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Contribution of Thomas Aquinas's Treatise on temperance to the contemporary effort to understand and treat addiction

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CONTRIBUTIONS OF THOMAS AQUINAS'S *TREATISE ON TEMPERANCE* TO
THE CONTEMPORARY EFFORT TO UNDERSTAND AND TREAT ADDICTION

by

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of the requirements for the Master of
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CERTIFICATE OF APPROVAL

MASTER'S THESIS

This is to certify that the Master's thesis of

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INTRODUCTION

Increasingly in the era of the armchair doctor/psychologist extreme dysfunction in relation to worldly pleasure *a la* addiction is explained using the disease model of chemical or physiological addiction augmented by concepts of psychological addiction (relying largely upon an understanding of brain chemistry and physiology). These models, plainly useful in the scientific study of addiction as well as the medical treatment of addiction, are often construed or imagined as superseding various earlier cognitive and religious or moral models. This purported mutual exclusivity is troubling, especially for the individual who may be suffering from an addiction. The self-examination necessary for progression through recovery programs arguably requires that an addict evaluate his moral and spiritual state in addition to attending to his physical/physiological state, indicating that *some* form of moral/spiritual healing is necessary presumably because of a moral/spiritual malfunction. The value of physiological models of addiction is clearly indispensable as regards the medical treatment of this class of medical diseases, in particular the most extreme chemical addictions associated with narcotics; however, it is worrisome that older, less explicit models of addiction *qua* moral and/or spiritual disorder, formed outside of the influence of medical science proper no longer seem to hold the attention of non-addicts despite their continued value for and use by recovering addicts as well as their family and friends.

Indeed, despite the favoritism much popular thinking accords physiological models of addiction, in the most effective and widespread contemporary treatments for addiction (i.e. Alcoholics Anonymous and other similar Twelve Step programs) there is a profound resonance with Thomas Aquinas's attempt to illuminate the internal, psychological state and moral struggles of the addicted individual found within his treatment of disorders regarding the pleasures and use of alcohol and sex and their relation to what Aquinas calls the "soul" in his treatise on temperance in the *Summa*

Theologica. That resonance indicates the continued relevance of Thomas's thinking to people struggling with addiction. While physiological models of addiction may determine such individuals' medical treatment and common psychological models may suggest a course of psychiatric treatment, Thomas's description of the corrupt functioning of lost, addicted souls cast in sharp relief with their proper functioning suggests an internal path towards salvation from addiction revolving around an ongoing commitment made by the individual that his happiness and even his self will not be comprised and ultimately defined only by his appetite for a particular sort of sense gratification.

It seems strange that the beginning of a discussion of Thomas Aquinas's treatment of *anything* must begin with an explanation of its use; unfortunately in the case of addiction a certain stigma needs to be overcome as evidenced by the doubt cast upon non-physiological explanations for addiction lacking in "scientific" justification. Early in cases of addiction, many associated individuals (the addict in particular) often fail to appreciate the extent of the internal, moral fault exhibited and the necessity of its removal in favor of pointing towards purely chemical explanations. It seems as though the almost willful ignorance involved in making the addiction a purely physiological matter might relieve any guilt associated with the abuse for those involved and, understandably, relieve the discomfort at judging a friend or family member or even oneself as morally guilty. The dynamics of guilt and the closely related concept of shame will be explored more fully in the later section concerning their contribution to addiction's ability to imprison the individual, but for now it suffices to say that the existence of a moral component to addiction will be made evident.

COMMON MODELS OF ADDICTION

As implied above, whatever model of addiction an individual chooses to follow must address the issue of moral guilt in addiction because, whether the model ascribes moral guilt or not, addicts almost universally report an experience of moral guilt. In fact, the primary models of addiction can be categorized by their attribution of guilt. There are three general categories of addiction models, as described by psychiatrist Gerald May: the moral model (later reincarnated as the theological model) seeks to ascribe addiction to sin, evil or moral weakness, laying moral responsibility and guilt upon the addict himself; the disease model suggests that though addiction is a result of pathology, the addict is still responsible for his own *actions* despite the model's avoidance of characterizations of the addict as morally weak or evil in character; finally the scientific or medical model seeks to find purely medical explanations of addiction independent of guilt.¹ Both the disease model and the theological model are constructed with reference to the physiological states described by the medical model. Not surprisingly the moral model exists primarily within Christian theology and the scientific/medical model is directly used only in the medical industry. The disease model, however, has become the most pervasive and popularly adhered to model of addiction, ostensibly because of its use and effectiveness in addiction treatment, particularly in A.A. and other Twelve Step programs. While the scientific model can be quickly grasped (in fact most people seem quite familiar with the concept already) and a scientific/medical exposition seems inappropriate at this juncture, the disease model's relation to modern psychology and psychiatry and the whole of the theological/moral model deserve further attention in order to better understand the context and value of the Thomistic model currently under construction.

In his well regarded and still very popular work *Addiction and Grace*, Gerald May, a Christian psychiatrist, lays out his experience with addiction as it relates to modern psychiatry with an inclination towards following the general disease model. May

observes, “For generations, psychologists thought that virtually all self-defeating behavior [like addiction] was caused by repression” of abuse or other negative feelings, but “traditional psychotherapy, which is based on the release of repression, has proven ineffective with addictions”.² May provides a psychiatric definition of addiction as “any compulsive behavior that limits the freedom of human desire” and adds that “behavior is not limited to external physical activity...thinking is also a behavior”.³ For the purposes of the psychiatrist, addiction is characterized by an increased tolerance to particular chemicals (whether external as in the case of alcohol or internal as in the case of endorphins generated by the thrill of gambling), withdrawal symptoms when denied the behavior, self-deception, loss of willpower, and distortion of attention (i.e. an inability to recognize the addiction especially so long as it remains gratified).⁴ May also points out that there are “attraction addictions” that manifest as a desire for something and “aversion addictions” that manifest as a desire to avoid something.⁵ These psychological phenomena can be seen in all cases of addiction and must be addressed in the construction of any contemporary model of addiction.

May expertly articulates the internal processes of the addict that allow the addict to continue in the grip of the addiction despite the growing list of factors that ought to sound alarms for that individual. “Self deception” in the forms of “denial and repression” will allow the addict to continue for as long as possible without explicitly recognizing the dangerous nature of his behaviors.⁶ Once “the addicted person realizes some kind of problem exists,” rationalization and hiding of the behavior begins to take place.⁷ After this the addict begins “delaying tactics” designed to convince him that he is going to master the addiction, but maybe tomorrow or maybe once the situation is right.⁸ Once failure in this manner has become evident, the addict enters the “I can’t handle it” phase and will usually sink into some form of depression, giving in to the object of the addiction.⁹ If, on the other hand, the addict manages to control his behavior, his subsequent pride in having succeeded will eventually lend itself to a “maybe just one

drink” sort of justification, ultimately leading to a breakdown and relapse amplified by the guilt and shame at having fallen so low.¹⁰ May also insists upon rejecting the “myth of the addictive personality” in favor of pointing out the common aspects of “*addicted* personalities,” a subtle difference, but an important one.¹¹ May’s forthright, well-articulated description of this progression commands great respect within the recovery community and will serve as an excellent addendum to the Thomistic model discussed below.

May also provides an excellent foundation in the physiological aspects of addiction for the lay reader. May lays out an extensive review of nervous system physiology and the ability of human cells to adapt to changes in their environment, and then describes how an adaptation to the presence of particular chemicals can lead to withdrawal symptoms as well as literally disrupted thinking.¹² At the core of addiction is a process where the introduction of a pleasure-causing/pain-reducing molecule (*or* an experience that increases the body’s own secretion of similar chemicals) causes feedback within the brain itself. This in turn allows the nervous system to become habituated to that chemical and ultimately adapt to or require that chemical for normal functioning. However, for the purposes of this discussion, the physiological aspects of addiction will need to be understood only as the physical corollary to the psychological progression May describes. For the purposes of this model, moral guilt is a painful aspect of the addiction that contributes to the addiction by adding negative sensations, rather than moral guilt being a responsibility ascribed to a particular individual for the purposes of motivating reformation, as in the case of the moral model described below.

In contrast to this generally psychological/psychiatric disease model, previous moralistic models of addiction chose to view addiction as a failure of willpower or moral discipline against evil. With the rise of medical models and the recognition that moral guilt can lead to relapse, the moral view has largely been abandoned in favor of what is most commonly referred to as a theological model. Christopher C. H. Cook’s recent

work *Alcohol, Addiction and Christian Ethics* shows both a familiarity with the early moral models and their shortcomings as well as a profound appreciation for the medical realities of addiction (i.e. withdrawal symptoms, degradation of faculties, etc.). Cook does not suggest that medical models ought to be abandoned in favor of his theological model; instead, he portrays a model of addiction built around theological concepts as operating in accordance with the medical models.

The construction of a theological model of addiction follows from a tradition of moral condemnation that Cook seems to wish to avoid by suggesting that addiction is simply an extreme instance of sin, no more or less evil than sins committed daily by any number of people, encapsulating the human experience of falling into sin. He laments that “the total number of publications offering serious theological reflection” on the topic of addiction “is smaller than one might expect,” but still concludes that the common understanding of addiction is “as the universal human condition,” truncating discussion of addiction specifically for many theologians treating the topic, as the topic of addiction is swallowed up by the immense and general considerations of this universal condition.¹³ Cook distances himself from early moral models and identifies with the new theological models, suggesting “if we emphasize the moral differences between the experience of addiction and our own experience, we enter the territory of the discredited moral model”.¹⁴ Here Cook wants to be clear that addicts and non-addicts have no essential differences, merely differences in their particular sins.

With this understanding of sin and addiction in mind, then, he also wishes to distance himself, to a certain degree, from *strictly* scientific models and psychological models. Cook attempts to avoid profound “association of the contemporary [theological] concept of addiction with the scientific paradigm” because it may “[lead] to the danger that sin conceptualized as addiction will veer towards determinism or Manichaeism” while also avoiding excessive “association of the concept with the ‘Twelve Step’ recovery movement of A.A.” as this “carries a danger of over-emphasizing the place of

free will and thus Pelagianism.”¹⁵ Cook’s meaning here is unclear in so far as A.A.’s stress upon powerlessness hardly seems to overemphasize the role of free will in addiction and addiction recovery. Regardless, Cook sets himself a very fine line to walk in this manner and seems to conclude that it is most useful to remain entirely within the theological framework of sin and sinfulness as act and state, rather than addressing the mechanics of addiction on addiction’s own terms (those of medicine and psychology, mostly) or the terms of others which may confuse the issue of humanity’s free will.

Cook’s insistence upon following the theological framework constructed within the Christian tradition serves him well enough in his study of alcohol in historical Christian ethics. Following Augustine, Aquinas and Martin Luther at various points, Cook focuses upon whether the alcoholic’s sin is mortal or venial in a given instance according to the sin’s relation to God and uses this discussion to condemn the behavior without directly addressing its removal, though there is a limited discussion of each figure’s attitude towards grace in this instance as the primary opportunity for rescue from addiction.¹⁶ Cook reviews the literature gracefully and provides an excellent foundation for those wishing to understand the theological implications of addiction; however, teasing out the value of this understanding for the addict in therapy and recovery requires the addition of new relations between addiction and normal human functioning, something Cook intends to provide.

Cook’s main contribution to the thinking on this topic and to the theological model in general is his relation of addiction (within the theological model) to the human drive for self-improvement. Addiction for Cook seems best conceived of “as a facet of the human capacity for a self-reflectiveness which desires to be different in the face of the experience of personal imperfection and sinfulness” where the individual’s desire to be different becomes constituted within the addiction as the desire to *feel* differently.¹⁷ This observation has great merit within the theological model, but Cook’s complimentary assertion that “addiction is not really a disorder at all, but rather an aspect of what it is to

be human” requires that interpreting this desire for self-improvement be done with care, lest that interpretation lose sight of the physiological realities of addiction.¹⁸ Cook rescues himself somewhat by allowing that “to the extent that it is a disorder, it is a disorder from which we all suffer in one form or another, and it is a disorder in our relationship with that which is most desirable” making addiction a “theological disorder,” but he still is faced with the problem of explaining physiological differences between addicts and non-addicts.¹⁹ Cook’s theological model draws itself closer to the Thomistic model when he asserts “the problem is that human beings have a tendency to desire the creature for its own sake, and thus to set it as an alternative object of desire, in conflict with desire for God, or in place of desire for God, rather than as a channel of expression of desire for God”.²⁰ Thus, “the supreme good, understood as the grace of God in Christ, is...also the proper goal of treatment”.²¹ It may seem as though Cook has begged the question of the necessity of the Christian God given the successes of non-Christian recovery programs but for Cook that is inconsequential. Cook constructs an excellent theological model, but remains a Christian writing for Christians, limiting his audience but certainly doing well by those who would listen.

This expression of addiction as relating to the ends humans choose resonates with the Thomistic model discussed below and reveals what is already evident to members of A.A.: the particular terms and attributes of “God” and “sin” and “evil” are unimportant or at least less important than the understanding that addiction involves setting a feeling or a substance as the highest end which subsequently sends the addict spiraling further into addiction. Cook recognizes that the Higher Power of A.A. can serve adequately in place of the Christian God, but reminds his readers that this will result only in therapy, never in salvation.²² This is the reason A.A. as well as the Thomistic model under construction try to avoid theological understandings of addiction; despite the wisdom discovered after wading through the complex maze of terms, theological models are ultimately alienating

and confusing for a large number of addicts either jaded by past experiences of religion or simply annoyed at Christian overtones.

THE THOMISTIC MODEL OF ADDICTION

The existence of *some* religious or moral dimension to addiction seems plain as has been shown as far back as 1983 in a study conducted by Coval B. MacDonald and Jeffrey B. Lockett.²³ In this study MacDonald and Lockett sampled over 7,000 individuals. They found an inverse correlation between the profession of each of a particular set of Christian faiths, Catholic and several Protestant designations, and the incidence of alcoholism and other drug dependencies among such people, and they found a direct, linear correlation of incidence of alcoholism and drug dependencies among the general population giving no religious preference. The implication here is *not* that religion itself necessarily holds a special shield for avoiding moral failures but that individuals given to religious involvement and reflection seemed less likely to fall prey to the sorts of excesses of appetite and desire discussed below. This inverse relationship seems sufficient to warrant further exploration of Thomas Aquinas's writing, so influential in the Christian context, on extreme dysfunction in relation to pleasure in the hopes of finding insight valuable to addicted individuals seeking to help themselves.

Addiction as such is not an explicit concept for Thomas, but his account of a soul intemperate with regards to sex or alcohol amounts to a study of addiction in that intemperance here can be imagined as occurring for only a moment but also as a state in which an individual may be found or may find himself. In order to describe a Thomistic conception of addiction that may prove useful to the addict in understanding and evaluating himself and his path towards sobriety, this section will provide a portrait of the human being and relevant aspects of the soul, conceptually connect addiction to the appetites for alcohol and sex (temperate or otherwise) and temperance as it appears in the text, and then give an account of the intemperate functioning of the addict and his soul.

Thomas's writings most relevant to a discussion of addiction appear within his treatment of temperance in the second part of the second part of the *Summa Theologica*.

Here Thomas discusses the virtue of temperance and all of its parts and opposed vices, including abuse of alcohol and sexual dysfunction. Thomas also treats excesses of the use of food, but that treatment seems to point to a particular sort of greed in gluttony and fails to appreciate the sort of disordered and confused thinking occurring in addiction. In the interest of avoiding adding extra girth to this endeavor without substantively adding to the actual Thomistic model of addiction, gluttony will be passed over. A useful description of addiction from Aquinas seems more appropriately centered on the issue of disordered thinking and value associated with lust, which can seriously undermine an individual's will and intellect. Gluttony in the case of food addiction could certainly follow the model proposed; Thomas simply did not treat gluttony as so great and so particular a threat to the individual's mental faculties as lust or alcohol.

Fundamental to any discussion of Thomas Aquinas and his ethics is an understanding of his assertion that properly human actions are those actions initiated by an individual's will in coordination with reason directed towards a specific end, resulting in the free choice of the individual. Aquinas differentiates humans from animals in that a human is "master of his actions" and "therefore those actions are properly called human which proceed from a deliberate will".²⁴ The centrality and importance of this understanding cannot be overstated.

Additionally, understanding of what Aquinas intends with his use of the phrase "deliberate will" is also crucial. To that end, Aquinas adds that the "object of the will is the end and the good".²⁵ Hence, Aquinas has established that human action is that action directed towards a particular end that is thought to comprise or lead to whatever that individual perceives as *the* good or an accompanying good related to *the* good. Further, Aquinas makes a distinction that will prove important in relating his writing on temperance to addiction: while "every agent, of necessity, acts for an end," a human agent "moves itself to the end" but a non-human agent, or a human operating at an instinctive or passionate level, is "moved by another".²⁶ In this way Aquinas defines a

human being as an agent that has the capacity to determine its own ends and act for those ends of its own free will. Aquinas continues at length in this article specifying the final and proper end(s) for human beings, but for the size and purposes of this essay it suffices to say that an individual can no longer be called a properly functioning human (and thus a moral agent) once he has abandoned his ability to act for an end or *not* act for an end of his own accord.

With Aquinas's central definition of the human moral agent at hand, it becomes necessary to better describe how he envisions this agent working and what particular powers or forces are at work within this agent that may sway or even comprise the will in question. For Aquinas, this discussion revolves around the "soul," its powers, and its relation to the particular individual in question. The word "soul" for Aquinas first designates animation and represents a principle of action. "The soul is defined as the first principle of life of those things which live: for we call living things 'animate,'" meaning that the soul is not peculiar to human beings but rather something present in all living things.²⁷ Accordingly, there are some aspects of the soul animals and humans share and some that they do not; both sorts are important for this discussion. Unfortunately, there are also examples of both sorts that must be overlooked in favor of aspects of the soul more relevant to this discussion.

While a human act is differentiated from an animal act as an act proceeding from deliberate will towards a chosen end, both humans and animals have particular drives and powers contributing to the operation of their souls relevant to a discussion of temperance or addiction. Citing Aristotle's description of the soul's powers, in common are the nutritive, sensitive, appetitive and locomotive powers of the soul and then distinct for humans is the intellectual power of the soul.²⁸ Of particular interest for this discussion are the appetitive, the sensitive and the intellectual powers of the soul. The appetitive powers are those that make it possible for a being to be drawn toward or repulsed by an end, the intellectual powers are those that might be termed the rational powers of the

individual, and the sensitive powers are those involved in awareness, internal feeling, and the five senses just as people number them today.²⁹ Further, both the intellectual and sensitive powers have appetitive powers and apprehensive powers, according to Thomas's assertion that the soul is singular with several powers that are specific but united. This implies that there is an intellectual appetite, the power to approach or withdraw from what one judges to be good or bad, and a sensitive appetite, the power to approach or withdraw from what one finds attractive or repulsive on the sensory level. Each of these will contribute directly to any understanding of addiction in Aquinas's thinking.

In order to appreciate what is at stake with regard to the powers of the soul, it is worth noting here that each of the powers associated with the soul must be understood as functioning in and through the body.³⁰ According to Aquinas's thinking, "the intellectual principle is the proper form of man" and "the nobler a form is, the more it rises above corporeal matter, the less it is merged in matter".³¹ Yet even the intellect depends indirectly on the sensory powers and thus the body for its proper operation. Aquinas regards the intellect as the highest power of the human; he also argues that the most valuable human goods to pursue are those known via the intellect. This heralds a clear moral condemnation of addiction, as, for Aquinas, the soul of a human is corrupted, hijacked or perhaps abandoned once it begins to orient itself toward the world of corporeal matter and pleasure, away from proper happiness and God, which humans pursue via the intellectual power. It is not enough, however, to simply condemn addiction; rather, he must be addressed by a more complex and penetrating treatment capable of describing and cutting through the layers of fog and falsity surrounding him. To that end, a great deal more must be said about the functioning of the soul.

Keeping in mind that the soul's powers comprise a single, unified soul, there are important facets of both the appetitive and intellectual soul requiring some direct attention. First, the intellect is a power to understand truth or comprehend in general, *not*

the essence or total content of the soul itself.³² This is crucial in understanding that the intellect merely contributes to and is subservient to the whole soul's end, not necessarily determinate of that end. Second, the object of the intellect is distinct from the more apparent objects of the senses and it is important not to conflate intellectual objects (i.e. truth or knowledge) with what humans and animals simply sense or what a human may sense internally.³³ This implies that external objects like alcohol or food as well as internal realities like emotions, similarly sensed between the healthy and the addicted, are distinct from the knowledge gained by the intellect regarding those objects or their relations. Third, as a power, the intellect is an active power, making things "actually intelligible by abstraction of the species from material conditions".³⁴ Making the intellect an active power of the soul working to abstract information meaningful to the particular soul from actual context rather than the essence of the soul or simply some passive power allows Aquinas to describe and explain a situation where a very sick or disturbed person's intellect could make something actually intelligible to that person, but differently than a healthy person's intellect might. This understanding, then, informs his later discussions with regard to temperance and intemperance in the use of alcohol and sex.

Any discussion of addiction also requires that a great deal of attention be paid to the appetitive aspect of the soul, but it remains integral that the intellectual soul not be allowed to fade into the background as a separate entity. As the intellect apprehends, the appetitive is the power of the soul to be attracted to and to seek what it apprehends or has apprehended. First in defining the appetitive power, it "is a passive power, which is naturally moved by the thing apprehended" whether that thing is intellectually apprehended or sensitively apprehended, i.e. imagined/understood or sensed.³⁵ External forces and internal forces can drive the sense appetite as well as the intellectual appetite. These appetites including the will obey reason generally (i.e. they are not utterly chaotic) but not necessarily the intellect within a properly functioning human being.³⁶ This

seems to mean that an individual *will* desire a given thing for *some* reason (it does not operate randomly), but would not require a reason provided by the intellect in order to desire it and could not necessarily choose *not* to desire something given a particular understanding from the intellect labeling some desired object as “bad” or “harmful” if other, less conscious reasons in that object’s favor existed. The appropriateness of this concept to a discussion on addiction cannot be understated. Describing the will’s precise function in this scheme, however, will require more space and greater appreciation for the complicated way in which reason and will interact.

The will, for Aquinas, works in concert with the intellect, though in a series of very complicated articles Aquinas reckons the intellect is the higher power in so far as it seems nobler because it is determinate of the will’s object. First and foremost, the will inclines towards something apprehended by the intellect as leading to happiness (the primary good for Aquinas), whether a proper end contributing to that happiness or an improper end wrongly understood as contributing to that happiness.³⁷ Because the will necessarily seeks what is apprehended as leading to happiness, Aquinas believes the intellect to be a higher power than the will.³⁸ This does not imply, however, that the intellect operates above the influence of other powers of the soul; rather it suggests that within a properly functioning human being the intellect is capable of ordering the other powers of the soul.

Within the addict, the intellect is no longer ordering the other powers of the soul properly, allowing passions to move the will regularly in its stead. Aquinas suggests that “according as man is affected by a passion,” that is some appetitive aspect of the soul arising unintentionally (addressed briefly below), “something seems to him fitting, which does not seem so when he is not so affected: thus that seems good to a man when angered, which does not seem good when he is calm. And in this way, the sensitive appetite moves the will, on the part of the object”.³⁹ It seems that this can describe a relative state of addiction where passions of the sense appetite (i.e. unintentional feelings

driving further needs to feel or not feel) have hijacked reason and the will to such an extent that, rather than the intellect apprehending correctly and informing desire appropriately, the intellect is degraded and overwhelmed by a particular set of sensory stimuli demanding gratification or relief causing the intellect to falsely apprehend pleasure or relief from pain as an appropriate end in situations where it might normally do otherwise.

What then stands against the passions preventing humans from behaving erratically according to their emotions and whims? For Thomas this was the role of moral virtues such as temperance or fortitude. As a virtue, temperance has particular and specific characteristics, but here special attention will be paid to the internal, moral state of the temperate individual as opposed to his behaviors. First, any virtue is “some perfection of power” “in reference to act,” making virtue an “operative habit”.⁴⁰ Virtues for Aquinas were operative habits disposing individuals to “good works” according to or defined by proper reason appropriate to a human being.⁴¹ It is important to note that for Aquinas the “end of virtue...is operation” but only for good; virtue could never, by its own definition, dispose an individual toward evil.⁴² Remembering then Aquinas’s view of what makes a human distinctively so, “it belongs to moral virtue to safeguard the good of reason against the passions that rebel against reason”.⁴³ The passions, a formidable topic in their own right, will be addressed sparingly here in order to leave space for other exploration, but it may simply suffice to say that passions arise from within and require the order proper reason provides, that of moral virtue, in order to prevent the individual’s appetites from arising erratically and running amok.

With this in mind, the functioning of temperance must be brought into sharper focus. Aquinas states, “Temperance evidently inclines man to [safeguarding the good in conjunction with reason], since its very name implies moderation or temperateness, which reason causes”.⁴⁴ Because temperance is defined as such a habit ordering and reigning in the passions, severe intemperance *a la* addiction can be appropriately

imagined as a systemic fault operating in subservience to the passions, inclining people towards extremes and destroying their very ability to reason with the addiction's overwhelming hunger for some pleasure or relief from some pain valued above all else.

In order to provide a useful account of addiction for the purposes of recovery, in terms Aquinas might approve of, it is not enough simply to understand the basic picture of a human and his proper or improper functioning broadly; rather, it is necessary to dig deeply into Aquinas's ideas about how a severely intemperate or addicted individual begins to function once in the grip of that addiction. This understanding must be acquired in bits and pieces as Aquinas treats disordered appetites for alcohol and sex similarly but separately and with an eye towards behaviors indicative of general states of temperance and intemperance towards either sex or alcohol rather than the extreme but distinct behavior common to the chronically disrupted state of addiction to any such pleasure. For Aquinas there is a standard of moderation (i.e. a mean), as mentioned above, but there is also a continued appeal to the sorts of ends individuals choose to pursue as definitive for them as well as the internal result of that choice. Moderation with regard to sex or alcohol is absolutely necessary because these are the worldly pleasures that can disturb the soul to the greatest extent *by* altering the ends that soul may choose to pursue. The interesting and valuable question here, however, is not what disturbs the soul, but *how* certain pleasures or desires alter a person's conception of his highest end and then subsequently disrupt the proper functioning of the individual's soul. In the case of addiction, the soul becomes so disturbed and disordered that the individual's ultimate end, God, and secondary end, natural happiness, ultimately both become eclipsed by a lust for gratification itself. Without understanding the mechanism for this disturbance there can be little hope of penetrating the deep-seated corruption clouding an addict's thoughts and suppressing his humanity.

The dangers of addiction presented by sex and alcohol seem especially insidious in that even Aquinas acknowledges that both sex and alcohol are ubiquitous parts of

human life. Strictly speaking, in his treatment of the use of alcohol, Aquinas defines an alcoholic drink as “that which by reason of its volatility is liable to disturb the brain, such as wine and all intoxicants”.⁴⁵ Intoxicants represent “a special hindrance to reason” requiring “a special virtue to remove it” and that virtue is temperance in the form of “sobriety”.⁴⁶ Sobriety here refers to a standard for use or enjoyment and moderation necessary when an object, like wine, is lawful and even desirable but easily abused or taken in excess.⁴⁷ Here in Aquinas’s treatment of sobriety it seems at least implicit that Aquinas has considered the social nature of alcohol’s use, refuting an assertion by Cook that Aquinas failed to take this into account in the treatment of alcohol. Important to note in this discussion of sobriety is that what makes wine and intoxicants dangerous for the individual is their ability to hinder the use of reason. This will serve as a fulcrum in the following discussion of drunkenness and the particular disorders lust causes.

Deliberate drunkenness for Aquinas is a grave sin in that it represents a deliberate turning away from God-given reason and an ignorance of meaningful, valuable human life in favor of corporeal pleasure. “Drunkenness may result from inordinate concupiscence and use of wine: in this way it is accounted a sin” for which the individual is culpable.⁴⁸ The sin results, here, from the inordinate appetite and use as a result of the consent of the will rather than any particular intellectual fault, laying the groundwork for the more extensive explication of a disordered state given later in the case of lust. Further, Aquinas asserts, “because then a man willingly and knowingly deprives himself of the use of reason,” even though this may not be his direct intention, “whereby he performs virtuous deeds and avoids sin...thus he sins mortally by running the risk of falling into sin”.⁴⁹ Here we have the first explicit indication of just how dangerous Aquinas finds alcohol, sex, or any other pleasure that may eventually supersede reason; these pleasures can ultimately reorient reason itself, which serves as an individual’s only means of determining right and wrong, risking the suspension of those faculties that might allow an individual to avoid addiction and/or recover from addiction.

Aquinas treats alcohol in a relatively small space for reasons that remain his own; however, it seems as though he considers the immoderate use of alcohol so clearly destructive of human good that treatment in the case of addiction to intoxicants may have taken a more abrupt and brutal form (i.e. prison and the like). For Aquinas there was value in the moderate use of alcohol, but it seems as though his discussion of sobriety ultimately pays too little attention to the possibility of persistent addiction or perhaps underestimates the potential for deception of self and others by the addict. Aquinas explicitly states that intoxicants temporarily override reason and risk a fall into sin, but he fails to describe exactly how alcohol allows an individual to fall into sin. This is not the case with his treatment of lust; it is thorough and explicit. For the purposes of this discussion the pleasures and allure of alcohol as well as its function in clouding intellect and reason serve as the description for how addiction to intoxicants becomes a moral issue with the suggestion the non-substance addiction *could* work similarly. It is his description of the disordered appetites associated with sexual dysfunction and their effects upon the rest of the soul that forms the linchpin for any Thomistic understanding of how the addict then begins to function.

Sex is a pleasure and a function of the human body necessitated by the reality of life on this planet, at least on a species level. For the continued existence of human beings on this planet there must be sex between (some) human beings. Accordingly, Aquinas sets up chastity in much the same manner as sobriety, as the proper virtue allowing reason to bridle concupiscence.⁵⁰ Aquinas's somewhat vexing treatment of purity and virginity aside, his discussion of proper sexual functioning is quickly recognizable as the classical Catholic sexual ethic demanding abstinence until marriage and intention or openness to procreation once sex has become an option for a married man and woman.⁵¹ What is much more interesting in this section of the treatise is his discussion of the nature of the disorder within the lustful individual, in particular his discussion of how this disorder contributes to the superseding of reason.

When Aquinas addresses lust, he does so in two large questions, more than twice the space of any directly related questions, with full awareness of the stakes and giving particular attention to the nature of lust itself. He gives his discussion its own context very effectively as follows:

The exceeding pleasure attaching to a venereal act directed according to reason is not opposed to the mean of virtue. Moreover, virtue is not concerned with the amount of pleasure experienced by the external sense, as this depends on the disposition of the body; what matters is how much the interior appetite is affected by that pleasure.⁵²

Nothing about the pleasure itself is improper; rather the issue is the appetite for the pleasure and the governance of that appetite. Aquinas appreciates that “venereal concupiscence and pleasure are not subject to the command and moderation of reason,” placing this pleasure among the passions, but for Aquinas this only referred to the pleasure of orgasm.⁵³ Aquinas suggests that an individual can ultimately cultivate chastity as a virtue governing these desires in accordance with reason, as temperance can be cultivated in relation to food and alcohol.⁵⁴ Because there is no description of a true state of addiction apart from that which Aquinas gives in his treatment of lust, that treatment becomes the only source for a description of the internal faults present in an individual whose reason is no longer properly governing his behavior with regard to a particular passion. In other words, this discussion is ultimately less concerned with how an individual found himself in such a state or whether reason originally held any sway in his behavior and more concerned what that state looks like internally and how he might get himself out of such a bestial state rather than surrendering to it.

In describing the state of the individual given over to lust, Aquinas gives his richest and most telling description of reason giving way to sensory gratification consented to by the will. Per an earlier description of reason’s functioning, Aquinas suggests that “reason has four acts in matters of action” and each of these acts is distinctly and completely overwhelmed by the lust for gratification whether nonspecific,

as for the purposes of this essay, or sexual, as in the text.⁵⁵ Briefly, these acts of reason in a properly functioning human proceed as follows: reason first understands some end as good or leading to the good; then after understanding reason counsels as to the appropriate course of action in attaining that good; next reason levels judgment on any options provided in counsel as to the proper action; finally reason commands the course of action to be taken.⁵⁶ These acts also have a corresponding contribution from the will to be addressed after the treatment of each of the acts of reason.

The first act of reason, understanding, becomes clouded by lust for gratification resulting in a particular inability to understand properly implied earlier in this discussion. In a disordered individual, “understanding,” the ability to “[apprehend] some end as good” is “hindered by lust” in such a way as to produce “‘blindness of mind’.”⁵⁷ This seems to be the first symptom or presentation of addiction pointed towards above when Aquinas worries at the risk of falling into sin. An inability to understand the good properly risks a particular kind of blindness that closes the door to a human’s ability to then determine or apprehend the good and subsequently desire that good. This can often be observed in cases of addiction where the individual in question ignores friendship or love or God as viable or valuable ends in favor of the pleasure being sought *not* because friendship or love or God become unpleasant, but because the addict fails to apprehend these things as superior goods entirely on account of his tunnel vision focused on the pleasurable end provided by the overwhelming sense appetite.

The second act of reason, counsel, will also be hindered by the sort of concupiscence at work in addiction in such a way as to further facilitate the addiction. Where once “counsel about what is to be done for the sake of the end” took place following understanding, now only “rashness” remains, denying the addict the opportunity for moderation.⁵⁸ Here Aquinas refers to the tendency of those under the influence of addiction to act rashly in pursuit of their chosen end, foregoing reflection or internal discussion entirely. This is one of the particularly chilling aspects of addiction

within a Thomistic model. The implication here is that the addict can no longer engage in the sort of extended reflection needed to order or discipline his own appetite; he has lost the ability to truthfully recognize and differentiate whatever options are before him. The moment his object comes into view and a means of procuring that object presents itself he will pounce, with all of the appropriately animal force of that term. This is a sad and grotesque aspect of addiction illustrated all too often in extreme cases as individuals become willing to steal, murder, or lose their loved ones not because of a newfound malicious intent but because of their recently lost ability to counsel themselves properly as human beings.

The third act of reason, judgment, complements counsel and the violation of judgment similarly complements the attendant rashness. Rather than providing correct “judgment about things to be done,” the reason of the addict becomes “perverted” in such a way that “thoughtlessness” replaces the original ability to make just judgments.⁵⁹ This compounds and to an even greater extent explains the willingness to commit crimes or moral transgressions described above. Even as the individual rashly identifies his course of action, his own thoughtlessness prevents proper self-evaluation. Real justice and injustice are irrelevant within the mind of the addict, he cannot consider himself just or unjust properly, because these are concepts above or at least outside of the level on which he operates and merely incidental to the lust seeking gratification.

The fourth act of reason is to command the action to be taken and its corruption seems difficult to articulate. There is a certain reference to the “inconstancy” with which the lustful might operate, but more simply “a man is hindered from doing what his reason ordered to be done”.⁶⁰ This seems to correspond to aspects of addiction where an addict may recognize his behavior as dangerous with the intention of reform but while the addict may convince himself he has made some form of progress that reform never materializes. It appears that for Aquinas lust has overridden the command of reason itself, leaving the

addict's hope for salvation in a self-convincingly suspended state so long as the addiction persists.

As described above, the function of reason must be understood as united with the function of the will so much so that there are inordinate acts of the will corresponding to those acts of reason described above. First, where before the human end and desire ought to either be natural happiness or God, the end for the will here becomes "self-love, which regards the pleasure which a man desires inordinately" leading to a "hatred of God, by reason of His forbidding the desired pleasure".⁶¹ This has been hinted at previously, but without the corresponding hatred of God. A description of this desire and hatred must be given in terms of the inordinate operation of reason given above, appreciating that for the addict reason continues to operate but blindly and rashly. Just as the addict begins to allow the gratification of his sense appetites to become his highest end, he will vehemently reject that seat of authority (or wisdom) that suggests he ought to do otherwise. Concepts like humility in the face of God or awareness of the very real negative consequences (amounting to self-destruction rather than real self-love) of indulging these inordinate desires fall away because the addict's reason now functions for the purpose of facilitating or rationalizing the gratification of his lust rather than functioning to evaluate and discipline it.

The second act of the will, to desire things directed towards the particular end, also becomes disordered in a two-fold manner. The addict is given to a kind of "love of this world" and its pleasures while "there is 'despair of a future world,' because through being held back by carnal pleasures he cares not to obtain spiritual pleasures, since they are distasteful to him".⁶² This despair corresponds to the later functions of the degraded reason in that it seems to hint at the lack of hope for the addict and the ultimate grounding in matter rather than nobler human aspirations. No longer is he capable of sacrificing physical pleasure for the sake of the meaningful or the spiritual, but instead he despairs at the lack of any meaning in the world around him apart from the pleasures he desires. In

this way lust and addiction are most horribly destructive of faith and hope for salvation because in so far as the addict has defined his end as a worldly pleasure, nothing more meaningful can exist *for him* so long as his end remains this pleasure. It is in the function of will and reason in the service of lust that a useful model of addiction can be found for the description of a path out of addiction.

SHAME AND GUILT: A CRUCIAL ASPECT OF ADDICTION THEORY

It seems fairly straightforward from the preceding discussion that any negative emotions generated within the soul of the addict will serve as stimuli for that addict to seek alleviation of the emotional pain. What may not be straightforward, at least to non-addicts, is that once the individual has become engulfed in the addiction as articulated above, he will universally come to regard himself with an overwhelming sense of shame especially as he may attempt to recover from or control his addiction. This shame contributes not only to the sense appetite for relief of pain driving the compulsive behavior; it also reinforces the disordered functioning of the intellect by allowing the intellect to rationalize failed attempts at recovery (whether genuine or fleeting and insincere) as indicative of an irreparable internal flaw making the addiction seem necessary or inevitable to the addict. Attribution of moral responsibility and guilt for the addict will be addressed in later sections but for now it suffices to say that the experiences of both guilt and shame can be healthy and unhealthy, earned and unearned. Primarily philosophical models of shame, such as that of Gabriele Taylor, as well as general psychological models are incorporated into and made more useful for any discussion of shame and guilt in addiction, specifically, by Ernest Kurtz in his work titled *Shame and Guilt*. In this study, Kurtz articulates the dynamics of guilt and shame for the alcoholic (as Kurtz is writing with an eye towards A.A. theory) as well as a manner for addressing their removal or reorientation.

Kurtz recognizes that in the treatment of shame and guilt in addiction an understanding of their proper distinction from each other is crucial for the success of any recovery program because the particular extreme psychic pressure and pain applied by each is both triggered and removed in different ways. “For alcoholics and addicts,” says Kurtz, “learning and living [the distinction between shame and guilt] becomes a matter of life and death”.⁶³ The difference between the phenomena demands “any effective

healing” therapy for either first “distinguish” between the two and then “confront” each “constructively”.⁶⁴ “Therapies fail...because unfaced shame proves much more dangerous to the alcoholic...than does unresolved guilt” necessitating an appropriate understanding and confrontation by the individual seeking recovery.⁶⁵ Accordingly, further investigation of shame and guilt requires an understanding of this distinction as it contributes to their effects upon the alcoholic or the addict in general.

Kurtz provides an excellent scheme for the differentiation of shame and guilt, illustrating why shame becomes so insidious and damaging for the addict in contrast with guilt, which Kurtz reckons easier to treat. Kurtz gives this scheme in the form of a direct comparison as follows:

Guilt: Results from:	A violation, a transgression, a fault of doing; the exercise of power or control.
Concerned with:	A separate, discrete act, some law or rule; one is guilty for something.
Results in:	Feeling of wrongdoing; sense of wickedness; “not good”; fear of punishment.
“Feels like”:	Pang.
Repair by:	Opposite acts, “making amends”; can be quantified.
Shame: Results from:	A failure, a falling short, a fault of being, the failure of power or control.
Concerned with:	The overall self; some ideal or principle; one is ashamed of self.
Results in:	Feeling of inadequacy; sense of worthlessness; “no good”; “not good enough”; fear of abandonment.
“Feels like”:	Ache.
Repair by:	As qualitative rather than quantitative, requires: new way of seeing (insight), change in being (conversion). ⁶⁶

As evidenced by this scheme, guilt is a result of transgression, whereas profound shame results from a perceived failure of the individual, causing him to believe he has some evil or failing or weakness within him that differentiates (in a negative way) and isolates him from everyone else. Shame is not the “virtual synonym for ‘embarrassment’” as a result of “being seen by another” evoked when children are scolded along the lines of “you should be ashamed of yourself;” rather it “comes before

the sense of being seen,” inhering “literally in our self”.⁶⁷ It seems the self he refers to here can be understood as the Thomistic soul for the purpose of this discussion.

In constructing a useful understanding of shame, Kurtz suggests a fourfold investigation:

- (1) how to distinguish between guilt and shame in actual human experience;
- (2) the significance of this distinction for understanding the human condition;
- (3) the specific qualities of shame that enable its identification; and
- (4) the nature of healing for shame.⁶⁸

Kurtz does not dismiss the significance of guilt; he simply believes that guilt is something the individual is capable of directly and consciously addressing, whereas shame requires a much more complicated and penetrating therapy ultimately consisting in a spiritual or whole-life change. Following Kurtz’s suggestion for the structure of an investigation of shame seems prudent for now, if only because he shares this inquiry’s interest in providing therapy, but the final phase of his investigation, the therapy itself, will be discussed in a later section.

Distinguishing between guilt and shame as the difference between a transgression against something or someone and a failure of self, respectively, provides the foundation for addressing or confronting individual shame as it relates to both the addict’s experience and the general human experience. “One can experience shame and guilt over the same thing” but Kurtz believes “confrontation with shame is the hurting person’s deepest need” necessitating this distinction.⁶⁹ The confrontation with shame “involves finding, in experiences of shame, truth about the reality of human existence...[and] wisdom concerning the meaning of being human,” echoing the earlier sentiments of Cook that something about the addict’s condition relates directly to the human condition.⁷⁰ Kurtz believes “the experience of shame highlights the essential existential paradox that...to be human is to be caught in a contradictory tension between the pull to the unlimited, the more-than-human, and the drag of the merely limited, the less-than-

human”.⁷¹ In other words, addressing and understanding shame requires the addict “to admit, to accept, and to embrace fundamental [human] finitude”.⁷² This, clearly easier said than done, requires the addict to begin the sort of spiritual growth described in later sections of this investigation; for now it is enough to appreciate that the experience of inordinate shame in addiction is an adverse reaction to the fundamental human reality of being limited.

The existential tension Kurtz appeals to, as a fundamental human reality, must be understood as continual and unavoidable, leading to many paradoxes that confuse the addict and his subsequent treatment of shame. Kurtz references Blaise Pascal’s observation that “the attempt to be more than human leads to being less than human” and compliments it with the corresponding observation from George Santayana that “to attain the heights of human existence, one must also touch its depths”.⁷³ Further, Kurtz adopts the “striking phrase” of Ernest Becker: “to be human is to be ‘a god who shits’”.⁷⁴ Crucial to proper human functioning, this understanding typically eludes the addict who will generally believe in only one half or the other (i.e. that he is completely beastly in later stages or completely divine or ideal in earlier stages).⁷⁵ The addict’s shame, For Kurtz, is born out of his inability to reach one of these imagined, extreme goals; he finds it impossible to purify his divine attributes or to discard them entirely. He remains human. This dissonance between his expectations and ideals for himself and the reality of human experience then gives rise to the specific feelings of shame.

Kurtz suggests that these feelings of shame will always be accompanied by the desire for control and a corresponding dependence upon the object of addiction for providing or maintaining the illusion of that control. It seems as though this desire for control could operate simply in service of the addiction, seeking to create opportunities for drinking or drug use, or it could operate in a more complicated fashion, reflecting the individual’s growing awareness of his own disordered behavior and/or disordered soul. In A.A.’s philosophy, “the drinking alcoholic drinks alcohol in an effort to achieve

control – *absolute* control – over his feelings and environment” despite his clear lack of control over the habit itself.⁷⁶ The desire to exercise power over himself and his surroundings reflects the brutal combination of his sense appetite seeking relief from the pain of shame as well as his intellect’s drive to rationalize and justify the addiction. Similarly, the addict drinks in an “attempt to deny dependence upon others...but her dependence upon alcohol itself has become absolute”.⁷⁷ “The alcoholic is one who, in his claim to absolute independence, and absolute control over alcohol, insists on trying to stand unaided, only to inevitably fall flat on his face;” this inability to accept interdependency relates directly to the addict’s inability to accept his finitude as described above.⁷⁸ In contrast to this attempt, A.A. suggests that the individual must come to depend upon proper objects (i.e. family, community, God, etc.) without making those objects into gods, simply removing shame in favor of proper, reasonable self-understanding *rather* than attempting to attain some state of perfect independence in order to *conquer* the shame.

Foiling these attempts, the addict’s feeling of shame can be dredged up and brought to bear upon him at any time and in response to even the most mundane occurrence because that shame relates directly to the alcoholism controlling and pervading his life. Shame “may be evoked by a non-moral lapse, may arise for an *involuntary* act, and tends to be magnified by the very triviality of its stimulus” lending credence to the classification of shame as a passion for the purposes of this investigation, but also explaining why alcoholics and other addicts can be sent into a relapse at seemingly odd, random times and for nearly incoherent reasons constructed by the malfunctioning intellect.⁷⁹ Kurtz believes that this “non-moral shame” is especially relevant in cases of “failure in love and the failure of sickness,” *a la* the disease concept of addiction.⁸⁰ This is the heart of Kurtz’s suggestion that understanding the differences between guilt and shame can lead to breakthroughs in therapy; “if [the addict] knows only the category of guilt, she cannot help but judge her drinking to be somehow a moral

transgression” necessitating A.A.’s “[distinguishing] clearly between the guilty feeling of wickedness and the shamed sense of worthlessness”.⁸¹ The addict’s problem in so far as it involves guilt and shame is primarily not that he feels guilty for actions committed, but that he feels lowly, without worth and unlovable and these feelings feed his disordered appetites as well as supporting his disordered thinking. Within the Thomistic model, the overwhelming sense appetite for relief of this profound pain, felt day after day and moment by moment and initiated for the smallest of reasons, can be appreciated as nearly impossible for the addict.

THE EXPERIENCE OF ADDICTION AND THE EXPANSION OF THE THOMISTIC MODEL

Up until now, this discussion has focused primarily upon creating a structural, Thomistic framework for the operation of addiction as well as identifying some critical mechanics in this framework; however, making use of this framework for the purposes of recovery and understanding its complexities requires that the Thomistic structure be related directly to the actual experience of addiction. In part, supporting the Thomistic model of addiction requires demonstrating that the model can explain common experiences of addicts within its structural framework. Additionally, if this model is going to be useful it must be fleshed out and given weight by the experiences of recovering addicts. The most common sources of literature on the addiction experience and the most common therapies addressing addiction each revolve around the experience of the alcoholic. In validating this model several sources written by recovering alcoholics and their loved ones will be used in addition to sources from the Hazelden Foundation, the leading organization for addiction therapy as well as the loosely regulating body for Twelve Step programs and Alcoholics Anonymous. In particular, the Twelve Steps themselves as described and commented upon by the Hazelden Foundation will be scrutinized in an attempt to better articulate the therapy of A.A. as well as the value of the Thomistic model.

In his extensive work *Thirst: God and the Alcoholic Experience*, James B. Nelson uses his own experiences as an alcoholic as an illustration of the necessity of God's involvement in his recovery. Nelson's efforts illuminate the profoundly discouraging and painful process of beginning addiction recovery as well as the empowering and uplifting nature of its progress. For the purposes of this essay, Nelson's appeal to a specifically Christian God is less important than the general assertion of Alcoholics Anonymous and other Twelve Step programs that the individual has become powerless and that a "higher

power” has become necessary for his success. The focus of this section will be providing a thicker description of the state of addiction as well as investigating the ways in which this power has become necessary and subsequently motivates positive change.

Nelson’s primary assertion in entering his discussion is that his addiction consisted in losing the ability to exercise any discipline in living his life, and recovery from addiction required that he understand and release the white-knuckled grip he had on his life in attempting to do so. For Nelson “power comes to alcoholics only when they move deeply into their own powerlessness – a true paradox”.⁸² Interestingly, Nelson believes that this power/powerlessness dynamic is a spiritual one rather than a practical or strictly psychological one. By “spiritual” Nelson means “our response to our human sense of incompleteness.”⁸³ He distinguishes the spiritual from the “religious,” the “communal expression of that response”.⁸⁴ Bringing Nelson’s conception of spirituality closer to home in a discussion of addiction, Nelson suggests “desire is at the core of our spirituality, a burning desire for that which promises to bring us closer to completion and certainty and wholeness, a desire to connect with what feels most life-giving”.⁸⁵ The experience of incompleteness described by Nelson does, in fact, seem fairly universal but it is important to remember that for addicts’ this experience, for whatever reasons, has become twisted and disordered.

Where Nelson then begins to complicate his relationship to the ostensibly religiously unaffiliated Twelve Steps is his assertion that this incompleteness necessarily speaks to a need for the Christian God. The previous definition concerning spirituality gives rise to his assertion that “whether we are conscious of it or not, whether we give words to it or not, there is a huge God-shaped hole in each of us, wanting to be filled”.⁸⁶ When understood in the context of the “higher power” of the Twelve Steps, always qualified with “however an individual may conceive of it,” this could be a valuable and profound insight into Nelson’s experience, but his experience remains a *Christian* one. His assertion that each individual has a “God-shaped hole” and that the Christian God is

the peg for that hole seems premature given the success of non-Christians in A.A. Accordingly, as this inquiry continues Nelson's conception of God must be taken with the proverbial grain of salt when considering the spiritual dimension of addiction. It seems more useful to abandon the label "Christian" in favor of simply conceiving of God for Nelson's argument as that that might fulfill our sense of human incompleteness as he describes it.

With the proper qualifications in place, Nelson's relation of spirituality to addiction becomes much more explicit. Following an Augustinian observation, Nelson asserts, "this sense of lack, this yearning to be filled can lead either to God or to a frustrated and destructive sense of inadequacy" of which "addiction is a clear example."⁸⁷ Aquinas's description of the search for happiness can be seen clearly here, as individuals may properly orient themselves towards objects leading to natural and/or supernatural happiness or they may improperly orient themselves towards objects falsely conceived of as leading to happiness. Addiction then relates to spirituality directly in that each involves "how we handle our yearnings, our hunger for connection, our restless yearning to find a place called home in the universe," our will's drive to seek perfect happiness.⁸⁸ Nelson's implicit relation of spirituality to addiction here describes internal appetites, both intellectual and sensual, and with this correlation to the Thomistic framework in mind an explicit discussion of addiction in Nelson's terms can proceed.

Nelson's description of spirituality informs his assertion that addiction is a matter of what individuals hold most dear and what they rely upon for completeness and happiness. This mirrors the Thomistic understanding of human beings acting for ends, primarily ends that consist in or lead to their happiness. For Nelson, "whatever engages our ultimate concern – whether it be the God revealed in one of the religious traditions, or our own success and security, or our family, or our nation, or the bottle – whatever we really trust in and depend on to slake our fundamental desires, that is the object of our faith."⁸⁹ Nelson here uses the language of thirst to describe how something as pious as

the genuine desire for God can be related to something as base as the desire to get drunk. Ultimately each purports to fill the human need for completeness in its own way, whether satisfactorily or not. There is trust resulting from experience and dependence resulting from repeated actions or habits, intellectual or physical, in each of these relations. Of course the problem is that the addict's trust is misplaced and his dependence unhealthy whereas faith placed in God, understood as that which fulfills our human incompleteness, seems healthy and proper by definition.

For the future purposes of therapy and understanding, a primary question is *how* or *why* this profound trust in and dependence on alcohol (or sex or drugs or gambling, etc.) has come about in an addict. The Thomistic model suggests that the primary dynamic of addiction is one of desire for pleasure and avoidance of pain that becomes amplified and bolstered by the many particulars of the addict's experience. Nelson concurs in his description of "craving":

Some people describe craving as an experience of 'discomfort,' but that description is far too mild. My experience and that which others tell of was more than discomfort. It was *pain*. And in addition to acute physical distress it was the strong emotional sense of drivenness, of being taken over.⁹⁰

In his description of craving, Nelson reveals what so many non-addicts find so difficult to understand or believe. The appetite for pleasure is fairly well understood, but the appetite for relief of pain becomes the *driving* force in the later stages of addiction. Discomfort and anxiety with respect to his desire for a drink only describe the tip of the iceberg for Nelson. These feelings are amplified by the addiction to such a degree that Nelson finds himself being overwhelmed. Within the Thomistic model this can be seen as the sense appetite for both pleasure *and* relief from pain run riot, *not* the common misconception of it being simply an issue of desiring pleasure.

The question still remains, however, of why Nelson's addiction developed and why the pain he felt became so morally and intellectually overwhelming. The first step towards any addiction is the primary experience of pleasure augmented by a particular

spiritual (as Nelson uses the term) experience in the pleasure-giving activity. For Nelson enjoying alcohol's effects and taste were secondary in his alcoholism to the "godlike experiences that alcohol induced."⁹¹ Alcohol gave Nelson "a sense of well-being and connectedness" that allowed him to defy countless warnings against alcohol and addiction.⁹² Further, Nelson likens the corresponding intellectual/spiritual relationship with alcohol to that of Paul with God when Paul urges Christians to be "constant in prayer," citing the "thinking drinking" behavior common to many alcoholics who find themselves often thinking about the object of their addiction as a "young lover [might be] saturated with thoughts of the beloved."⁹³ Essentially, alcohol seemed to fill Nelson's God-shaped hole.

Nelson conjectures that this feeling is specific to those at risk for addiction, but that distinction seems unwarranted; rather, it seems more likely that addicts, for whatever reason, *trust* in this feeling and chase it whereas the average individual might not. Either way, "alcoholism," and addiction generally, it would seem, "is a disease of perception."⁹⁴ Nelson argues:

Normal people' who use alcohol report that it is relaxing, warming, and conducive to sociability. But they do not report changes in their perception of reality. Alcoholics do. That is why we wanted it regularly, and increasingly depended on it. It made us feel larger, more confident. It made our environment less threatening. With it we saw the world as a place where we could live with greater comfort.⁹⁵

Nelson's perception is undoubted here, but the assertion that non-addicts feel the effects differently seems to be an unwarranted conclusion. It could be that non-addicts feel the effects, but dismiss them as just another silly part of being drunk. It could be that non-addicts do not report the feelings because they themselves feel ashamed at that perception. Nelson here is arguing in favor of the disease model of addiction but it is important for later sections of this discussion that the difference in perception not be understood as a difference in *original* physiology, *necessarily*. Regardless, the significance of the observation itself remains; addicts believe the object of their addiction

is making them more comfortable, more at home in the world and more at one with the universe.

The Thomistic model does not specifically predict this effect, but it does anticipate something of this sort and accommodate it. In evaluating its end, the human intellect seems unlikely to determine that a state of addiction contributes to human happiness given the social warnings on the subject as well as the well-documented, extreme pain and anguish of such a state; rather, most addicts start as social drinkers or drug users and get caught up in that behavior. It seems likely that the objects of human addiction would distort reality for the addict in this way very early in cases of addiction, allowing his intellect to be undermined to such an extent that it would ignore the danger in seeking happiness in a bottle or a syringe and precipitating the corruption present in the addicted soul. Non-chemical addictions such as sex or gambling can also follow this same scheme in that each clearly leads to an experience of superhuman connection with the world, whether within a sexual conquest or the shared sexual experience or the thrill of a well-placed, successful bet. Nelson has clearly articulated the dangerous feelings generated at the beginning of an addiction that begin to form the addiction itself, but it seems reckless to assume that this feeling of expansion of self would be particular to the addict; however, the failure or fault of the addict to be explored later does seem to have a specific relation to this experience nearly universal among addicts.

The experience of an expansion of self described above does not seem sufficient on its own to explain the extreme dysfunction associated with addiction. That dysfunction arises later out of an appetite for perpetuating or replacing that deceptive feeling that becomes overwhelming for the addict. Nelson cites Bruce Wilshire's description of this overwhelmed feeling: because "unmet primal needs still exist" i.e. human incompleteness as Nelson describes it, "a signal of alarm at something impending...will continue to sound" within the addict, "muffled and unplaceable, creating a vague, pervasive restlessness."⁹⁶ This alarm seems to coincide with the

discomfort of shame already described by Kurtz. Where before the pleasure *and* self-expansion gained from chemical use or sexual activity, etc. could serve to gratify the individual, the true spiritual needs of the addict have gone unattended for so long that they have begun to make themselves manifest.

It is unimportant for this discussion whether this signal of alarm arises out of universally human needs, artificial needs prompted by a desire to repeat early experiences, or artificial needs created by an emptiness left when the artificial self-expansion subsides; the presence of this internal restlessness requiring attention simply seems a fact given the amount of testimony Nelson gives on its behalf.⁹⁷ Nelson also cites the Big Book of Alcoholics Anonymous, the primary literature of that group, as characterizing the alcoholic as “restless, irritable, and discontent.”⁹⁸ This restlessness and desire will then continue inexorably towards tragedy as the addict attempts to quench his spiritual thirst with a drink that cannot satisfy any longer if it ever truly did. Given the general definitions of his terms, Nelson seems correct in his assertion that ultimately craving is a spiritual experience for the addict but for the purposes of the Thomistic model it must be pointed out that the specific psycho-emotional presentation of the craving could certainly vary according to the particular addiction itself as well as the particular individual, of course.

ALCOHOLICS ANONYMOUS AND THE TWELVE STEPS

Nelson's attempts to describe a therapy for this spiritual thirst parallel that of Alcoholics Anonymous (A.A.), the therapy that was so effective for him. This makes it necessary now to describe the general scheme of A.A. therapy consisting in both the structure of the Twelve Steps as well as the communal experience of A.A. meetings. Generally, an individual's experience in A.A. is his own to make, some sort of A.A. police does not rigidly enforce the guidelines for the program. This therapy's value is self-evident for those who use it; it makes no formal appeals to science or religion or anything except its continued effectiveness as has been stated since its founding seventy years ago. Nelson points out that "the therapeutic power in A.A. seems to come from the combination of the program's steps and the experience of the fellowship itself," a fact Kurtz will address directly.⁹⁹ Accordingly, the therapy and structure described below, once related to the Thomistic model, can then be added to the experience of Nelson and others as support for the validity of the Thomistic model.

The Hazelden Foundation, a large and popular organization dedicated to addiction recovery, published a recent commentary upon the so-called "Twelve Steps of Alcoholics Anonymous" that serves as an excellent guide for understanding this aspect of the A.A. therapy and its use. These steps take the form of a short list of admissions and actions to be taken by the addict. In accordance with the communal nature of A.A. and the practical nature of the therapy, the steps are phrased in the first person plural as actions having been taken. They are as follows:

1. We admitted we were powerless over alcohol – that our lives had become unmanageable.
2. We came to believe that a Power greater than ourselves could restore us to sanity.
3. We made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. We made a searching and fearless moral inventory of ourselves.
5. We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. We were entirely ready to have God remove all of these defects of character.

7. We humbly asked him to remove our shortcomings.
8. We made a list of all persons we had harmed, and became willing to make amends to them all.
9. We made direct amends to such people wherever possible, except when to do so would injure them or others.
10. We continued to take personal inventory and when we were wrong promptly admitted it.
11. We sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all of our affairs.¹⁰⁰

Each step can now be placed into a particular category or phase as the progression through therapy is imagined. The first nine steps form the bulk of what Nelson might call the spiritual therapy, laying the spiritual foundation for the more long term steps to come. These steps seem to lend themselves very well to interpretation within a Thomistic model. They steps involve actions, but more directly involve internal attention, evaluation, and reflection. The eighth and ninth steps involve taking very specific actions as a result of or compliment to the spiritual therapy and may only relate to the Thomistic model in their ability to relieve the burden of guilt as described by Kurtz. The final three steps remain in effect as a sort of safeguard or perpetuation of the therapy so long as the recovering alcoholic wishes to remain with the program aiding both the original addict and those new to the program through a mechanism also described by Kurtz. These last steps seem to relate well to the Thomistic model, but it could be argued that they relate similarly to any of the models that have been discussed. Each step is important for the treatment of alcoholism or addiction in general and most steps will be commented upon individually.

The first step admits of powerlessness in the face of alcohol that goes beyond individual understanding, i.e. the addict's understanding, and thus defies removal by normal methods of self-improvement. The "common example" of an addict believing that "all I have to do is understand myself (why I let things bother me), and my addiction will be controlled" fails to appreciate the "physical and psychological influences

powerlessness has over addiction.”¹⁰¹ This step clearly originates from a disease model in which there is an “urge’ to use our chemicals of choice” which “[surpasses] all other urges” to the point that the addict “will forsake many, if not all, of [his] responsibilities and values.”¹⁰² The first step is central to the A.A. therapy in that it seeks to overcome the “myth that ‘willpower is all that is needed to control a drinking or drug problem’” as this “can result in unwillingness to study our powerlessness” causing attempts at overcoming addiction and in particular attempts at seeing through self-deception to fail.¹⁰³ The addict must overcome “the faulty thinking (the deceit and lying that become so much a part of us that we begin to believe our own lies)” as well as “become less subject to the moral deterioration and the loss of regard for our individual value systems.”¹⁰⁴ The suggestion is that whatever problem exists in addiction, it is not a problem that can be completely overcome by sheer force of will but, instead, a problem the concerns reorienting or rebuilding the will and intellect entirely.

The Thomistic model concurs here in so far as the model suggests that a portion of the corruption caused by addiction extends deep into the will. The structure provided by Aquinas and fleshed out above with reference to Nelson’s experience demonstrates that the will to overcome the addiction when unaided can and will be swallowed by the competing demands of the sense appetite aided by the corrupt intellect. An individual may hold on to his sobriety fiercely and staunchly, but so long as the addict believes he can simply ignore and control his sense appetites, rather than reordering his relations with them *a la* temperance, the addiction will continue, at least under the surface of sobriety. Kurtz suggests that once this step is properly understood/completed, “the beginner...finds guilt allayed...by the very concepts of powerlessness and unmanageability” allowing the addict to begin healing.¹⁰⁵ This step, then, has a compound effect: bringing the addict to an understanding of powerlessness and beginning the direct relief of guilt and its division from shame. While A.A.’s therapy here respects the risk of relapse caused by the

addict's grasping or guilt, the Thomistic model simply concurs that an increase in willpower is not enough so long as the will and intellect remain corrupted.

Step two, a topic of extensive commentary, involves coming to believe that some external power exists that is capable of restoring the addict to a healthy state. This step is frequently cited as the clear influence of Christianity upon the program, a charge A.A. need not deny. The program has its origins within Christian and specifically Catholic individuals and it seems reasonable to expect that a certain amount of that influence will remain regardless of any attempts to remove it. Additionally, James Jensen reminds those beginning therapy that "in actuality, step two, like all of the steps, is a suggestion made by recovering alcoholics that 'this is how we did it'" rather than it being a demand for faith proscribed by a church affiliated group.¹⁰⁶ Instead of focusing on the potential for A.A. becoming some sort of Christian vehicle, it seems much more productive to simply allow Nelson's viewpoint that this higher power can be conceived of as anything capable of properly filling the void he calls human incompleteness. Jensen seems implicitly to concur, adding that the founders of the Twelve Steps "found that in the second step of their recovery they came to believe there was hope for them and that there is hope for us if we come to believe that the source of power we need in our recovery lies outside ourselves."¹⁰⁷ Regardless of the form of Higher Power imagined, the important aspect of this step is that the power to overcome addiction is coming from outside of the self, outside of the corrupted soul.

This step also receives a fair amount of scrutiny for its use of the concept "insanity." It is important to note that Jensen in his commentary on the second step rejects the clinical definition as "a barrier to recovery rather than the promise of hope [the second step] is supposed to be."¹⁰⁸ For Jensen, it is necessary only that the addict allow that his "illness is much more serious than [he recognizes] it to be" but this does not make addicts "candidates for psychiatric care."¹⁰⁹ Forgetting for now that abuse of alcohol and drugs *can* lead to clinical insanity over time, Jensen argues that his

conception of insanity is best described by the observed fact that “so long as [the addict] believes there is no greater source of power than his own, he won’t be able to live without alcohol.”¹¹⁰ The term insanity simply seems to denote that the individual is not capable of knowing what is best for him while in the grip of addiction.

The second step fits nicely into the Thomistic model in that those parts of ourselves we generally tend to consider our internal “selves” (will/intellect/reason/etc.) are corrupted by the addiction to such an extent that direct healing and real change seems to need to come from without somehow. It is a more complicated question whether that power does, in fact, come from without or whether it is hidden somewhere deep in the recesses of our selves or simply arises out of a newly gained understanding which motivates a life change. Further complicating this step is the direct inclusion of and intervention by the Higher Power described; any number of theological concepts from any number of different traditions could complicate the idea being expressed. What is important in supporting the Thomistic model and in understanding the path towards addiction recovery is that the conscious efforts of the individual, so long as his soul remains disordered, are not enough on their own. An argument could be made that the “Higher Power” allowing people to overcome addiction is simply the support of their family through the first few days of withdrawal that allowed the addict to overcome his physical dependency and see clearly how corrupt and disordered his soul had become. Perhaps it is simply the conception of or desire for a higher self. It does not matter, for the purposes of this argument or the A.A. therapy, what name and specific qualities are given to the higher power here apart from a real ability to help as described; what matters is that the addict must recognize and admit that it will take more than his own currently corrupt faculties to overcome the addiction and that overcoming the addiction is in fact possible with the help of that higher power.

The third step involves assenting fully to the higher power appealed to in order to become what might be called a faithful individual. Jensen, in fact, explicitly calls this

step “an act of faith.”¹¹¹ What makes this an act of faith? This step requires that the individual “stop trying to be [his] own ultimate authority” and “decide [he] needs God in [his] life.”¹¹² It is important to remember here that these steps are intended to be a complete life overhaul, not simply focused upon those aspects of life directly viewed as the addiction. Jensen sees this step as long, arduous, and requiring regular reflection as total abstinence within the program begins to do its work and allows greater and greater acceptance of the authority of God, which in turn allows for a greater surrendering to God.¹¹³ Faith here consists chiefly in a submission to a higher authority.

Connecting this step to the Thomistic model follows closely along the relationship established between the model and the Twelve Steps by previous steps. Because the individual’s will and intellect have been habituated to functioning improperly, it is necessary to surrender oneself to some set of externally imposed guidelines that will allow that addict to overcome his addiction in time. Whether those guidelines need to be explicitly divinely inspired seems unimportant. Far more important is that the individual give up his attempts at living with the active addiction and begin to learn how to live without his crutch.

Step four receives the least attention of the Twelve Steps in the Hazelden commentary. This should not, however, devalue the step; rather Hazelden suggests that the process of making a moral inventory simply does not require much instruction and it seems more important that the individual follow his own conscience.¹¹⁴ The fourth step is very straightforward and Hazelden insists only that the addict be “searching” and “fearless” in his inventory and that the objects of this inventory be “moral.”¹¹⁵ Hazelden does suggest, however, that these character traits in particular should be monitored: false pride or grandiosity indicating an underlying lack of self-acceptance, perfectionism and a failure to accept others’ imperfections, phoniness or conning to hide personal faults, selfishness, impatience, self-pity, resentment particularly when it serves as an excuse for irresponsible behavior, intolerance, the use of alibis, self-deception or believing personal

alibis, procrastination, non-specific feelings of guilt, aimless fear, and taking things for granted.¹¹⁶ Each of these, according to the Hazelden Foundation, seems to be present in active alcoholics and it stands to reason that similar character traits will appear in the case of any other addictions that have come to be dominated by shame as Kurtz describes it and explicitly relates it to several of these traits. Also of note here are the similarities with the attributes that psychiatrist Gerald May ascribed to the addict, an indication that the Twelve Steps and A.A. are following a general disease model.

This moral inventory presents an interesting opportunity for description of the Thomistic model's appropriateness to the Twelve Step therapy in that the dangerous feelings listed seem to either describe directly the corruption of the intellect and will or to describe what can be imagined as the direct products of this corruption regardless of whether the soul is motivated by practically feeding the addiction or avoiding shame. Methods for the deception of others as well as methods for self-deception are compounded by feelings of fear at discovery or punishment. Resentment that those actions are not accepted or allowed is amplified by the feelings of personal expansion or grandiosity as Nelson describes them. This fourth step is making explicit to the individual exactly how his *attitudes* have become undesirable and how he has functioned improperly on a *moral* level. This will prove important in later discussions contrasting specific aspects of the A.A. and Thomistic approaches.

The fifth step asks that the individual admit the precise *nature* of his wrongs to the higher power chosen, himself, and one other person. Edward Sellner writes that this step often brings about what he calls a "spiritual awakening."¹¹⁷ Taken in the context of Nelson's definition of spirituality, this awakening involves recognizing and healing the human incompleteness humans are born with. For Sellner it was "an experience of inner healing, an event that revealed to [him] a loving God who had always been so near and yet so far away."¹¹⁸ Strictly speaking, A.A. defines a spiritual awakening as a "personality change or transformation, a new state of consciousness and being, the

discovery that life does have meaning – in service and surrender.”¹¹⁹ It is not enough for this therapy that an individual admit his failings to themselves, “in some mysterious way, it is only by speaking out, verbally acknowledging our mistakes, failures and anxieties to another person that the power of those feelings and deeds loses their control over us” possibly because of that individual’s subsequent experience of being accepted unconditionally.¹²⁰ The progression of the Twelve Steps has created a situation where the verbal recognition of past failures allows the past experience of addiction to be “integrated and reconciled” on account of that experience being made public and explicit then accepted.¹²¹ Sellner, however, does not suggest a direct mechanism for this integration; he sees it as a simple reality of his experience. Sellner suggests that *everything* about the addiction needs to be shared in order to bring about the kind of meaningful integration required, especially those aspects of the addiction the recovering alcoholic might most like to forget.¹²² Sellner cites the authority of Carl Jung who says, “Telling our story is the very beginning of healing therapy and only by doing this will we be relieved of the terrible burden of guilt.”¹²³ This critical juncture in recovery from addiction or vice necessitates that all of the previous steps be completed effectively, as attempting to bring about the experience of letting go without meaningfully letting go here can prevent its full effectiveness.

The Thomistic model correlates this step to the suggestion that addiction arises out of the desire to feel or not to feel and that one of the primary modes of operation for this desire is to avoid psychic or emotional pain to which guilt and shame contribute. Once all of the previous steps have made explicit and clear to the addict how completely and terribly his addiction has governed his life, this confession seems to take the clear next step of attempting to get past that memory and relieve any internal pressures that might drive the addict towards relapse. The spiritual awakening for the purposes of the model would seem to be the expansion of the soul from its previous confines and the restoration of proper order therein, but this remains unclear.

Even within its own commentary, the Hazelden Foundation lumps steps six and seven together as the “forgotten steps.” Part of the reason these steps seem to be easily overlooked is that they ask the recovering alcoholic to interact with God. In his commentary upon these steps, James Brandon suggests that the individual “simply and honestly [tell God] how it really is with [him]” rather than making requests that God remove specific traits.¹²⁴ Brandon believes that developing a relationship with God where the recovering alcoholic can pray honestly and clearly goes a long way towards making that individual ready to receive God’s assistance. Brandon suggests that prayer in this manner will also allow step seven to follow smoothly from step six.

Beginning with step six, the relationship between the Thomistic model of addiction and the Twelve Step therapy begins to break down into generalizations that may or may not convincingly serve as evidence for the Thomistic model. At first glance, it seems as though, from the Thomistic viewpoint, these two steps imply waiting for the sort of spiritual awakening and reordering of the soul described in step five. Ultimately these steps simply seem to ask the addict to be patient in his own recovery as the addict begins to function properly and re-learns how to do so. If after having confessed the nature of his faults to himself, God, and another the addict becomes discouraged at his subsequent lack of progress (i.e. he remains irritable or restless or intolerant) it seems merely prudent that the addict should remain patient and cultivate a genuine readiness for and openness to character improvement. The assertion that God *can* remove these character flaws and the question of how God might do so is clearly rich enough to deserve its own investigation; sadly, for the purposes of this discussion it must suffice to say that whatever Higher Power is being appealed to by the addict, the addict ought not to expect a swift or straightforward miracle in establishing new, desirable character traits. After all, in the Thomistic system these character traits or virtues are the product of hard work and patient practice day after day.

Step eight extends the therapeutic relief of guilt begun in step five by suggesting the addict make a list of those harmed by the addiction. It is common for recovering addicts to mention their own inclusion on this list and the commentary by “Pat M.” is no different. Pat is direct in her assertion that “the ability to overcome guilt, shame, remorse, resentment, low self-worth, and fear of other people” is central to any recovery program.¹²⁵ “Resentment,” says Pat, “destroys more chemical dependents than anything else.”¹²⁶ Continuing recovery requires that the addict be prepared to relieve himself of any negative feelings towards himself (including guilt and shame) or others in order to move forward. This experience of personal forgiveness or its beginning seems necessary for the greater role of forgiveness described below.

The experience and relief of profound guilt associated with those who have seen the addict at his worst and their subsequent forgiveness of him continues to conform to the Thomistic model described. While the model can make the simple suggestion that the guilt is contributing to the addiction as a feeding force for the sense appetite and that the guilt must be overcome, this long series of steps attempting to relieve that guilt speak to its extension throughout the self and the impact it has upon addicts. Because so many of the changes occurring in the recovering alcoholic are restorations of the proper functions of the intellect and reason, it is only as the addict recovers that he begins to truly see the depth of his failure. It is not difficult to imagine how this negative feedback requires patience and careful, compassionate treatment. The eighth step, suggesting that the he simply make this list of harmed individuals, allows the addict to proceed toward a more complete understanding before asking him to engage in the even more painful experience of making amends to those individuals.

The ninth step asks the addict to make these amends and suggests that the addict remain humble in his expectations for this step. Pat M. continues her commentary, asking the addict for “honesty, willingness, and open-mindedness” as he proceeds so that he can make actual amends rather than simply apologies.¹²⁷ It is crucial in this step that

the recovering addict take actions rather than simply saying words, both for the sake of earning the real forgiveness of others and for the sake of being able to meaningfully shed the guilt associated with previous actions.¹²⁸ Further, when a person's death or the inability to contact someone prevents making direct amends, Pat recommends making indirect amends such as a donation to a charity in that individual's name.¹²⁹ Lastly, Pat reminds the recovering alcoholic that if someone will never accept any amends then that is the way it is, and the alcoholic needs to avoid harboring any resentment that may crop up on account of this.¹³⁰ As with step eight, this step continues the complex process of relief of guilt and can be incorporated into the Thomistic model; also, the insistence upon a real willingness, rather than a grudging one, in the addict seems to point towards the meaningful changes taking place within the soul.

The tenth and eleventh steps, for the purposes of this discussion, serve as a sort of safeguard for the recovering alcoholic. They consist in essentially maintaining a constant practice of steps four through eight in order to help the recovering alcoholic stave off relapse when times become difficult. This constant practice also deepens the individual's relationship with his higher power, reinforcing that individual's proper sense of his ultimate happiness. "Mel B." urges complete and swift honesty when the recovering alcoholic detects old habits of thinking creeping in.¹³¹ Often these habits will creep in as over-corrections or attempts to prove oneself, which Mel warns may be indicative of the return of self-deception and dishonesty as well as perfectionism, setting the recovering addict up for a fall.¹³² The continued spiritual growth encouraged by step eleven echoes this warning to remain focused and motivated. Whether the risks of relapse relate to the physiology of habituation or the psychology of attachment and resentment or something else, steps ten and eleven are an attempt at forming a barrier against these forces.

These steps, as well as the twelfth step of service, are ongoing and seem to function as a simple structure for keeping recovering alcoholics involved and motivated

as well as continuing to spread this particularly effective therapy. Their relation to the Thomistic model seems similar to their relation to any other model, but it is worth noting that they are in many ways oriented towards properly filling Nelson's God-shaped hole. These guidelines function to keep the recovering alcoholic connected to the larger world, and assist him in feeling he is a meaningful part of it. Beyond that it is difficult to articulate a more specific relationship apart from the continued relief of shame described below.

Ernest Kurtz believes that all of these steps, though they assist in all aspects of addiction recovery, are primarily a mechanism for teaching the addict to recognize and work through his own shame, the primary source of the desire not to feel bad in the alcoholic, in order to remove it. This interpretation of the steps is compelling. However, Aquinas's framework does not explicitly connect with shame except in so far as it can be related to the will not to feel shame and improving the soul's identification, understanding, and governance of that desire. "The honesty that lies at the heart of the A.A. program" as seen in several of the Steps "forces the distinction between guilt and shame" while the "tolerance that infuses the A.A. fellowship fosters continuing constructive confrontation with both."¹³³ Kurtz does not devalue the concrete aspects of addiction recovery (sobriety/abstinence); he believes that the effectiveness of the therapy derives from its continued ability to deal with moral guilt and shame. Says Kurtz, "An appreciation for Alcoholics Anonymous as specifically a modality for the healing of shame thus can offer much."¹³⁴ The healing of shame follows a specific progression once it has been identified in a previous section and then confronted as will be described below.

The first step in healing shame is the addict's identifying and understanding the futility of his attempts at transcendence through the use chemicals as those chemicals drive him further into the depths of the addiction. "Recognizing the incongruity between [this attempted transcendence] and its result frees [the addict] from both," the addict must

come to an understanding that “the human essence resides in the human condition’s conjunction of infinite thirst with essentially limited capacity.”¹³⁵ So long as the addict believes he can, by drinking or any other means, transcend his human self, he will remain in the grip of addiction *even if* he succeeds in his attempts at abstinence because his perceived need to escape the shame of his limited form remains. The resonance with Nelson’s conception of the function of human incompleteness here is undeniable except the focus is not on debunking grandiosity gained on account of chemicals so much as upon removing shame.

Kurtz suggests that one reason for the Twelve Steps’ and A.A.’s success in this endeavor is the recurring image of kneeling before the Higher Power chosen, existing between the extremes of standing and lying down. “Kneeling, the Pietist posture, is a middle position – half-way between standing upright and lying flat” providing an ideal image for the “emphasis on control as limited, as neither absolute nor to be abdicated.”¹³⁶ Conceptualizing his submission in this manner assists the alcoholic in remembering that his attempts at control will always be limited, encouraging the “one day at a time” approach to therapy so crucial in A.A. and preventing the perpetuation of shame at having failed repeatedly in his early attempts at controlling his addiction.

These attempts at control are directly addressed within the Twelve Steps as outlined above, but Kurtz provides the necessary insight for *why* control and perfectionism become crucial issues in addiction therapy. Because “to be human *is* to fall short” in the sense of human existential finitude, “any healing of shame...must confront the inevitability of falling short that the alcoholic...seeks to avoid or to deny” by drinking.¹³⁷ This explains Kurtz’s insistence that shame must be recognized “for what it is” in order to allow the addict “to live constructively with [his] own essential limitation” and also further explains the “letting go” aspect of this therapy. Alcoholics and other addicts almost universally describe an experience of grasping for control in their

addiction, and without explicit relation of this grasping to shame and the subsequent confrontation of shame Kurtz believes recovery is unlikely.

Kurtz also provides a shame-related mechanism for explaining the sorts of self-deception often seen in cases of addiction. Because experience of shame is ultimately brought about by the exposure of self to self (i.e. “the significant exposure is always to one’s own eyes”), “alcoholism...often arises from and usually is connected with the effort to conceal such weakness, to prevent its exposure to oneself” and as the alcoholic “uses his chemical in order to hide,” the “endeavor to hide reveals that the critical problem underlying such behavior is shame.”¹³⁸ Alibis and other deception come about as “any interference with [the addict’s] addictive dependency threatens to reveal that shame.”¹³⁹ Relating these observations to the Thomistic model himself, Kurtz points out that “in any case...the avoidance of pain – the existential pain of shame – plays a basic part in the organization of the psychopathology.”¹⁴⁰ Up till now, Kurtz’s discussion has addressed the therapy of A.A. primarily as regards the Twelve Steps, but it is in healing this *existential* pain that the contribution of communal fellowship to A.A. can finally be incorporated and explained.

Kurtz determines from his own observations that the only method for truly healing the profound shame associated with addiction is *compassionate* reintroduction into the human community, which the addict alienated himself from in his addiction. Kurtz points out that needing others is fundamental to human beings, and as the alcoholic’s “denial of his need for alcohol blends into and intertwines with his denial of his need for others” (recall the inordinate independence sought by the addict) his chemical of choice “becomes a surer source of satisfaction [for him] than human interaction.”¹⁴¹ By inviting the alcoholic into a communal setting where he is *needed* because of what he is and what he can offer the rest of the community, A.A. encourages the alcoholic to recognize his own need for others.¹⁴² Self-identification as an alcoholic then follows, allowing the addict to admit of a need for alcohol, further deepening his

appreciation of the needs of others and the needs for others as they have contributed to his ongoing recovery.¹⁴³ The shame of being addicted here is only alleviated once the addict is capable of recognizing his finitude as seen in others and identified with as mutuality. The community allows the addict to look upon himself and face *what* he is in an environment where this *what* is accepted and even needed, without profound isolation contributing to the shame felt. As Kurtz says, the healing of shame is not “objective”, but “subjective”; for addicts, the positive, personal experience of being accepted “as ends-in-themselves, the Kantian imperative,” allows *them* to accept themselves and confront shame.¹⁴⁴ Returning to the Thomistic model, the healing of shame central in relieving the internal pressures created by the addict’s desire to avoid shame must come from outside of the intellect’s purview and involve the imposition of experiences contrary to those the intellect anticipates. The communal experience in recovery allows the addict to *experientially* bypass those aspects of addiction imposed by the intellect in order to avoid contact with others for the sake of avoiding shame.

THE PRIMARY CRITICISM OF THE THOMISTIC MODEL AND ASCRIBING MORAL GUILT

The Thomistic model unequivocally suggests that there is a moral failing in addiction for which the addict is responsible. Any non-medical study of addiction will at some point weigh in on whether the issue of addiction involves a direct moral failure and the only thing clear from the literature is that the individual response to the omnipresent *feeling* of moral failure is a painful one, perpetuating the pain driving addiction. In particular the Hazelden Foundation and A.A. in general might object to their literature being used as evidence for a model that could give rise to these feelings of moral guilt. Hazelden suggests that the pervasive presence of moral guilt in the experiences of alcoholics and other addicts belies actual moral failure given the internal disorder of the alcoholic; however, the presumed condemnation of the Thomistic model's ascription of moral failure can be at least partially reconciled with the Hazelden Foundation's desire to avoid ascribing guilt by better articulating the particular failure suggested by the model as well as by more precisely examining the Twelve Step therapy and its adherents. Ultimately though it seems this will remain a point of contention between a Thomistic understanding of addiction and the Hazelden Foundation's explicit understanding.

Thomas Aquinas's condemnation of lust and intemperance as sin comes across as overarching and unrelenting. The language of "sin," always controversial, but especially so when adapting a specifically Christian text for a more or less secular use, needs to be employed here because that is the language used by Aquinas; however, the term can be generally understood as referring to a moral fault whether in action or thought.

An examination of Aquinas suggests that the faults present in any example of addiction are fourfold. First, the addict sins by inordinately desiring and using whatever the object of his addiction may be. Second, the addict sins by running the risk of falling into further sin by placing his specifically human faculties (reason) in jeopardy or

deliberately abandoning them as the addiction progresses. Third, the addict can commit any number of sins while in the grip of addiction as a result of the addiction itself whether those sins are directly against others, against himself, or against God (stealing money to feed the addiction, neglect of self, cursing God, etc.). Fourth, the addict sets an object above God in engaging in his addiction, a fairly clear example of idolatry. Each of these species of sin are addressed by Aquinas, but by determining where true moral faults lie and where faults are simply the products of other faults a better image can be constructed of the precise sins being committed in cases of addiction.

The first type of moral transgression, inordinate desire and use, seems difficult to deny regardless of interpretation. In the case of alcohol, Aquinas asserts straightforwardly “drunkenness may result from inordinate concupiscence and use of wine: in this way it is accounted a sin, and is comprised under gluttony as a species under its genus.”¹⁴⁵ Similarly, the inordinate desire for and subsequent use of any pleasure will indicate the same moral fault. In this simple way addiction can be termed immoral within the Thomistic model in so far as it consists at least partly in that desire and use, but this sin is reckoned by Thomas as a minor sin, opening the door for addicts to forgive themselves and to be forgiven.

The second type of sin, allowing the addiction to proceed despite its opposition to the human faculties of reason, could be ameliorated depending upon the interpretation of the sin in light of several realities of addiction. Aquinas reckons “drunkenness” (and, it may be assumed, any substance or behavior overwhelming reason) to be a sin in that it “is directly opposed to the good of human reason.”¹⁴⁶ Clearly those who make regular use of intoxicants understand some of their effects, but it seems likely that the addict does not understand his addiction as *opposing* human reason. Rather, the common spiritual experience most addicts have with the object of their addictions suggests that the addiction allows them to believe that reason has been enhanced, augmented, and improved rather than opposed.

There is certainly a question of interpretation here as contemporary alcoholics could hardly give the excuse that they did not know alcohol could obscure their ability to reason. What seems pertinent, however, is that Aquinas forgives becoming drunk when it is performed unknowingly as in a case where the drink is stronger than expected, a case where the intoxicant was a surprise to the imbiber, or a case where the imbiber was in a mental blur as a result of the first two cases.¹⁴⁷ This may open the door for forgiveness by allowing that once in the grip of addiction, the addict no longer has the proper ability to reason and avoid sin. The fact remains, however, that at some point the addict began to engage in this behavior with full command of his faculties and at that juncture a moral failure to respect and use his God-given faculties in his own best interests certainly occurred. It is unclear from the text whether Aquinas would have considered the spiritual seduction commonly leading to addiction outlined by Nelson as sufficiently clouding the addict's intellect to excuse his behavior, though that certainly seems possible.

The third type of sin, those secondary sins committed while in the grip of the addiction, weighs heavily upon the consciences of recovering addicts. Steps eight and nine of the Twelve Steps speak to this, but Aquinas links these sins back to the primary sin of choosing to enter and then remaining in the addicted state. Aquinas allows that sins committed when in a drunken state where reason has been impaired can be forgiven, but only if committed out of ignorance rarely found in habitual drinkers or drug users.¹⁴⁸ This raises the difficult question of whether, when in the grip of addiction, the addict is functioning as a human and thus a responsible moral agent. On the one hand, it seems as though the fact that an individual requires a profound "awakening" in order to escape addiction indicates that he is, in fact, morally unconscious for the sake of ascribing moral failure throughout the addiction, but on the other hand, how could recovery be possible without some remaining shred of real freedom?! This paradox seems capable of standing so long as the question of whether human freedom even exists remains unanswered, hinting at the fine line Cook sets himself as discussed early in this study. Regardless, as

in the case of the first type of transgression, contemporary alcoholics and other addicts cannot use the excuse that they did not know what could happen once they began to drink or use, etc.; the risk of addiction in so many cases is well documented. Perhaps they did not believe the extent to which it could hijack their lives relative to those around them and this may lessen the severity of their moral failing, but the reality is that in some stage of addiction a choice to use was made by the addict to pursue a particular corporeal pleasure *above all else* enabling the progression towards idolatry in addiction described below.

The fourth type of moral transgression seems to be not only impossible to ignore, but also impossible to dismiss. For whatever reason specific to the addiction and by whatever process, the addict came to believe in an object other than God (or the “Higher Power” or his natural happiness) as his highest end and acted upon that belief again and again. The burden of this transgression may be lighter for those who choose to believe the “Higher Power” is some psychological or communal force, but that does not forgive this sort of disordered value nor discount the moral nature of this failure for the Thomistic model. Within the Thomistic model any human is a moral agent properly on account of his ability to set his own end and to pursue it. When a human sets corporeal pleasure or relief from pain as his *ultimate* end, as is the case in early stages of addiction where he can still make rational choices, he commits a sin in the truest sense of the word, whether that sin is against God or simply himself (depending upon the spiritual structure being used). This is the true and inescapable moral failure of the addict and it cannot be dismissed on account of his history, his beliefs, or the degree to which he may be prone to addiction. Dealing with this failure and describing a vision of redemption, seems a complicated issue best addressed once the moral experiences of addiction have been better articulated within the Twelve Step therapy described.

As stated above, early moral models that ascribed evil and moral weakness to the addict were largely unsuccessful, presumably, as discussed in previous sections, because

of their inability to relieve the pressure and pain of moral guilt by adding to it, adding to the likelihood of relapse. For this reason it is prudent to better examine individual testimonies of guilt, shame, and the individual relation to them in order to better understand what recovering alcoholics/addicts feel guilty *about* exactly and whether or not they recognize true moral culpability in their actions.

Alcoholics Anonymous was revolutionary in its approach to addiction therapy in so far as it suggested that recovery required *at least* a suspension of moral judgment. “Unlike previous temperance organizations, A.A. was neither wet nor dry: it was dedicated solely to aiding the individual alcoholic,” suspending not only its own moral judgment, but asking the individual to suspend his own.¹⁴⁹ Despite this fact, “A.A., while not calling itself a church, is providing for its members what churches traditionally claim is their function: a meaning in life based on service to others, supported by a sharing and concerned community.”¹⁵⁰ It is curious, then, that members of the group could completely suspend their moral judgments, and indeed admissions of guilt can be found among most testimonials. The important questions to ask, then, are what guilt do recovering/active addicts feel and how have they dealt with this guilt successfully.

Nelson begins his discussion of his guilt with a history lesson. The original, recovering alcoholics that formed the loose doctrines governing A.A. found that the “penchant for absolutism in belief structure” and the “aggressive evangelism” of the original moral therapies were “just too much,” overwhelming and alienating those seeking help.¹⁵¹ Strictly speaking, these attitudes pointed towards the sort of perfectionism that seemed to contribute to addiction rather than disabling it.¹⁵² Here the experience of being judged and in particular the experience of being judged wrong or evil simply added to the fuel for the addiction (guilt/shame) and ignored the recovering alcoholics’ immediate need for help and healing rather than ultimate salvation, which may come later.

Nelson makes the interesting suggestion that this type of religious approach proved ineffective at least in part because it located the problem within alcohol rather than locating the problem within the alcoholics themselves. “If we describe anything as *intrinsically evil*,” this allows the addict to “externalize the problem and locate it ‘out there’” relieving the addict’s need for personal reform.¹⁵³ This argument is persuasive in that it convincingly supports the A.A.’s refusal to characterize alcohol as bad or evil. It does not, however, discount the possibility of finding moral failures within addiction and addicts themselves.

In making the case for suspension of judgment in the instance of addiction, Nelson again appeals to the “it just works” pragmatism of the A.A./Twelve Step therapy. Nelson’s “breakthrough to recovery occurred only when [he] came to believe that [he] did have a disease” indicating to Nelson the appropriateness of this conception of addiction.¹⁵⁴ However, Nelson allows that the disease concept can be made to function in accordance with a certain degree of moral judgment *a la* attribution of sin.

Much like Cook imagined his model as working in concert with the physiological and this Thomistic model purports to do the same, Nelson believes that it was only once he embraced *both* the disease model and a certain moral model that he could *fully* recover. The danger, say Nelson, in talk of sin is “sin talk of a certain kind: shallow, moralistic, and judgmental. It is sin talk that focuses on willful rule breaking. It is those understandings that reduce sin to a failure of the will and hence understand alcoholism as a simple deficiency in willpower.”¹⁵⁵ The echoes of Cook’s argument can be heard in this condemnation of moralistic judgment. The Hazelden Foundation, speaking to the addict, concurs, “Don’t be moralistic. You know your behavior has good and bad aspects. That is a fact of life.”¹⁵⁶ Nelson calls his active alcoholism “the deepest experience of sin [he has] had,” again echoing the sentiments of Cook.¹⁵⁷ This understanding informs later parts of this discussion when addressing the effectiveness and necessity of A.A.’s suspension of judgment.

In evaluating the depth of the sins he has committed, Nelson directly addresses the questions of freedom and ignorance raised in the preceding discussion of sin with respect to Aquinas. He begins by asserting, “A.A. recovery philosophy is firmly grounded on the assumption that at least some freedom remains to the active alcoholic” but also allows that his “power to bring about [his] intentions” had been “eroded” in his active alcoholism.¹⁵⁸ Ultimately he is simply faced with the paradox that he believed he was “choosing for [his] best interests” but “making choices that ran exactly contrary to them.”¹⁵⁹ This, of course, does not sound like freedom, but instead the sort of ignorance that Aquinas allows might excuse the more minor sins incurred in addiction.

If Nelson admits to a particular sort of moral failure and if the Thomistic model, so clearly in step with A.A. and the Twelve Step treatment, suggests that moral failure exists in addiction in several different ways, why then does A.A. resist the leveling of moral judgment upon alcoholics? The answer is that A.A. and the Twelve Steps as a whole are largely a therapy for guilt and shame and in this therapy it is necessary first that somehow the “bleeding” or the compulsive behaviors of addiction be stopped. Ernest Kurtz believes A.A. is fundamentally a “therapy for shame” that allows alcoholics to heal the wounds of their addiction one day at a time by dividing valid guilt from unnecessary, crippling shame. Rather than having to face the full brunt of moral responsibility and their deep-seated shame in addition to the difficult realities of physiological and psychological withdrawal simultaneously, addicts are empowered by this shame therapy and allowed to recover one day at a time.¹⁶⁰ Given this understanding, appreciating the *necessity* of suspending moral judgment for some recovering alcoholics seems simple, though it in no way excuses those real sins they have committed. If “compulsive behavior typically stems from trying to avoid shame” then it is necessary to ameliorate that shame in order to place the addict’s soul back upon a firm foundation of proper human functioning before the question of moral responsibility can

be addressed.¹⁶¹ Nelson understands this and expresses it even if the Hazelden Foundation and A.A. itself could never compromise their own therapy by doing so.

SOME SUGGESTIONS FOR THERAPY

Having provided the basic structure of the Thomistic model, the particular feelings and experiences associated with addiction, and the most common and successful therapy program for addiction, the value and use of this Thomistic model can now be shown. As stated before, the aim here is not to use Aquinas strictly speaking in the interest of bringing addicts to God, though that does appear to be something like the *modus operandi* in many contemporary programs, but to use his ideas as a model that may provide an analogous result bringing an individual's inadequately functioning reason and will back in line with a human standard. This application of this model ought not to be understood as supplanting the Twelve Steps and A.A. Indeed, its ability to explain the function of the steps and their success cannot serve as a substitute for such a successful program. Indeed, the first recommendation following from an examination of the Thomistic model seems to naturally be to enter a Twelve Step program.

However, for some people belief in a "Higher Power" thus phrased may serve as a barrier to recovery given their personal histories or possibly atheistic beliefs. It seems as though, theoretically, while the functioning of religiously/spiritually centered recovery programs revolves around resetting the individual's ultimate end as God, that recovery could be similarly brought about by reorienting the individual towards real, natural happiness given proper understandings of himself and the world around him. This model, once understood, could allow such individuals to overcome their mental hurdles in attempting recovery with the program. Perhaps an individual has given genuine and sustained effort in the program and simply sees no success. Whatever the reason, failures in A.A. exist. Understanding this model as it applies to addiction recovery can provide the sort of structure an addict needs in interpreting his experience and can aid in the therapy of A.A. by making clear and explicit what the addict may resist. For Aquinas

understanding can bring about new passions and new changes, the sorts of changes necessary for recovery.

To this end, in the Thomistic conception of the soul, a human being's soul, in particular his intellectual soul, actually defines what is human about him. Thus, the humanity compromised in states of addiction follows the failure of the intellect and reason against the onslaught of desire creating a cycle in which this failure occurs again and again. As in the first step of A.A., this model of addiction is without value if the individual in question is unwilling to admit that his addiction, by supplanting or obstructing his intellect and reason, prevents his attaining meaningful happiness. This is daunting given all that has been said regarding the webs of inordinate perception addicts' intellects tend to spin around themselves and the subsequent sorrow and terror at their apparent inability to recover. But this inquiry would indeed be futile if there were no hope in any addict's family or friends or even the addict himself that for at least a few moments that individual could be lucid and cogent enough to realize that he, in favor of an illusion, has removed natural happiness as his end and that he is in fact unhappy. Accordingly, if this model can only become valuable with the addict's realization that he is in fact not happy then this seems an appropriate place to begin a discussion of recovery from addiction within the model.

The tragedy of addiction, sadly, appears to be a necessary step in the just-mentioned realization and in true recovery from addiction; rock bottom, as they say, is indeed a college education. There is hope, however, for accessing the individual and describing what may be unhappy *for him* in this situation in order to avoid the worst of possible outcomes. While, as stated above, the individual *must* choose to reform himself, his reason and will have not necessarily become so inhumanly disordered that they cannot be appealed to; they simply must be appealed to directly and in clear, explicit terms that cannot be perverted by the malfunctioning intellect. While the individual is rash and blind, prone to thoughtlessness and inconstancy, if someone trusted and (once?)

loved is willing to sit with him and function slowly and surely in the stead of the addict's own reason, the building momentum of his addiction could be described or even arrested and this might crack the extensive armor the addiction has built around itself.

Some very lucky individuals may realize they are unhappy of their own accord or perhaps their addiction's armor is cracked by a moment of clarity in their life and then in that moment the light of their intellect shines properly and unflinchingly on the horror their life has become; it seems that these individuals will travel along the path articulated on their own with their fragile and cautiously rebuilt intellect serving in place of their friends or family. For others perhaps they do not need an extreme tragedy resulting in unhappiness brought about by death or the utter ruination of a life, but rather a common and public exposure of their own shattered intellects. If an addicted individual is not "unhappy" in his own estimation then penetrating and relieving his addiction may require an illustration.

Often in cases of addiction, individuals are subjected to an intervention; further, these interventions often have positive effects. The model described here seems to suggest that those interventions are effective because they make explicit and undeniable the fact that an addict's problem is crushing the people he loves or has loved, something that *matters* to human beings regardless of what they may think, and destroying his once noble ambitions or desires. By denying the individual's intellect the opportunity to twist external facts for its own ends or to ignore various aspects of those facts, the addict is faced with the now very real possibility that he is making the people he cares about unhappy and that they are worried about his life and his happiness.

If this breakthrough can be made then there is an instantaneous infusion of great hope for the addict. This step is necessary because it allows the beginning of true healing: the arrest of the harmful behavior. As psychiatrist Gerald May points out, "the only way to break an addiction's power is to stop engaging in the behavior."¹⁶² This may seem simple from the outside, as so many aspects of addiction do to non-addicts,

until the particulars of the Thomistic model come back into play. Those seeking to aid addiction recovery need to respect the tremendous artifice that is created *in the addict's own mind and soul* aiding the perpetuation of the addiction. "Anything more complicated" than directly stopping the offending behavior entirely "is likely to turn into a mind trick."¹⁶³ Addicts will be addicts for the rest of their lives both physiologically and psychologically, necessitating the total arrest of the addicted behavior *for the rest of their lives* for continued success in recovery.

The subsequent reorientation of the addict's now fractured will and reason seem to follow naturally with time once the addiction is made inactive, though undoubtedly with difficulty and terribly complicated by the chemical/physiological and psychological aspects of addiction. However, this arrest is not enough; once the end in question, be it alcohol or sex or gambling or drugs, has been removed it must be replaced by a new, suitable end lest significant threat of relapse remain. Humans by definition must act for an end, and this explains the long-term effectiveness of religiously centered recovery programs. Placing God as the end of human affairs gives the individual a supernatural goal that could never be completely attained or dismissed in this life. Similarly those individuals seeking to help an addict in recovery without divine appeals need to assist him in determining in what his own true natural happiness consists. Aquinas suggests, as Aristotle did before him, that natural happiness is functioning well as a human being. This seems a clear and proper goal for the recovering addict, one that he could not lose sight of within his natural life and thus one that would not be prone to allowing a relapse. The particulars of instituting this end remain a challenge for the individual; the Thomistic model makes no explicit suggestions except that the will necessarily has an end.

To reiterate, in making the process of suspension of moral judgment explicit there is no desire to be critical of the Twelve Step therapy or to accuse it of disingenuousness; rather, there is hope that those who failed to have success with this therapy, perhaps because they felt a profound moral guilt that could not be suspended early on in therapy

or perhaps for some other reason, could take another look at the therapy as a whole and have success where before the therapy had failed. It is important, as Nelson says, for complete recovery that the individual understand himself as well as possible and it seems certain that some people may not have success because they cannot forgive themselves. By reintegrating the moral component of addiction, perhaps those who had previously failed in their attempts at recovery will trust the model and the therapy and be given enough hope to genuinely enter and progress through a recovery program.

As suggested above, there is the very real and frightening possibility that the individual in question will not listen, preferring instead to remain focused on his lust and turning the hatred of God described above towards those who would help him. It cannot be stated strongly enough that no one can be helped who willfully ignores or rejects that help and, to be sure, this model accounts for this sorrowful outcome. There is undoubtedly hope, though, in the picture which Aquinas paints. It is a picture where people can help themselves and help each other so long as they understand that the only conceivable absolute end is God, an end achieved only partially in this life and fully in the next. To begin to believe in another end, specifically a corporeal object, as absolute as in the case of addiction, truly risks addicts' souls as Aquinas describes them. It is at once an overwhelming picture demanding from humankind the sort of humility and intellectual virtue that takes an entire life to cultivate, and an empowering one, a hopeful one suggesting that humans have within them the ability to navigate and flourish despite the multitude of profound obstacles before them. Rather than suggesting to individuals that their body has developed a particular medical disease and asking them to take their medicine, it is this moral understanding of the human relation to desire and the world at large that proves valuable for the individual against the onslaught of the world's pleasures and passions.

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