, especially the characteristics and roots that are common to both sin and addiction, can prove fruitful. First, I review addiction, arguing that it is a biopsychosocial phenomenon, with components of both "disease" and "choice." It often starts as a way to avoid distress but can run rampant. I next examine psychological discomfort, or angst, suggesting it is inherent to humanity and can lead to sin and addiction. Avoiding angst relates to the complex topic of sin, which, like addiction, includes ambivalence, self-deceit, and choices constrained by experience. Finally, I discuss the interrelationship of angst, avoidance, sin, volition, and addiction, and I suggest antidotes based on this research.

This article is *conceptual*, not clinical. It is not a comprehensive study of either addiction or sin, but it raises issues that contribute to each topic. I suggest that considering some psychological facets of addiction can inform our theological understanding of sin and vice versa and can guide Christian ministry.

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Addictions

"I can't help it. My mom and dad were addicted to alcohol – I've inherited the disease." This was said by a patient in an urban clinic in response to my questioning whether he was interested in quitting alcohol.

"Who cares if people die from tainted fentanyl? They choose to use it." I overheard this statement at a social gathering. Aside from callousness, it illustrates a common misunderstanding of addiction as simple choice, as well as the "us-them" perception of addicts as the *only* ones with problems.

Some experts state that addiction, if viewed broadly, is a universal experience.¹ It is certainly widespread. Addiction spans all ages, cultures, and social classes. A library catalogue search yields books not only on drugs and alcohol, but also on gambling, video-gaming, coffee, sugar, love, and work. Physician Gabor Maté, who works with severe drug abusers, admits to being addicted to shopping for classical music.² Surveys reveal that approximately half of Christian men admit to some form of sexual addiction.³ Addiction is not an isolated phenomenon; it has psychological, relational, spiritual, and societal influences and consequences.

Because addiction is a multifaceted condition, experts debate whether it is a disease or a moral lapse, an illness or a symptom of an illness, a chemical problem or a psychological one, and whether addicts are victims or sinners.⁴ Interestingly, the term addiction is relatively new and was associated with substance use only in the last two centuries. The phenomenon has likely been around as long as humans (e.g., there are multiple biblical prohibitions against excess drinking). Historically, substance abuse has been considered a social and/or moral problem as well as a disease (based on the assumption that only sick people make irrational choices). The trend in the last few decades has been to view it primarily as a neurochemical disease,⁵ but many experts acknowledge the interplay between biology and psychology and suggest viewing addiction broadly.⁶ For example, although the American Society of Addiction Medicine defines it as "a primary, chronic disease of brain reward, motivation, memory and related circuitry," they add that there are characteristic "psychological, social and spiritual manifestations" that result in individuals "pathologically pursuing reward and/or relief by substance use and other

behaviors."⁷ Maté's simple definition of addiction is helpful:

Repeated behavior, substance-related or not, in which a person feels compelled to persist, regardless of its negative impact on his life and the lives of others.⁸

At a public level, Alcoholics Anonymous (AA) speaks of "sickness not sin," but it recognizes the importance of cognitive-behavioral-spiritual measures in recovery.⁹ Physical, mental, and social intertwine in addiction. Of course, too broad an approach is not always helpful when dealing with a variety of substances that have differing addictive potentials, but recall that I am taking here a conceptual, not a clinical, approach.

Physiological components of substance addiction include *tolerance* (needing increasing amounts to get the same effect) and *withdrawal* (developing unpleasant symptoms that are relieved by taking more of the substance).¹⁰ Thus a vicious cycle develops. Changes in neural circuitry and neurochemistry (e.g., increases in dopamine) occur with most addictions and can exacerbate them through a negative feedback loop.¹¹

Psychological components are myriad. The addiction can be all-consuming, involving obsession (alcoholics describe "thinking drinking") and self-preoccupation, continual ambivalence (conflict between desire and aversion), and helplessness. Those with serious addictions are often impulsive and impatient, with a tendency toward negative and concrete thinking. They have low self-esteem; attachment, relationship, and employment problems; and poor social supports and skills. Other mental health conditions commonly coexist,¹² and a history of childhood trauma is present in up to 65 percent of those with drug and alcohol addictions.¹³ Post-traumatic stress disorder is related to both childhood trauma and substance abuse.¹⁴ These commonalities suggest that addiction often starts as a way to alleviate emotional pain.

Perhaps because of the cognitive dissonance associated with self-destructive behavior, denial, repression, rationalization, secrecy, and dishonesty are common.¹⁵ Self-deception is complex and may involve conscious lying, subconscious avoidance of shame, glibness, and reticence to discuss the issue. Or plain hostility. Excuses, such as "I have nothing in common with ...," "I can stop any time," "No one

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else thinks I have a problem," and "It's not harming anyone," are common.

The etiology of addiction is multifactorial and incompletely understood. It is crucial to recognize that our assumptions about cause determine our response. Here is a simplified/exaggerated example. If substance abuse is considered a disease, then the treatment is medical; if it is viewed only as a willful, moral choice, then the response should be punishment or remediation for the "bad behavior."¹⁶ Multiple experts have criticized a strict disease model of addiction. Although there are definite neurobiological and hereditary factors in addiction, correlation does not necessarily mean causation, and neurochemical theories (e.g., dopamine as the prime factor) do not distinguish between addictive substances and rewarding but nonaddictive substances (e.g., chocolate) or activities (e.g., reading cartoons).¹⁷ And genetic science is inexact. Research in epigenetics suggests that early life experience and environmental factors interact and affect gene expression patterns in those with addiction.¹⁸ Advances in understanding neuroplasticity also support the mantra that "biology is not destiny."¹⁹ Furthermore, not all people who use addictive substances (e.g., analgesics) become addicted, tolerance and withdrawal symptoms can develop in nonaddicts, and many addicts experience neither tolerance nor withdrawal.

Addictive behavior, like all other human behavior, is subject to social, developmental, and cognitive influences. The conception of opiate addiction, for example, is historically and culturally determined, and attitudes and beliefs also have hereditary components.²⁰ Addiction is the only "disease" that can be treated by group support meetings and, unlike other chronic conditions, epidemiological studies show that most addicts recover by their late twenties.²¹ There are also inherent paradoxes in addiction discourse: someone can "decide" not to "compulsively" use a drug, and AA members admit they are "powerless," yet gain control over their drinking through the program.²² These inconsistencies underscore the need for a nuanced approach to addiction.

Since neurobiological explanations for addiction are inadequate, we need to briefly consider human volition, which is similarly complex. As mentioned, it is counterintuitive for people to persist in harmful choices. Psychologist Gene Heyman suggests that if voluntary is defined in ways that do not preclude

self-destructive behavior, then addiction is not automatically a disease that people "passively" acquire. For example, self-harmful ritualized compulsions are rewarding in that they can relieve anxiety. Voluntary behavior has a biological basis but is governed by feasibility, consequences, costs, and benefits.

Using behavioral and economic theory, Heyman explains the seeming irrationality of self-destructive choices by considering local (short-term, immediate) versus global (long-term, delayed, broad) alternatives.²³ He notes that, since our environment always offers options for activities, most behavior is choice behavior, and voluntary acts are resistible. Choices, however, are inherently labile and dependent on a frame of reference, and goals can be ambiguous. Most substances of abuse offer immediate benefits and hidden costs, whereas rewards from choices based on a global perspective accrue slowly; this helps explain the irrationality of addiction. Even the worst "drug days" are valued higher than an extended period of abstinence. Generally, people stop using drugs when the cost of continuing is too great. Heyman emphasizes that voluntary behavior does not mean that someone chooses to become an addict. Maté similarly points out that choice, will, and responsibility are not "absolute and unambiguous concepts"; choice occurs within a context, and context is affected by brain functioning.²⁴

Psychiatrist Gerald May, who incorporates Christian concepts, defines addiction as "a state of compulsion, obsession, or preoccupation that enslaves a person's will and desire."²⁵ The term "enslaves" implies more than simple choice. Addiction, desire, and freedom interact. We have attachments or desires, of which we are often unaware, and addiction develops if we act on those impulses. All addictions "impede human freedom and diminish the human spirit."²⁶ Christian philosopher Kent Dunnington, using the philosophical category of habit, points to human responsibility in noting that addictions are "more like things that we become ... rather than being things that we have."²⁷ In the cycle of addiction, choices limit future choices.

Admittedly, some proponents of both the "disease" and the "antidisease" camps go too far in their criticisms. Furthermore, perspectives will vary with experience and goals: consider a neurobiologist in a lab, a clinician working with hard-core drug addicts, a psychotherapist dealing with trauma survivors, or

a panel of experts deciding policies. Most agree that there are biological, social, and psychological components to addiction. Neither a strict disease nor a strict moral-failure model is adequate. Addictions occur on a spectrum of severity, and perhaps those at the extremes should be considered differently; for example, a “cell-phone addiction” is quite different from a cocaine addiction. Viewing addiction too broadly may decrease its explanatory power and trivialize serious addiction problems. However, the discussion serves to underscore the complexity of the condition, its multifactorial etiology, and the nuance of choice. Furthermore, recognizing characteristic patterns may avoid stigmatization and disabuse us of any “us-them” dichotomy. As May notes, those with severe addictions are only an extreme example of what is common to all human experience.²⁸

To review, addiction often starts small but expands into a vicious cycle of pain and pain relief. It is mysterious, pervasive, and takes on a life of its own; as one of my patients remarked, “My food consumes me.” Etiological factors include biological predispositions, childhood trauma, and choices based on immediate benefits but constrained by the consequences of those choices. Addiction involves ambivalence (persistence despite negative consequences), denial, self-absorption (an obsessive focus on one’s own problems and solutions), and avoidance behavior, all of which have social and functional repercussions.

From a Christian perspective, some of these issues interrelate with the concept of sin. But before discussing this, it is worth considering commonalities that may underlie both addiction and sin. I believe that the concept of angst is helpful in this regard.

Angst

My patient arrived with a picked-at, angry, and anxious face. She loudly threatened to buy benzodiazepines on the street, since I would not prescribe them. (In fact, she had successfully and cooperatively weaned off this addictive drug a few months ago.) Not all distress is this extreme and obvious, but it is part of the human condition.

I use the term angst to describe feelings of discomfort, tension, emptiness, and fear that are usually unfocused and have an existential nature.²⁹ This term is vague, but I use it deliberately because the feeling is vague, and the term avoids clinical connotations of

anxiety disorders. Angst is considered normal and is experienced by everyone at some point in their lives, although in varying degrees. It is part of the larger, complex category of emotions, which have biological and psychological facets, and include elements of interpretation and behavior.³⁰ Although boundaries can be fuzzy, angst should be distinguished from anxiety caused by some chemical substances, and the healthy fear that fuels the flight or fight response. It is also different from extreme emotions associated with mood disorders (although it may precede them), and the negativity that some people use manipulatively. I focus on existential angst, but applications may extend to general psychological distress.

Angst may have negative associations but, in fact, some degree of discomfort is beneficial. It can increase success and resilience. Research shows that humans function optimally at a midpoint between boredom and anxiety. For example, the 1908 Yerkes-Dodson law shows that selective attention increases with increasing stress, but anxiety, at a certain point, can erode performance.³¹

In Christian spirituality, the idea of discomfort leading to spiritual growth is common, often framed in terms such as “wilderness experience” or “dark night of the soul.”³² Augustine’s classic line, “our hearts are restless ‘til they rest in you,” summarizes the view that only God can resolve angst.³³ Denis Haack suggests that disequilibrium (a term borrowed from learning theorists) is necessary for spiritual growth.³⁴ Both repentance and conversion are often accompanied by cognitive, emotional, and spiritual discomfort. David, Job, and Habakkuk all experienced angst that aided their trust in God. Kirk Bingaman similarly argues that it is at anxious and uncertain moments of human history that God is most present.³⁵ Writing on alcoholism, Mercadante suggests that our restlessness is given by God in order to prevent shallow contentment.³⁶

It has been suggested that angst, or existential anxiety, was present in the first humans and was a factor in their rebellion. This idea was initially discussed by philosopher Søren Kierkegaard who describes anxiety as a psychological (even ontological) state of simultaneous attraction and repulsion to future possibilities.³⁷ He presents an example of a man standing at the top of a cliff, simultaneously afraid of falling and strangely tempted to jump—the “dizziness of freedom.” This tension relates to choice: choosing

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either self-destructive or self-actualizing behaviors, to obey or disobey God. Kierkegaard insists that angst is not a sin but a precondition for sin. Its resolution can be good or bad. Anxiety can stimulate realization of one's true identity and freedoms, but, through attempts to alleviate anxiety, many individuals freely and inexplicably choose badly.

Theologian Reinhold Niebuhr has developed this "existential anxiety thesis."³⁸ He believes that anxiety develops as a result of the tension between the limitations of our creatureliness and our spiritual ability to transcend and reflect on it. We are free but finite beings and are born into conditions that incite discomfort. Anxiety relates to temptation, is the inevitable result of the paradox of freedom and finitude, and reflects the frailty of human life. Psychologist/theologian J. Harold Ellens agrees that angst, both systemic and situational, is a universal experience.³⁹ This relates both to our separation from the paradisiacal womb when we are born, and to our alienation from God when we sin, which too is a universal experience in our fallen world. He describes Eden as "anxiety laden."

Although elaboration on these proposals is beyond the scope of this article, I agree that angst is inherent to the human condition. It can be summarized by the cliché: "There is a God. It is not me." This existential anxiety is evident in the first humans who doubted their Creator, in the people of Israel whose wilderness wanderings were characterized by murmuring and suspicion, in many prophets and psalmists, in Mary who birthed the son of God, in Jesus who cried on the cross, and in all his followers who choose to take up that often burdensome cross. Of these, only Mary and Jesus chose obedience in the face of discomfort. To reiterate, it is not sinful to feel distress, but the way we respond to it may be. However, given the previous discussion on the psychological complexities of volition, our choices may not be as free and simple as Kierkegaard, for example, suggests. Sin, discussed below, is constrained by context and experience.

Most people dislike discomfort and therefore choose to avoid it. This can take many forms, including chronic unhappiness, relationship difficulties, withdrawal, bullying, anger, and addiction. Note that alleviating angst is not the only factor in these conditions, and there may be a fine line between "normal" and "abnormal" angst. People experience emotions

differently; "severe" for one person may be "mild" for another. Furthermore, avoiding or alleviating extreme emotional pain may be appropriate in some situations. However, recall that I am using the term angst conceptually, not clinically. With this in mind, let us consider common strategies in the avoidance of angst.

Avoidance

As mentioned, some degree of angst can encourage dependence on our Creator, but many people turn away from God. This relates to the theological concept of sin—part of the human condition. Like addiction, sin can include avoidance, ambivalence, helplessness, selfishness, low self-esteem, and self-deception. There is an element of choice, but it is multifaceted.

Many have argued that sin is not a helpful word, even offensive, in a counseling context and/or that it is not applicable to addictions.⁴⁰ As mentioned, AA no longer uses "sin" language, but the concepts of repentance, restitution, and forgiveness are implicit in many of their treatment approaches.⁴¹ It could be argued that the language of addiction (the basic human predicament) has replaced the language of sin. However, I believe that an addiction model is inadequate compared with the rich doctrine of sin.⁴²

Sin is a ubiquitous phenomenon but not a unidimensional concept; biblical terms are myriad and polysemic, including deceitfulness, lawlessness, crookedness, rebellion, missing the mark, failure, ignorance, and perversion. Theological conceptualizations have typically considered pride as the primary sin, viewing it as a crime, a deliberate violation of God's law, involving willful rebellion or self-exaltation.⁴³ However, this neglects biblical concepts such as inadequacy, failure, and ignorance. Feminist theologians have noted that pride is more common in men, whereas sloth, self-abnegation, or lack of self-acceptance is the primary sin in women.⁴⁴ Contemplative author Henri Nouwen suggests that the biggest temptation common to humanity is not money, sex, or power, but self-rejection, a fear of never being good enough.⁴⁵ Recall that addiction and low self-esteem commonly coexist.

It is likely that mistrust and/or rejection of God underlie both pride and sloth.⁴⁶ In fact, pride and self-contempt can be seen as two sides of the same coin:

people may be unconsciously proud of being humble, long suffering, or having low self-worth.⁴⁷ Sinful responses to angst include moving against, or acting superior to, others (pride, arrogance, narcissism), moving toward others in self-effacement (idleness, dependency), and avoiding others or moving toward objects (self-absorption, isolation, addiction). The ability to sin is neither biological nor sociological, but a consequence of human freedom—we can place our faith in God, ourselves, or some other person or object. Pride always involves a lack of trust in God, which manifests as attempts to gain control of our lives, to relieve the discomfort of uncertainty, to be either more or less than what we are meant to be.⁴⁸ As theologian Terry Cooper states, “The temptation, when we experience anxiety, is to deny our creatureliness and dependence on God.”⁴⁹ This concept of sin accords with the concept of addictions, as these are almost always self-destructive, making us less than God intends. Interestingly, some addictive substances may temporarily, and falsely, elevate self-esteem—a cover-up for feelings of low self-worth.

Along with the multiplicity of terms, Christian writings suggest that sin can take on a life of its own, controlling the one who chose it initially. Paul and Peter denounce people as “slaves to sin,” or “whatever masters them” (Rom. 6:16–22; 7:5, 23; 2 Pet. 2:19); sin leads to more sin: the wicked are “snared in the work of their own hands” (Ps. 9:16) and “caught in the toils of their sin” (Prov. 5:22).⁵⁰ Sin is not always logical or conscious. Paul admits to the paradox of doing the evil he does not want to do (Rom. 7:19); this state no doubt produced angst. Biblical scholar Mark Biddle similarly objectifies sin, describing it as an “organic continuum” that can “twist and pervert” reality, and noting that “sin’s afterlife vibrates throughout the system [of reality].”⁵¹ Theologian Serene Jones believes that sin is both something we do and something that happens to us, something we consciously enact and also a part of a social reality that we do not desire.⁵² C. S. Lewis claims that people become the choices they make; with each decision they either turn away or toward God and eventually their choices, in a sense, choose them.⁵³ This is the ironic cycle of sin and addiction: we lose control through thwarted attempts to gain control; our angst increases the more we try to avoid it.

In contemporary theology, sin and our responsibility for it are conceptualized in nuanced manners.

Most agree that we have a sinful nature or, in mathematical terms, a 100% pretest probability of sinning. However, scholars question the classic Augustinian notions of the enormity of the “Fall,” the impossibility of knowing goodness, inherited sin, and the universal transmission of Adam’s guilt.⁵⁴ Rather than viewing humanity as totally depraved, we can acknowledge our preference for quick fixes, easy answers, comfort over discomfort, and action over inaction. As with addiction, there is a fine line between “disease” and “choice,” between passive reception and active responsibility. Like addiction, “biology is not destiny,” but sin can be preconditioned by life experiences and context, and can grow to the point at which our ability to choose is limited.

To further elucidate the complexities of sin and choice, we can consider the concept of self-deception. This is an important aspect of both sin and addiction, and includes denial and minimization. The first humans, when confronted with their disobedience, almost instinctively made excuses, even implicating God (“The woman you put here with me ...,” Gen. 3:12). Recall that addicts frequently delude themselves, “I can stop anytime.” As Christian psychologist David Myers states, “One of the brute facts of human nature is our capacity for illusion and self-deception.”⁵⁵

Self-deception has been studied from philosophical, anthropological, psychological, and theological perspectives. It likely predated language development, and occurs at all levels of society.⁵⁶ It involves an illusion of control and an element of rationalization. Its most common form is overconfidence. Self-serving biases are well known in psychological research; for example, people routinely rate themselves as above average on multiple measures.⁵⁷ However, biases and self-justification are largely unconscious and not necessarily deliberate; they are attempts to reduce cognitive dissonance, deceive others to protect ourselves, and reduce anxiety related to unsatisfied desires. From a Christian perspective, self-deception, because it involves mistrust of God, can be considered sin. It invites pride and can run rampant.⁵⁸ Dunnington suggests that self-deception is a sign of moral earnestness, a cover-up for the discrepancy between what is desired and what is achieved.⁵⁹ Overall, self-deception, with its costly misapprehension of reality, results in suboptimal societal functioning.

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The concept of self-deception supports the notion of sin as complex and not always willful. We sin because we are sinned against, because we fear unconscious pain, or because our sin has entrapped us. Moral responsibility is difficult to judge. Sin intertwines with angst and avoidance. We next examine its relationship with addiction.

Angst, Avoidance, Sin, Choice, and Addiction

To summarize, angst is inherent to the human condition, and attempts to avoid it, often involving self-deception, are common. Addiction can be viewed as a way to avoid emotional pain. However, although it may start this way, it easily spirals out of control and restricts subsequent choices. Addiction, because it attaches to an object instead of God, can be considered a sin. Recall that both sin and addiction can be characterized by ambivalence, avoidance, self-deception, dishonesty, helplessness, and self-preoccupation. Both exist in gradations of severity. Both are counterfeit means to ease psychological distress. Both are influenced by the sin of others. Both can become larger-than-life and feed back negatively on prior behavior. Indeed, the language of sin is similar to the language of addiction: both are sinister, systemic, and sometimes objectified. The Latin *addicere*, from which the English word addiction derives, can mean "bound to" or "enslaved by."⁶⁰ The concept of enslavement applies to both sin and addiction. Cumulative effects of sinful choices eventually entrap and limit future choices. To reiterate, addiction and sin are not identical but have many common aspects that bear further discussion.

Theologian Linda A. Mercadante points out similarities between sin and addiction: both are progressive, luring, and easily habituated. She advocates avoiding "the pitfalls of both the typical moralistic understanding of sin and an unnuanced disease model of addiction,"⁶¹ by considering the subtleties of freedom, will, responsibility, and bondage. Mercadante notes that sins vary and do not entail equal responsibility or guilt. In this, she follows the language suggested by Andrew Sung Park of *han*: suffering from being sinned against.⁶² Victimization is not necessarily sin, but "inordinate self-loss." She notes that Christianity differs from addiction models like AA ("once an addict, always an addict") because it affirms the inherent goodness of humanity as made

in the image of God. Although we have all sinned and tainted the divine image, we have redemption through Christ and the possibility of recovering the *imago Dei*.⁶³ I agree and would add that, given the relationships between childhood trauma, low self-esteem, and addiction, most addicts can benefit from receiving reinforcement of their status as children of God, and from the love, acceptance, and affirmation offered by Christian faith.

Addictions, especially chemical ones, have multiple paradoxes that illustrate the nuances of moral culpability. Addicts often deny their problem, but addiction also develops as a way to deny other problems. Withdrawal from addictive substances can lead to anxiety, but many substances provide a means to relieve anxiety. Self-medication quickly turns toxic. The prevalence of childhood trauma in those with addictions suggests an element of victimization (being sinned against) in addiction. Christian Gostecnik and colleagues point out that those who have suffered severe abuse tend to repeat their trauma, following known patterns of behavior and thought, despite their desire for resolution and salvation. They long for genuine emotional and spiritual intimacy but, because of their psychic injuries, are afraid of loving relationships and lack the ability to form them. Addictions develop when people seek resolution from this inner conflict through objects. "Addictions of all kinds are so-called substitutes for unrealized relationships."⁶⁴

Maté similarly views addictions as a "flight from distress" and believes that they develop "when we constantly seek something outside ourselves to curb an insatiable yearning for relief or fulfillment."⁶⁵ He notes that people are often more afraid of living than dying, and they use drugs to provide emotional anesthetic and an antidote to emptiness, boredom, and alienation. Addictions always originate in pain; therefore we should not ask about the specific addiction but about the pain underlying it. His observations connect the concepts of angst, addiction, and avoidance.

From a Christian perspective, Dunnington suggests that addictions are a product of modernity with its arbitrariness, boredom, and loneliness. (I suggest that they are perhaps magnified because of the excess of options in contemporary society.) Paradoxically, rather than causing loss of control, addictions give people a sense of being in control, offering focus to

a chaotic life. They provide a solution to restlessness, and commonly take on more respectable forms, such as shopping, hobbies, or entertainment.⁶⁶ Meditation, central to AA, is challenging because it threatens to reveal insufficiencies. We all yearn for the “ecstatic intoxication” that comes from union with God.⁶⁷ Addictions are then merely empty, inadequate substitutes that we use to alleviate this anxiety and that lead to false worship. They are a potent form of idolatry.

Gerald May also relates addictions to our longing for fulfillment, our hunger for love; he specifically believes that we have an “inborn desire for God.”⁶⁸ We seek any means possible to satiate our hunger—unsatisfactorily. Our desires bond to things and behaviors, and we become obsessed with these objects of attachment, idolizing them. Yet, ultimately, “it is in the very nature of addiction to feed on our attempts to master it.”⁶⁹ May also discusses addiction in relation to original sin. Freedom, willfulness, desire, temptation, and attachment interrelate in Eden: the serpent tempts the first humans by instilling doubt and then a desire to become godlike, thus turning temptation into attachment, and the humans then become attached to their desires outside of God’s will. May believes Adam and Eve are genuinely confused and gullible because of the enslaving nature of attachment: responsible, but not necessarily willfully rebellious.⁷⁰ In general, addiction uses up desire and thus counteracts our freedom to love God. Although May is admittedly not a theologian, he echoes Kierkegaard and Niebuhr in viewing angst as a precondition for sin. Elsewhere he quotes a friend:

When I feel very, very good I start to marvel at the wonder of being alive. And then I become frightened ... the more I feel the beauty of being here on this earth the more I realize how fragile life is ... when I’ve got problems or distractions or something to struggle with I feel much better, because then at least I know who I am and what I need to do.⁷¹

This illustrates the existential tension common to humanity, and accords with Dunnington’s suggestion that addictions offer a centering focus in life.

Sin and addiction are not black-and-white concepts. They include elements of vulnerability *and* responsibility, compulsion *and* volition, disease *and* choice. Although addiction and sin have similar charac-

teristics and roots (avoidance/alleviation of angst through any manner other than trust in the triune God), they have important differences. Primarily, from a Christian perspective, “all have sinned and fall short of the glory of God” (Rom. 3:23), whereas not everyone has an addiction. There is also no guarantee that faithful obedience will eliminate addictions. Addiction, because it mostly involves observable behavior, is also more amenable to scientific study than is sin. Furthermore, there are occasions when sin is simple choice or willful rebellion rather than avoidance of angst, and occasions when addiction is best understood through a medical model. As mentioned, the term angst may not always be helpful. This study has provided only very brief treatments of complex psychological and philosophical topics that relate to addiction. Nevertheless, understanding some aspects of addiction may illuminate some aspects of sin. And understanding sin, and its concomitant grace, may help heal addictions.

Antidotes to Addiction and Sin

A nuanced conceptualization of sin and addiction can be applied to the introductory examples (although space precludes a full discussion of psychotherapeutic approaches). The first case can be informed by a model of addiction that includes avoidance of angst as a causative factor. The second case may require gently challenging concrete thinking and emphasizing divine love. In both of these, some elements of sin and addiction can be seen, but the labels are unlikely to be helpful. In the third case, sin and addiction are obvious, as is the need for compassion. None is simple.

This discussion encourages a compassionate understanding of addiction and sin. By virtue of being free and human—but capable of awareness of the divine—we all experience some degree of angst. We dislike this tension and continually try to resist, escape from, or find substitutes for it. And, in our desire to avoid discomfort, we mistrust God. In short, we are all prone to sin and addiction. They are a tangled mess of predisposition and willful choice. We do not need to solve the paradoxes, but being aware of them will aid our ministry. By looking underneath behavior, asking about pain, we can access its roots. In my psychotherapy practice, I have observed that people’s symptoms and behavior invariably amount to efforts to escape and/or protect

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themselves from emotional pain. The mind is very creative—patients describe elaborate metaphorical fortresses or concrete-reinforced pits in which they buried their emotions. Christians often quote the Bible (with a literal/legalistic interpretation) to justify their protections: “don’t get angry”; “honor your parents.” Not all “sin” involves willfulness; in fact, childhood trauma can predispose one to harmful choices. Pastoral counselors can expose avoidance strategies, uncover emotional pain, and direct sufferers to the Great Physician.

In addition, we can foster awareness of short-term versus long-term perspectives and the consequences of repeated bad choices. We can seek to understand seemingly irrational decisions. We can recognize the varying degrees of culpability, the influence of the sins of others, and the naturalness of avoiding angst. We can distinguish between unconscious choice and willful rebellion. In doing so, we may not only alleviate addiction but help prevent it. A broad perspective disabuses us of any “us-them” mentality. It helps explain why people may condemn “addicts”—they force us to face our own inadequacies. Recognizing that those with obvious addictions are an extreme example of tendencies common to all can be humbling. Considering addiction as a means to avoid emotional pain can shed light on our own sinful behaviors. Interestingly, people with substance addictions often admit their powerlessness more readily than Christians admit their sinfulness. We may not all be addicts but we all need a Savior.

The above study also highlights the universality and necessity of angst. Rather than avoiding it, perhaps we should embrace it at times. Maybe we need to accept ambiguity, dwell with discomfort, and marvel at mystery. Haack encourages churches to restore disequilibrium, by allowing scripture to unbalance convictions, and by cultivating ambiguity. They should teach that discomfort is normal, and offer a safe space for experiencing it.⁷² May suggests that the best way to respond to God’s call is to “be present to the mystery in a gentle, open-handed, and cooperative way.”⁷³ In an earlier volume to his work on addiction, he presents two options whenever we engage life: (1) willingness, or surrender, and (2) willfulness. The first embraces the mystery of life; the second seeks to manipulate or escape it: “Willfulness must give way to willingness and surrender. Mastery must yield to mystery.”⁷⁴

This echoes Christ’s command to “take up [your] cross daily and follow me” (Luke 9:23). God gifts us with angst so that our need to depend on him alone is continual. He gifts us with freedom to accept or reject his love. But freedom can be scary; a relationship with the living, transcendent and mysterious God can be uncertain and challenging.

We can be assured of and surrender to God’s love and mercy. Christ invites those who are weary and heavy laden to “come to me ... and I will give you rest” (Matt. 11:28), and Paul teaches, “where sin increased, grace abounded all the more” (Rom. 5:20). May defines grace as “the dynamic outpouring of God’s loving nature that flows into and through creation in an endless self-offering of healing, love, illumination, and reconciliation.”⁷⁵ This grace is the only thing more powerful than addiction, although addiction impedes our ability to receive grace. To overcome addiction, human and divine wills need to be aligned. God calls us to live lives prayerfully, aiming for honesty, dignity, community, responsibility, and simplicity.⁷⁶ In ministering to people, I suggest that we emphasize love over judgment (James 2:13). God’s mercy is so wide and his Spirit so ubiquitous that nonbelievers also may experience the grace common to all.

A final antidote to addiction and sin is a loving Christian community. As noted, addiction is an isolating phenomenon.⁷⁷ Like sin, it separates us from God and one another. Spiritual surrender allows reconnection. This explains the success of AA, which has friendships at its core; the groups fulfill the human need to belong. Dunnington points out that whereas AA emphasizes self-identification as recovering addicts, the church seldom characterizes itself as a community of repentant sinners. Indeed, the addict is an unwitting prophet:

The prevalence and power of addiction indicates the extent to which a society fails to provide nonaddictive modes of acquiring certain kinds of goods necessary to human welfare.⁷⁸

The Christian community should encourage vulnerability, hospitality, and accountability; provide convincing alternatives to addictive substances and activities; and embody the all-consuming love of God to heal, liberate, and transform.

Antidotes are usually simpler in principle than in practice. Sin is always “lurking at the door”

(Gen. 4:7), escape is always easier, change is always challenging. As Nouwen writes,

Compassion ... requires the inner disposition to go with others to a place where they are weak, vulnerable, lonely, and broken. But this is not our spontaneous response to suffering. What we desire most is to do away with suffering by fleeing from it or finding a quick cure for it.⁷⁹

Conclusion

Like Paul, we often do the things we do not wish to do and do not do the things we wish. This ambivalence may be a consequence of existential angst and may lead to addictive behaviors. We have noted many similarities between sin and addiction: both are affected by context and experience, involve self-deception, easily spiral out of control, and diminish human flourishing. Furthermore, studies of addiction and sin can be mutually informative. The psychological literature on addiction can inform our theological conceptualization of sin, as follows. First, the diversity of addiction and range of severity can help us to view sin in a broader manner—more than simple “bad behavior,” and differing with respect to moral culpability. Second, knowing that most addictions are rooted in childhood trauma and are an attempt to escape emotional pain can improve our understanding of possible underlying factors in sin, guide our ministry, and increase our compassion toward sinners. Sin, like addiction, arises not necessarily from a stance of defiance but from one of perceived helplessness. Third, understanding the negative feedback cycle that is common in addiction and that limits choice can help us recognize a similar pattern with respect to sin, and again guide our ministry. Fourth, knowing the larger relational and societal effects on and effects of addiction can open our eyes to the similar tangled web that is common with sin. It is usually insufficient and ineffective to simply point out sin without considering its roots and shoots, and its broader context.

Christian views of sin can enhance our understanding and treatment of addiction, as follows. First, the concept of universal existential anxiety may help elucidate some of the origins of addictive behavior and guide therapy. Second, some basic conceptions of sin as disobedience, dishonesty, and self-deception suggest that there is moral responsibility in addiction. This elevates the notion of choice and increases agency to the addict, which may, in turn, enhance

recovery. Third, the Christian concept that, although created in God’s image, we have all fallen short of God’s glory, helps us to empathize with addicts. Finally, commitment to Christ can offer deliverance, redemption, healing, and salvation to those who are enslaved by addiction.

As I write, acutely conscious of humanity’s vulnerability to addiction, I observe myself being distracted—computer games, e-mails, snacks—I observe my embarrassment and hear my thoughts: “it’s not that bad,” “I can control it.” If we are honest with ourselves, we are all dishonest. We deny our creatureliness, deny our sin, and deny God. In fact, we often seek means to alleviate pain and tension apart from God—actions which may lead to addiction. Like the addict, we feel ambivalent, ashamed, annoyed. Like the addict, we experience loss of control, relapse: such is the cycle of the Christian journey. Our hope and trust can only be in the Savior, who invites us to relinquish our counterfeit comforts and chains, and instead find truth, beauty, and hope at the foot of the cross. ▲

Notes

¹D. Rastegar and M. Fingerhood, *Addiction Medicine: An Evidence-Based Handbook* (Philadelphia, PA: Lippincott Williams & Wilkins, 2005), 1; and Gerald G. May, *Addiction and Grace: Love and Spirituality in the Healing of Addictions* (New York: HarperCollins, 1988), 2.

²Gabor Maté, *In the Realm of Hungry Ghosts: Close Encounters with Addiction* (Toronto, ON: Vintage Canada, 2008).

³See, for example, <https://www.josh.org/key-findings-in-landmark-pornography-study-released/>.

⁴A book title: Linda Mercadante, *Victims and Sinners: Spiritual Roots of Addiction and Recovery* (Louisville, KY: Westminster John Knox, 1996).

⁵The American Psychiatric Association (APA) focuses on substance use disorders. APA, *Diagnostic and Statistical Manual of Mental Disorders: DSM-V* (Washington, DC: APA, 2013).

⁶Y. H. C. Yau, S. W. Yip, and M. N. Potenza, “Understanding ‘Behavioral’ Addictions: Insights from Research,” in *The ASAM Principles of Addiction Medicine*, 5th edition, ed. R. K. Ries et al. (Philadelphia, PA: Lippincott Williams & Wilkins, 2014), 55–81.

⁷There is “impairment in behavioral control, craving, diminished recognition of significant problems with one’s behaviors and interpersonal relationships, and a dysfunctional emotional response,” <https://www.asam.org/resources/definition-of-addiction>.

⁸Maté, *In the Realm of Hungry Ghosts*, 128.

⁹Discussed in K. Dunnington, *Addiction and Virtue: Beyond the Models of Disease and Choice* (Downers Grove, IL: InterVarsity Press, 2011), 125–30.

¹⁰APA, *DSM-V*; summarized in Rastegar and Fingerhood, *Addiction Medicine*.

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- ¹¹These changes can be permanent, especially with certain substances. Rastegar and Fingerhood, *Addiction Medicine*, 7–15; N. D. Volkow and K. R. Warren, "Drug Addiction: The Neurobiology of Behavior Gone Awry," in Ries, *ASAM Principles*, 3–18; Maté, *In the Realm of Hungry Ghosts*, 140–75. May discusses the neurological cycles of feedback, habituation, and adaptation. The brain changes its equilibrium to the desired action or substance. With substance withdrawal, the old equilibrium returns but stress increases because of the "new sense of normality"; May, *Addiction and Grace*, 73–77. Also, see Judith A. Toronchuk, "Addiction: Diseased Brain, Divided Will, or Restless Heart?," *Perspectives on Science and Christian Faith* 70, no. 4 (2018): 218–31 for further discussion on the neurobiology of addiction.
- ¹²Thirty percent of those with substance addictions have anxiety and depression; Rastegar and Fingerhood, *Addiction Medicine*; A. J. Herron, P. J. Rinaldi, and P. Levounis, "Conceptual and Treatment Issues in 'Behavioral Addictions,'" in Ries, *ASAM Principles*, 1024–30; see also Yau, Yip, and Potenza, "Understanding 'Behavioral' Addictions"; G. M. Heyman, *Addiction: A Disorder of Choice* (Cambridge, MA: Harvard University Press, 2010), 142–73; and May, *Addiction and Grace*, 21–63.
- ¹³S. R. Dube et al., "Adverse Childhood Experiences and Personal Alcohol Abuse as an Adult," *Addiction Behavior* 27, no. 5 (2002): 713–25; R. Hammersley et al., "Trauma in the Childhood Stories of People Who Have Injected Drugs," *Addiction Research & Theory* 24, no. 2 (2016): 135–51; K. Asberg and K. Renk, "Substance Use Coping as a Mediator of the Relationship between Trauma Symptoms and Substance Use," *Substance Use and Misuse* 47 (2012): 799–808; C. Gostecnik et al., "Hidden Mission of the Psyche in Abuse and Addiction," *Journal of Religion and Health* 49 (2010): 361–76, doi.10.1007/s10943-009-9264-8; and Maté, *In the Realm of Hungry Ghosts*, 188–200.
- ¹⁴L. Khoury et al., "Substance Use, Childhood Traumatic Experience, and Posttraumatic Stress Disorder in an Urban Civilian Population," *Depression and Anxiety* 27, no. 12 (2010): 1077–86, doi.10.1002/da.20751; and K. T. Brady and S. E. Back, "Childhood Trauma, Posttraumatic Stress Disorder, and Alcohol Dependence," *Alcohol Research: Current Reviews* 34 (2012): 408–13.
- ¹⁵Robert Trivers states that deception is a requirement for drug abuse in *The Folly of Fools: The Logic of Deceit and Self-Deception in Human Life* (New York: Basic Books, 2013), 173–5; Rastegar and Fingerhood, *Addiction Medicine*, 20–25.
- ¹⁶E.g., Heyman, *Addiction*, vi–20.
- ¹⁷Heyman, *Addiction*, 142–43.
- ¹⁸D. C. Ajonijebu et al., "Epigenetics: A Link between Addiction and Social Environment," *Cellular and Molecular Life Science* 74, no. 15 (2017): 2735–47, doi.10.1007/s00018-017-2493-1.
- ¹⁹M. S. Stanford, *The Biology of Sin: Grace, Hope and Healing for Those Who Feel Trapped* (Downers Grove, IL: InterVarsity Press, 2010); and Heyman, *Addiction*, 90–100.
- ²⁰Stanton Peele, *The Meaning of Addiction: Compulsive Experience and Its Interpretation* (Lexington, MA: D.C. Heath and Company, 1985), 2–26, <http://www.peele.net/>; Dunnington, *Addiction and Virtue*; Maté, *In the Realm of Hungry Ghosts*, 201–8; and Heyman, *Addiction*, 89–110.
- ²¹Heyman, *Addiction*, 65–88.
- ²²Ibid., 112; and Dunnington, *Addiction and Virtue*, 32–35.
- ²³Heyman, *Addiction*, 115–41.
- ²⁴Maté, *In the Realm of Hungry Ghosts*, 174, 198.
- ²⁵May, *Addiction and Grace*, 13.
- ²⁶Ibid., 39.
- ²⁷Dunnington, *Addiction and Virtue*, 72.
- ²⁸May, *Addiction and Grace*, 43.
- ²⁹<http://www.dictionary.com/browse/angst>.
- ³⁰E.g., R. C. Roberts, *Spiritual Emotions: A Psychology of Christian Virtue* (Grand Rapids, MI: Eerdmans, 2007); and E. T. Rolls, *Emotion and Decision-Making Explained* (Oxford, UK: Oxford University Press, 2014). Negative emotions can be transformed for positive gains: E. E. Whitehead and J. D. Whitehead, *Transforming Our Painful Emotions: Spiritual Resources in Anger, Shame, Grief, Fear, and Loneliness* (Maryknoll, NY: Orbis, 2010).
- ³¹R. M. Yerkes and J. D. Dodson, "The Relation of Strength of Stimulus to Rapidity of Habit-Formation," *Journal of Comparative Neurology and Psychology* 18 (1908): 459–82, doi.10.1002/cne.920180503; D. Goleman, *Social Intelligence* (New York: Bantam, 2006); and A. Lang, *The Beauty of Discomfort: How What We Avoid Is What We Need* (Toronto, ON: Collins, 2017).
- ³²E.g., D. Turner, *The Darkness of God: Negativity in Christian Mysticism* (Cambridge, UK: Cambridge University Press, 1995).
- ³³Augustine, *Confessions*, I.1, public domain.
- ³⁴D. D. Haack, "When Spiritual Growth Involves Discomfort: Disequilibrium in Biblical Perspective," *Presbyterion* 41, no. 1–2 (2015): 31–49.
- ³⁵He follows Hans Urs von Balthasar. K. A. Bingham, "A Pastoral Theological Approach to the New Anxiety," *Pastoral Psychology* 59 (2010): 659–70, doi.10.1007/s11089-009-0269-8.
- ³⁶Mercadante, *Victims and Sinners*, 20–24.
- ³⁷Søren Kierkegaard, *The Concept of Anxiety: A Simple Psychologically Oriented Deliberation in View of the Dogmatic Problem of Hereditary Sin*, trans. Alastair Hannay (New York: Liveright Publishing, 2014); —, *The Sickness unto Death*, trans. Walter Lowrie (Princeton, NJ: Princeton University Press, 1954), 195–208; see discussions in G. R. Beabout, "Does Anxiety Explain Hereditary Sin?," *Faith and Philosophy* 11, no. 1 (1994): 117–26; and T. D. Cooper, *Sin, Pride and Self-Acceptance: The Problem of Identity in Psychology and Theology* (Downers Grove, IL: InterVarsity Press, 2003), 40–45.
- ³⁸Reinhold Niebuhr, *The Nature and Destiny of Man*, vol. 1 (New York: Charles Scribner's, 1964), 178–240; see also P. Tillich, *The Courage to Be*, 2nd ed. (New Haven, CT: Yale University Press, 2000); Cooper, *Sin, Pride and Self-Acceptance*, 158–62; J. W. White, "The Personality of Sin: Anxiety, Pride, and Self-Contempt," *Mid-America Journal of Theology* 27 (2016): 85–97.
- ³⁹J. H. Ellens, "A Psychospiritual View of Sin," in *Counseling and the Human Predicament: A Study of Sin, Guilt and Forgiveness*, ed. L. Aden and D. G. Benner (Grand Rapids, MI: Baker, 1989), 36–48.
- ⁴⁰For example, Philip G. Monroe notes that the term can be offensive, as found in "Exploring Clients' Personal Sin in the Therapeutic Context: Theological Perspectives on a Case Study of Self-Deceit," in *Care for the Soul*, ed. Mark McMinn and Timothy Phillips (Downers Grove, IL: InterVarsity Press, 2001), 202–17.
- ⁴¹For example, Steps 4, 6, and 9 relate to taking a "moral inventory," Step 5 involves admitting wrongs, and Steps 7 and 8 involve making amends; see W. McDonough, "Sin and Addiction: Alcoholics Anonymous and the Soul of

- Christian Sin-Talk," *Journal of the Society of Christian Ethics* 32, no. 1 (2012): 39–55.
- ⁴²As Mercadante states, sin "perceived as moralistic, judgmental and counterproductive" has led to medical reasoning as a favored response to addictions, in *Victims and Sinners*, 5. Dunnington agrees that sin and addiction can neither be conflated nor entirely separated: *Addiction and Virtue*, 125–40.
- ⁴³Mark E. Biddle notes that, since Augustine, the juridical/forensic metaphor has been prioritized, especially in western evangelical theology. Mark E. Biddle, *Missing the Mark: Sin and Its Consequences in Biblical Theology* (Nashville, TN: Abingdon, 2005), viii.
- ⁴⁴V. S. Goldstein, "The Human Situation: A Feminine View," *Journal of Religion* 40 (1960): 100–12; and J. Plaskow, *Sex, Sin and Grace: Women's Experience and the Theologies of Reinhold Niebuhr and Paul Tillich* (Lanham, MD: University Press of America, 1980).
- ⁴⁵Henri Nouwen, *Discernment: Reading the Signs of Daily Life* (New York: HarperCollins, 2013), 30–37.
- ⁴⁶Biddle, *Missing the Mark*, 32–76, 136; David Smith similarly concludes that sin transcends selfishness and idolatry, and has at its root the rejection of God as God, and of Christ as his son, in *With Willful Intent: A Theology of Sin* (Wheaton, IL: BridgePoint, 1994), 301–26.
- ⁴⁷Cooper, *Sin, Pride and Self-Acceptance*; he compares "anxious greed" (common in power-hungry men) with "greedy anxiety" (common in insecure women) as reflections of different types of sin.
- ⁴⁸J. Wesley White, drawing on Kierkegaard, Niebuhr, and Cooper, similarly notes the interrelationship between anxiety, pride, and self-hatred, suggesting the last two are a "pride system." We experience uncertainty regarding direction. This anxiety is an occasion for sin because it tempts us to inflate our significance. Pride produces further anxiety because it is a false foundation. It also functions as a mask for self-contempt. White, "The Personality of Sin."
- ⁴⁹Cooper, *Sin, Pride and Self-Acceptance*, 36.
- ⁵⁰Mark Pestana details the diminished freedom that characterizes sin, in "Part One: How Pride Causes Slavery to Sin," *Journal of Spiritual Formation and Soul Care* 8, no. 1 (2015): 53–74.
- ⁵¹For example, Isaiah 59:8–10 describes sinners as unable to walk straight. Biddle, *Missing the Mark*, 118–19, 130; and Smith similarly calls sin a "vicious and destructive power," in *With Willful Intent*, 313.
- ⁵²S. Jones, *Trauma and Grace* (Louisville, KY: Westminster John Knox Press, 2009), 103.
- ⁵³C. S. Lewis, *Mere Christianity* (San Francisco, CA: Harper, 1952), 86; and _____, *The Great Divorce* (New York: HarperCollins, 1946), 75, 123.
- ⁵⁴The classic historical-causal view of original sin was developed by Augustine (*Confessions*, *City of God*, Book 14) and perpetuated by Calvin and his followers; e.g., M. J. Erickson, *Christian Theology*, 2nd ed. (Grand Rapids, MI: Baker, 1998), 652. It has been criticized primarily on biblical grounds: the concept is not found in the Old Testament, being uniquely Pauline; biblical conceptions of time are not necessarily chronological; the concept of the "Fall" has been extended beyond its original intent; it is difficult to believe that God ordained all death because of the disobedience of two people. E.g., Biddle, *Missing the Mark*, 3–8; and T. E. Fretheim, *God and World in the Old Testament* (Nashville, TN: Abingdon, 2005), 70–77.
- ⁵⁵D. G. Myers, *The Inflated Self: Human Illusions and the Biblical Call to Hope* (New York: Seabury Press, 1980), xiv.
- ⁵⁶A. Barnes, *Seeing through Self-deception* (Cambridge, UK: Cambridge University Press, 1997), 34–50; Trivers, *Folly of Fools*; and Rolls, *Emotion and Decision-Making Explained*.
- ⁵⁷E.g., D. G. Myers, *Intuition: Its Powers and Perils* (New Haven, CT: Yale University Press, 2002); and S. K. Moroney, "Thinking of Ourselves More Highly Than We Ought," in *Care for the Soul*, ed. McMinn and Phillips, 308–30.
- ⁵⁸E.g., Monroe, "Exploring Clients' Personal Sin"; and May, *Addiction and Grace*, 43–52.
- ⁵⁹Dunnington, *Addiction and Virtue*, 170–80.
- ⁶⁰Yau, Yip, and Potenza, "Understanding 'Behavioral' Addictions."
- ⁶¹Mercadante, *Victims and Sinners*, 5.
- ⁶²A Korean word meaning "a physical, mental and spiritual response to a terrible wrong done to a person"; Andrew S. Park, *From Hurt to Healing: A Theology of the Wounded* (Nashville, TN: Abingdon, 2004), 11; and Mercadante, *Victims and Sinners*, 27–48.
- ⁶³*Ibid.*, 160–69.
- ⁶⁴Gostecnik et al., "Hidden Mission."
- ⁶⁵Maté, *In the Realm of Hungry Ghosts*, 2, 25–45.
- ⁶⁶Dunnington, *Addiction and Virtue*, 110–20, 148–52, 176, 192.
- ⁶⁷*Ibid.*, 158, quoting Augustine.
- ⁶⁸May, *Addiction and Grace*, 1.
- ⁶⁹*Ibid.*, 4. Common ways we deceive ourselves include denial, repression, rationalization, cynicism, hiding, and delaying, see pages 42–54.
- ⁷⁰*Ibid.*, 109–14. The desert temptation is similar: attachments that lead to addiction (power, doubt, idolatry) are presented by Satan to Jesus, 138–39. Given the nature of sin and addiction as almost independent realities, the biblical teaching on evil spirits and their influence on sin and consequently on addiction is relevant. Interestingly, the language used to describe demons is similar to the language used to describe sin. E.g., E. J. Warren, *Cleansing the Cosmos: A Biblical Model for Conceptualizing and Counteracting Evil* (Eugene, OR: Wipf and Stock, 2012). The term "demon rum" is apropos.
- ⁷¹Gerald G. May, *Will and Spirit: A Contemplative Psychology* (San Francisco, CA: HarperCollins, 1982), 31.
- ⁷²Haack, "When Spiritual Growth Involves Discomfort."
- ⁷³May, *Addiction and Grace*, 107.
- ⁷⁴May, *Will and Spirit*, 8, 28–32.
- ⁷⁵May, *Addiction and Grace*, 17.
- ⁷⁶*Ibid.*, 18, 141, 164–79; see also Mercadante, *Victims and Sinners*, 170–85.
- ⁷⁷May, *Will and Spirit*, 3.
- ⁷⁸Dunnington, *Addiction and Virtue*, 10, 184–94.
- ⁷⁹Henri Nouwen, *The Way of the Heart* (New York: Seabury Press, 1981), 20.

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