

Addiction in Body, Mind, and Jewish Spirituality

Paul Steinberg

Abstract

Addiction indiscriminately penetrates all corners of society, including each race, ethnicity, religion, socioeconomic level, as well as ages and genders. Moreover, addiction includes not only substances and alcohol, but also processes (e.g., gambling, sex, eating, and gaming) and relationships (e.g., codependency). Science has greatly improved our understanding of addiction both through the biology of the brain and psychological processes and now renders it to be a disease within the medical community. Despite scientific advance, however, no medicine or single “cure” has been discovered to treat addiction. This article explores current scientific insights about addiction and illustrates that spirituality—ending with emphasis on Jewish spirituality—is the final and critical component to successfully treat addiction, suggesting an integrative understanding and treatment model for addiction.

I withheld from my eyes nothing that they desired, and refused my heart no pleasure . . . and oh, it was all futile and pursuit of wind; there was no real value under the sun!

—Eccles. 2:10–11

Addiction is personal, but so are all matters of the spirit. I personally know of addiction as an alcoholic and a workaholic. I know of addiction as a human being with a spirit comprised of manifold

PAUL STEINBERG (Ziegler 04) is an educator and spiritual counselor at Beit T'Shuvah in Los Angeles, a residential addiction treatment center and synagogue community. Formerly a day school director and synagogue rabbi, his most recent book is *Recovery, the 12 Steps, and Jewish Spirituality: Reclaiming Hope, Courage, and Wholeness* (Jewish Lights, 2014), which provides the first comprehensive approach to integrating Jewish spirituality with the principles of Alcoholics Anonymous.

dimensions of good and evil, seeking to understand my purpose in this paradoxically wondrous and painful existence.

I also know of addiction as an educated Jew, indeed a rabbi, well versed in Jewish thought and practice. Yet, for a long time, I was unable to relate my addiction and the suffering I experienced to the Judaism that I so cherished. I know now, however, that such a disability is a symptom of the psychological and spiritual nature of the disease. And, to be clear, addiction is a disease. It is a disease of body, mind, and spirit that takes hold of the pieces that comprise our moral character—our insight, our compassion, our understanding—and shatters them into incoherent and cheapened fragments. Our unity of spirit is dashed against the rugged cliffs of our minds so that a constant inner battle ensues. It is self against self with only cycles of defeat and no victory. In the throes of my disease, sadly, no Jewish text, no liturgical inspiration, and no Jewish practice alone was sufficient to re-integrate—to bring *shalem* (wholeness)—to my disparate spiritual qualities.

Although addiction is a “spiritual malady,” undoubtedly, it is also a disease of the body, of the brain and, therefore, the mind. It must be of both body and spirit for, in the end, any absolute distinction between body and spirit is invalid. The brain, as the target organ of addiction and its presence as the material manifestation of mind, along with its vast neural highways and axial connections into each cell, unequivocally demonstrates the mysterious fabric of consciousness that weaves body and spirit together. Certainly, Judaism has long known that body and spirit are truly united in effort and measure, as the Talmud explicitly teaches: “The Holy Blessed One brings the soul and throws it into the body and judges them as one” (BT *Sanhedrin* 91b).

It was in 1939, however, upon the first publication of the book *Alcoholics Anonymous*, affectionately referred to as “The Big Book” among members, that the first holistic conception of addiction as an illness of both body and spirit was first introduced. Indeed, “The Big Book” was well ahead of its time with regard to its intuitive understanding of the connection between physiological, mental, and spiritual health. Today we can confirm “The Big Book’s” intuition with scientific method, data, and cases.

One must concede, of course, that “The Big Book” and Alcoholics Anonymous (AA) may not be the solution for every addict (no single method has proven to be a universal cure). The purpose of

this article, however, is to explain addiction from an integrated/holistic perspective while underscoring the spiritual dimension, and “The Big Book” serves as a helpful place to frame the discussion. In that vein, before addressing the spiritual aspect of addiction (particularly how Judaism as a wise approach to spiritual living might contribute to the conversation) we should first review addiction as it pertains to the body and mind. This is worthwhile because gaining a general sense of the physiological and psychological aspects of addiction will properly contextualize as well as enrich our conception of the spiritual aspect of the disease. Also, it will help us to recognize the power of addiction as a disease that penetrates into all aspects of the human experience, and, in turn, help us better appreciate the benefit of an integrated treatment model—physiological, psychological, and spiritual—that is often necessary for long-term healing and recovery from addiction.

Addiction and the Body

Without the benefits of today’s technology and the consequent neurological insight and knowledge, Dr. William Silkworth penned the forward to “The Big Book,” identifying the physiological aspect of alcoholism¹ as an “allergy.” He writes:

[T]he action of alcohol on these chronic alcoholics is a manifestation of an allergy . . . I do not hold with those who believe that alcoholism is entirely a problem of mental control . . . These men were not drinking to escape; they were drinking to overcome a craving beyond their mental control . . . [Alcoholics] have one symptom in common: they cannot start drinking without developing the phenomenon of craving. This phenomenon, as we have suggested, may be the manifestation of an allergy which differentiates these people, and sets them apart as a distinct entity.²

For the alcoholic or addict, such a statement may bring a sense of comfort. It is comforting to know that we are, in fact, different from others, but not because we are a morally or mentally inferior breed of the human species destined to wreak havoc on our lives and those around us. It is rather that we suffer from a chronic physiological condition with a symptom called “craving.”

Today, science has advanced the physiological understanding of addiction and craving. The medical community has already

accepted that alcoholism and addiction is beyond a mere allergy, and is a full-fledged disease of the brain, akin to any other disease. Indicative of this acceptance is the mere fact that almost all private health insurance providers cover either partial or full recovery treatment services, including rehab. Although addiction as a disease with the brain as its target organ is still admittedly debated in some circles, The American Society of Addiction Medicine (ASAM) expresses the most authoritative medical view of addiction as follows:

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors. Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.³

Doctors and researchers conclude that there are both biological (through genetics and neurological development)⁴ and environmental factors that lead to the disease of addiction (approximately 60 percent genetic/biological, 40 percent environmental).⁵ The common understanding is essentially that drugs and alcohol contain chemicals (i.e., neurotransmitters) that effect the brain's communication system and disrupt the way nerve cells send, receive, and process information. Alcohol and drugs accomplish this by both imitating the brain's natural chemical messengers and by overstimulating the "reward center" of the brain. With regard to imitating the brain's chemical messengers, some drugs (e.g., heroin) have a similar structure to neurotransmitters that are responsible for transmitting information in the nervous system. Therefore such drugs are able to interrupt the brain's receptors and connect to and activate nerve cells in abnormal ways.

With regard to overstimulation, alcohol and other drugs can cause an abnormally large release of the neurotransmitter dopamine into

the brain. Dopamine is primarily associated with the reward center located in the midbrain or “reptilian brain,” which is directly linked to those factors that motivate and contribute to survival behaviors (e.g., eating and sex). Through a burst of dopamine, our brains have evolved in such a way as to give us a reward—a sensation of pleasure—when we behave in a way that contributes to our survival. By receiving this reward of pleasure, we are therefore physiologically and psychologically encouraged to repeat the survival behavior. The problem is that alcohol and drugs stimulate the release of between two and ten times as much dopamine in the brain than natural rewards supply for survival behaviors.⁶ Moreover, when we continue to drink and use, the brain adapts to the overwhelming surges in dopamine, which down-regulates the production of dopamine receptors, depleting the necessary dopamine levels for normal living. This decrease compels the addicted person to rely upon drinking and using drugs in order to simply keep the balance of dopamine at the brain’s accustomed normative levels.

Thus, we can see that Dr. Silkworth was right. Alcoholics and addicts are bodily different from others due to the changes in the brain and chemical levels. Moreover, we can now better understand the phenomenon of craving. Craving for alcoholics and addicts is not some sort of superficial desire, such as the craving for sweets after a meal. A craving is caused by low levels of dopamine in the brain, which causes emotional discomfort and signals to the individual that survival is being threatened. Craving is seeking to produce higher levels of dopamine to alleviate the discomfort and suffering. Therefore, during a craving, alcoholics and addicts experience a strong sense of urgency and anxiety and feel as though they must absolutely get their drink or drug as soon as possible. Craving is actually a form of physical agony and can be easily observed early in treatment during detoxification and through withdrawal symptoms.

Addiction and the Mind

“The Big Book” continues to bridge the gap between body and spirit by stating that addiction is also a matter of the mind. Surely, as a disease that has an impact upon the brain, cognitive functioning will be effected. The typical rendering found in the halls of AA is that

addiction is a “mental obsession.” “The Big Book” evocatively describes the experience of the obsession for the alcoholic/addict:

Most of us have been unwilling to admit we were real alcoholics. No person likes to think he is bodily and mentally different from his fellows. Therefore, it is not surprising that our drinking careers have been characterized by countless vain attempts to prove we could drink like other people. The idea that somehow, someday he will control and enjoy his drinking is the great obsession of every abnormal drinker. The persistence of this illusion is astonishing. Many pursue it into the gates of insanity or death.⁷

The depiction of the mental obsession above is that the alcoholic or addict enjoys certain effects of alcohol or drugs, yet, on some level, knows that he or she does not drink or use in a healthy or normal way. Despite this knowledge, however, rather than giving it up entirely, the alcoholic or addict denies the extent of the problem and vainly continues to try to control consumption. The obsessive desire to control consumption then tortures the individual, even to the point of “insanity or death,” with a paradoxical conundrum: on one hand the addict knows that the drinking or using is harmful and abnormal, yet, on the other hand, he or she will not or cannot entirely remain abstinent. Such a mental obsession may result in many sincere, but futile attempts to stop drinking or using. Relapsing and “picking up” again and again leads to a constant state of disillusionment. “The Big Book” tries to explain:

The fact is that most alcoholics, for reasons yet obscure, have lost the power of choice in drink. Our so-called will power becomes practically nonexistent. We are unable, at certain times, to bring into our consciousness with sufficient force the memory of the suffering and humiliation of even a week or month ago. We are without defense against the first drink.⁸

Let us now turn to the modern psychological lens for further understanding of the mental obsession experienced by alcoholics and addicts. First, we can explore the psychological phenomenon of addictive “mental obsession” through the psychological purview of behaviorism.⁹ There are essentially three stages that comprise the behavioristic model when we apply it to addiction: learning, habit formation, and struggle.

Learning is a stage characterized by stimulus and response, wherein a particular addictive behavior (e.g., drinking or using) is associated with a feeling of pleasure or relief from pain. In such a case, the brain automatically links the effect with the behavior. Each time the behavior occurs the association is reinforced. If the behavior is reinforced enough times—a process known as “conditioning”—an almost instantaneous experience of pleasure or relief ensues when we engage in the behavior. Addiction is primarily “learned” in this manner and it can happen unconsciously.

The second stage of addiction is *habit formation*. Habit formation happens through an increase in the frequency of the addictive behavior. This is when we actively seek out the behavior in a variety of life settings in order to experience its desired effect. For example, if we are feeling really down and we want to relieve the discomfort, and our brain has already created an association between drinking and relief of pain, we will actively seek out drinking. Or if we want to celebrate and exact a particular level of pleasure, we will seek out drinking. At this point, the fact that it is a habit may still be completely out of our consciousness and we are unaware of the conditioned association.

The final stage is *struggle* or *conflict*. Struggle is the definitive stage of addiction and is characterized by such deep associations between the behavior and subsequent pleasurable feeling that anytime we feel any sort of discomfort or celebratory mood, we seek out the behavior. This stage is also marked by the onset of *tolerance* and the need for more and more of the addictive behavior to satisfy the effect. Yet, in this stage, the frequency of the behavior is so high that something in life is bound to interfere with it. We may have responsibilities such as a job, school, or family that interfere with our addictive behavior. Or, a friend may point out to us that we are becoming dependent upon our addictive behavior. Or, I myself might become aware that the addictive behavior is interfering with other parts of my life. In any of these cases of interference, the addictive behavior itself becomes a source of great stress.

Tragically, psychologists have discovered that oftentimes interferences may actually reinforce the addictive behavior rather than subdue it. This may be for two reasons. First, because we have learned through conditioning that the behavior itself relieves stress, when we feel stress caused by interference to the behavior (even if it is our own conscience!), we initially want to repeat the

behavior more. This, therefore, becomes the quintessential experience of mixed emotions, as the desire to stop actually drives the desire to continue. Second, the interferences may cause us to pause or cut back the addictive behavior without completely abstaining, which is called *intermittent reinforcement*. Intermittent reinforcement is proven to be a more powerful means of conditioning than continuous reinforcement. That is to say, when the habit is temporarily stopped, the next time the addictive behavior occurs, the rewards are even greater.¹⁰

Here, along with the behavioristic model of addiction, we can also employ insights from the psychoanalytical perspective.¹¹ The psychoanalytical perspective helps to explain the addict's response to the struggle and some of the odd and painful behaviors and choices made as a result of the "mental obsession." Essentially, the struggle causes anxiety, which is a state of disequilibrium within the psyche, usually resulting in guilt and shame. When we feel such guilt and shame, we either consciously or unconsciously begin to exercise defense mechanisms in order to protect our own psyches, which makes us temporarily feel better.¹² Psychologists have identified and categorized many types of defense mechanisms—which are truly forms of self-deception. The most common include denial (rejecting or ignoring the addiction), repression (recognizing that the addiction exists but keeping the knowledge unconscious), rationalization (justifying and making excuses for the addiction), regression (acting out in childish and uninhibited ways as a means of conscious distraction), isolation (isolating the addiction in one's consciousness so as to minimize its association with the problems it causes), displacement or delaying tactics (shifting consciousness to another goal in order to avoid addressing the addiction, such as getting a new job or waiting until after a future event), and projection (attributing the problem to something or someone else).

Of course, the preceding discussion on the psychological perspective of addiction may give insight into what is happening and how it happens, but it tells us little about the actual human experience of it. Moreover, each person experiences the struggle of addiction differently. Each person has his or her own subjective environmental context and experience, which led to the place of addiction in which they now stand. In fact, some addicts are themselves familiar and knowledgeable in the psychological models that have been covered here and, still, they find the actual experience of

alcoholism and addiction to be more “cunning, baffling, and powerful” than their own insight.¹³ As one AA member put it: “We are not capable of outsmarting our own broken minds.” This is why it is so important to further explore the third layer of addiction, namely, the spiritual aspect.

Addiction and the Spirit

Alcoholics Anonymous is a program of recovery from alcoholism and addiction that is resolutely rooted in spirituality. The Twelve Steps, laid out in “The Big Book,” are replete with spiritual language and practice, including meditation, prayer, acceptance, and even God (God is frequently qualified with the phrase “as we understood him” so as to be inclusive of different religious leanings and lack thereof among AA members). Bill Wilson, one of the Alcoholics Anonymous cofounders, sums up the AA spiritual perspective in his personal story found in the first chapter of “The Big Book”:

Simple, but not easy; a price had to be paid. It meant destruction of self-centeredness. I must turn in all things to the Father of Light who presides over us all.¹⁴

Bill W.’s statement is clearly neither a biological nor psychological expression of recovery from addiction. It is inherently spiritual, finding full form in Steps Two and Three of the Twelve Steps:

Step Two—Came to believe that a Power greater than ourselves could restore us to sanity.

Step Three—Made a decision to turn our lives and will over to the care of God *as we understood him*.

Consequently, the spirituality of AA is explicitly embedded in a perspective of humility where we accept or surrender to a faith in something greater than ourselves. Simply put, the essence of recovery is to accept the fact that we are not in ultimate control of our lives. In other words, the beginning of recovery is a spiritual response to the great human existential dilemma wherein we exist in an uncertain world with an unknown future. It is the honest acknowledgment that all we may be certain of is that we live, often

in conditions that are unfavorable, and that we die. Yet our birth into the world—a world that we did not create or even necessarily condone—and the fact that we are destined to suffer and die are not of our own will.¹⁵

Amidst our mortal circumstance, the great human temptation is to do whatever we can to control our existence and make it as we would like. There are all sorts of ways we attempt to control our human experience. We try to control it externally by creating environments of material goods and technology that satisfy us. We can try to control it internally by finding comfort in intellectual or emotional points of security. However, many of the points of intellectual and emotional security are, in truth, false points of security. For example, acquiring knowledge, titles, prestige, and respect may provide a sense of accomplishment and security, yet we must ultimately admit that they neither change the fact of our mortal vulnerability nor protect us from the vicissitudes and pains of life. Alcohol and drugs (or any behavioral addiction, such as gambling, sex, eating, or gaming) also serve to control our internal experience by either distracting us from or numbing our emotional response to the uncertainty and vulnerability of the human condition. Rabbi Rami Shapiro, an open member of Overeaters Anonymous, sums this up well when he writes about the basic spiritual assumption of addiction and AA's spiritual approach:

Three premises underlie this [approach] . . . First, it is the obsessive quest for control rather than the compulsive use of a specific substance or behavior that defines an addict. Second, most of us are addicts seeking to play God by trying to control our lives and the lives of those who touch ours.¹⁶ And third, the Twelve Steps can be of service to all of us since we are all addicted to the delusion of control.¹⁷

Notice here that, in his third premise, Shapiro suggests that “all of us” can benefit from the spiritual approach of the Twelve Steps since “we are all addicted to the delusion of control,” not just addicts. Among those who abide by a Twelve Step program of any kind, it is a quite common idea that everyone (addicts and “normies”) could benefit from the Steps. That is to say, recovering alcoholics and addicts may concede that their brains have changed in relationship to alcohol and drugs, but, once engaged in a solid

Step program, they come to see their problem rooted in a universal human and spiritual problem of existence of which everyone suffers to a degree. Of course, many people do not express their problem and the obsessive desire to control life through consumption of alcohol and drugs, but we certainly see such control-based, obsessive/addictive behaviors throughout society manifest in: workaholism, rampant caffeine consumption, overeating, prescription drug abuse, diet pill abuse, gambling, Internet pornography obsession and compulsion, shopaholism, hoarding, video game addiction, social media compulsion, sex addiction, co-dependency, bullying, anorexia, bulimia, and self-mutilation. And, the list could go on.

The truth is, however, this sort of spiritual understanding is not new and it is not solely found within the bounds of AA. This spirituality lays at the foundation of many religious traditions. This spirituality claims that there is a power greater than ourselves, a God, or gods, that is responsible for the way the world is and that, rather than resisting the way the world is according to that power, we are wise to accept it (to align our will with God's will).¹⁸ Furthermore, our drive to resist this power or God is demonstrated through our attempts to control the world by asserting our own power and clinging to immediate and ultimately vain desires.

We recognize such a spiritual outlook in the Indian Upanishads:

When all desires that cling to the heart are surrendered, then a mortal becomes immortal...A man whose mind wanders among desires, and is longing for objects of desire, goes again to life and death according to his desires. But he who possesses the End of all longing, and whose self has found fulfillment, even in this life his desires will fade away.¹⁹

We recognize it in the Four Noble Truths of Buddhism, summarized as follows:

1. Suffering is a fact of life. In brief, the ways in which a human being experiences the world are each subject to clinging, which is suffering;
2. Suffering is caused by craving to become something that one is not, which is accompanied by clinging to delight and desires;

3. Liberation from suffering and the reinstatement of human freedom can happen only through cessation from that craving and relinquishing the clinging to desires; and
4. Human effort toward cessation from craving and clinging to desires must involve all aspects of one's life in a deeply spiritual way.²⁰

We recognize it in the Hebrew Bible:

Hear O Israel, the Lord our God, the Lord is one. You shall love the Lord your God with all your heart, all your soul, and all your might.²¹

And:

I withheld from my eyes nothing that they desired, and refused my heart no pleasure . . . and oh, it was all futile and pursuit of wind; there was no real value under the sun!²²

And we recognize it in the Christian Bible:

Do not love the world or the things in the world. If anyone loves the world, the love of the Father is not in him. For all that is in the world—the desires of the flesh and the desires of the eyes and pride in possessions—is not from the Father but is from the world. And the world is passing away along with its desires, but whoever does the will of God abides forever.²³

The great religious traditions of the world accordingly share the fundamental spiritual assertion that anything that replaces or usurps our desire for connection with the Divine—whether we define “Divine” as transcendent sense of self or God—distorts and diminishes our experience. Christian existentialist Paul Tillich and Jewish theologian Abraham Joshua Heschel both defined God as that which is our “ultimate” in our life,²⁴ and the religious traditions continuously warn us that, at any given moment, we are susceptible to making something that is not the true God out to be our ultimate concern. Addictions certainly usurp our concern for the Divine. Potentially, however, all sorts of daily interactions become our ultimate concern when we allow them to, such as the dramas of certain relationships, buying the right brand name for a

garment, or posting a status update on Facebook. This distortion of our attention from what is right and of ultimate value is the exact spiritual disposition of addiction and it can subtly and silently occupy one's entire life. In Buddhism and Eastern religious tradition, this is called attachment or clinging. In Judaism and Western religious tradition, this is called idolatry.

Addiction as Idolatry in Judaism

For centuries, rabbis and Jewish sages have known that idolatry is not merely about bowing down to graven images of stone and wood. In his *Guide of the Perplexed*, Maimonides (1140–1205) already had presented a clear understanding of idolatry as a metaphor for “respecting an image of thing that is an intermediary between ourselves and God.”²⁵ And that “image of thing” could take all sorts of either external or internal forms. Rabbis have suggested modern versions of “idols” to be our fame, our wealth,²⁶ or pride. Regarding pride, which is certainly the emotional root associated with fame and wealth, Chasidic master Schneur Zalman of Liadi (1745–1812) explicitly states:

Pride is truly equivalent to idolatry. For the main root principle of idolatry consists in man's acknowledgement of something existing in its own right apart and separate from God's holiness.²⁷

The essential point being that idolatry is the sin whereby we act as if something is divine that is not divine. The key Rabbinic or Jewish assumption that makes idolatry a sin is that somewhere within our core spiritual composition, which is in the image of God (*b'tzelem Elohim*), that we—consciously or unconsciously—connect to and know the abiding truth of God. Therefore, anytime we attach to or use an object or an idea to mediate our value in the world, we deny the truth about God. Moreover, we deny the truth about ourselves; we belittle the divine value of our own lives and our own potential in the world.

Addiction in this light, therefore, is not merely a sin because of the unhealthy consumption of alcohol and drugs. The addictive behavior itself is simply a symptom. Addiction is the sin of idolatry in the sense that we have actively displaced our most essential spiritual quality. It is that we have both denied the call to actualize our potential as human beings and that we have forged counterfeit

images of the spiritual reality that makes us feel a sense of power and control over it rather than cooperating with it. Addiction and its subsequent mind-set and behavior is giving in to a lie about the fundamental premise of our existence as human beings with a sacred purpose in this world.

One of the most lucid representations of idolatry and the addictive spiritual disposition in Jewish literature comes from the Hasidic masterpiece *S'fat Emet*, by Yehudah Aryeh Leib Alter of Ger (1847–1905). Therein we find a striking comment on a well-known passage in the Book of Exodus. The text is from chapter 6, after Moses went before Pharaoh and requested that the Israelite slaves be freed. Pharaoh then famously increases their burden driving Moses to return to God in despair, asking why God allowed this suffering to happen. God replies by instructing Moses to tell the Israelites that God will save and redeem them. The episode concludes, though, with the harrowing line:

But when Moses told this to the Israelites, *they would not listen to Moses, their spirits were crushed by cruel bondage.*²⁸

This critical verse begs the questions: Why wouldn't the Israelites listen? What does it mean that "their spirits were crushed"? Even though none of us were slaves in Egypt, we can imagine the harsh cruelty they experienced. We can also imagine that the suffering was so great and was for so long that it was simply impossible to believe Moses's promise of liberation; all they had known up to that point was slavery. Those answers may be true, but the *S'fat Emet* takes it one step further:

When it says that *they would not listen to Moses* (Ex. 6:9), the Mi-drash says that it was hard for them to abandon their idolatry [*avodah zarah*] . . . Listening requires being empty of everything. *Hear, O daughter, and see, give ear; forget your people and your father's house* (Ps. 45:11). This is the essence of exile today as well: our inability to empty ourselves, to forget this world's vanities so that we empty the heart to hear God's word without any distracting thought. This is the meaning of the verse: *Do not turn after your hearts [or after your eyes]* (Num. 15:39). And it was because *no man would cast away the abominations of his eyes* (Ezek. 20:8) that they walked about amid "the idols of Egypt." Had they been ready to hear God's word, they would have been redeemed immediately.²⁹

The S'fat Emet suggests that the Israelites were unable to listen to Moses because they were in a deep state of spiritual hopelessness caused by idolatry. They were so immersed in the life of slavery, only knowing Pharaoh's power and dominance over their lives that they, in fact, believed in only Pharaoh's power and not God's. The redemptive promise of God was simply alien. They may have intellectually been able to accommodate a faith in God, as one commentator suggests,³⁰ but the fact was their "hearts and eyes"—what they felt and experienced—could not accept that God's redemptive love was truly possible.

The experience of the Israelites was a feeling of powerlessness, but not in the sense of acceptance of a true divine power, but rather hopelessness. A genuine spiritual powerlessness is the surrender to the infinite possibility of the divine. What we see here is powerlessness without surrender. What we see here is actually a clinging to a certainty of hopelessness, and any clinging to a certainty is a form of emotional control and personal pride. This is the spiritual essence of addiction and addictive thinking, and the S'fat Emet is crystal clear in his analysis that this is the same spiritual exile that was experienced in his time and certainly today.

Interestingly, what the S'fat Emet offers, through the proof text from Psalms (45:11), is that the spiritual path to opening ourselves to "hearing" the truth of God's infinite possibility is to forget what we know from the past, "to forget your people and your father's house."³¹ In other words, we must empty ourselves of the ideas and "world's vanities"—the idols—that we have clung to and that have constituted our spiritual system of belief until now, so as to be open anew and "listen" to the divine call of redemption's possibility.

Summary

Addiction is a powerful disease of the brain, yet it cannot be reduced to a matter of the brain alone. It affects how we think, how we behave, and, ultimately, how we relate to our lives and the world. It is a spiritual illness that captures the angst of the human condition and it penetrates into all corners of society, and, to an extent, each one of us. With this in mind, the implications for recovery from addiction involve an integrated treatment model, including ongoing medical, psychological, and spiritual therapy.

From a spiritual perspective, therapy and counseling requires addressing the matter of human control over life. The desire to control our experience, mediated through addictive behaviors, is an expression of existential anxiety regarding the acceptance of life and the world on their own terms. As it pertains to Judaism, the critical point is to surrender to God's will, as opposed to attaching to the transitory external and internal forms of power that ultimately fail and lead to hopelessness (i.e., idolatry). Surrender, in this sense, is not a disposition in which we passively martyr ourselves to whatever influences our life, but rather to transform our thinking and attitude into one of patiently and gratefully aligning our own will with God's; surrender is actually a manner of empowering ourselves by living in positive harmony with the world and maximizing our personal potential rather than resisting the fact of our existence in this place and in these conditions, while clinging in isolation to controlling behaviors.

Notes

1. In the 1930s, at the dawn of Alcoholics Anonymous, alcohol was the primary drug of choice in the United States. Therefore, even though the discussion here may only refer to alcohol at times, the same general concepts apply to any drug and, for the purposes of this article, alcoholism and addiction may be used interchangeably. Narcotics Anonymous (NA) literature corroborates the parallel between alcohol and other drugs when it says: "Thinking of alcohol as different from other drugs has caused a great many addicts to relapse. Before we came to NA, many of us viewed alcohol separately, but we cannot afford to be confused about this. Alcohol is a drug." *NA White Booklet*, Narcotics Anonymous World Services, 1986. Common narcotics of choice among addicts today include heroin, which first became popular after World War II, and methamphetamine, which did not become popular or widely available until the 1960s. Although cocaine was available in the early part of the twentieth century, unlike alcohol, it was permanently banned in 1922 and much more difficult to obtain. Cocaine's popularity primarily emerged in the 1970s as a fashionable drug among entertainers and businesspeople.
2. *Alcoholics Anonymous*, 4th ed. (New York: Alcoholics Anonymous World Services, 2001), xxviii–xxx.
3. The American Society of Addiction Medicine, "Public Policy Statement: Addiction Definition." See <http://www.asam.org/for-the-public/definition-of-addiction>.

The National Institute on Drug Abuse also has a helpful definition of addiction: "Addiction is a chronic, often relapsing brain disease that causes compulsive drug seeking and use, despite harmful consequences to the addicted individual and to those around him or her . . . Similar to other chronic, relapsing diseases, such as diabetes, asthma, or heart disease, drug addiction can be managed successfully." See <http://www.drugabuse.gov/publications/drugfacts/understanding-drug-abuse-addiction>.

4. Groundbreaking research on mental illness and disease in the area of synthesizing genetics, biology, and environmental factors has been done by Robert Cloninger. Cloninger's book *Feeling Good: The Science of Well-Being* (New York: Oxford University Press, 2004) lays out his basic thesis, stating: "Soma [body] and psyche exist in an irreducible correspondence with one another. *At every step in psychological development, there is synchronous correspondence between the development of our spiritual values, our social relationships, our thoughts, and our brain states as we move along the path of self-awareness to well-being.*" *Ibid.*, xxi-xxii.
5. Harry Haroutunian, *Being Sober* (New York: Rodale Books, 2013), 6. See also A. C. Heath, K. K. Bucholz, P. A. Madden, et al., "Genetic and Environmental Contributions to Alcohol Dependence Risk in National Twin Sample: Consistency of Findings in Women and Men," *Psychological Medicine* 27, no. 6 (1997): 1381-96; and M. McGue, "The Behavioral Genetics of Alcoholism," *Current Directions in Psychological Science* 8 (1999): 109-15.
6. Haroutunian, *Being Sober*, 6-7. See also Michael Allerton and William Blake, "The 'Party Drug' Crystal Methamphetamine: Risk Factor for the Acquisition of HIV," *The Permanente Journal* 12, no.1 (Winter 2008): 56-58.
7. *Alcoholics Anonymous*, 30.
8. *Ibid.*, 24.
9. Behaviorism is a school of psychology developed in the twentieth century by John Watson and B. F. Skinner. Rather than relying upon internal mental processes or physiological responses, psychology can be described scientifically through observable behaviors.
10. Stephen B. Kendall, "Preference for Intermittent Reinforcement," *Journal of Experimental Analysis of Behavior* 21, no. 3 (May 1974): 463-73.
11. The psychoanalytical perspective is based upon Freud's model of the psyche. Freud's model consists of three parts: the Id, the Superego, and the Ego. Accordingly, the Id is a totally unconscious state that is the source of all of our psychic energy and instincts, which Freud called libido. Childishness, self-centeredness, and pleasure-seeking characterizes the Id. The Superego, on the other

hand, holds the Id in check by applying what we have learned from our environment to be right and wrong. The Superego disciplines the Id with rules and standards. Finally, the Ego is the mediator between the Id and the Superego, working to balance individual selfishness and pleasure-seeking with proper and ethical behavior. When the Ego is not properly mediating Id and Superego, the Ego begins a process of exercising defense mechanisms to protect the psyche.

12. The preeminent work in the psychoanalytic approach to addiction has been done by Edward Khantzion. See Khantzion's work *Treating Addiction as a Human Process* (Northvale, NJ: Jason Aronson Press, 1999), esp. 43–46, 68–70. See also Anna Freud, *The Ego and the Mechanisms of Defence* (London: Karnac Books, 1937, 1992); and Abraham J. Twerski, *Addictive Thinking: Understanding Self Deception* (Center City, MN: Hazelden, 1997).
13. *Alcoholics Anonymous*, 58–59.
14. *Ibid.*, 14.
15. See *Pirkei Avot* 4:29, where it says: "It was not your will that formed you, nor was it your will that gave you birth; it is not your will that makes you live, and it is not your will that brings you death."
16. The idea of "playing God" is a common AA theme. We first find it in chapter 5 of *Alcoholics Anonymous*: "First of all, we had to quit playing God. It didn't work. Next, we decided that hereafter in this drama of life, God was going to be our Director. He is the Principal; we are His agents. He is the Father, and we are His children." *Alcoholics Anonymous*, 62.
17. Rami Shapiro, *Recovery—The Sacred Art: The Twelve Steps as Spiritual Practice* (Woodstock, VT: SkyLight Paths Publishing, 2009), xi.
18. The importance of the idea of aligning our will with God's is commonly stressed in AA, most obviously in Step Three: "Made a decision to turn our lives and will over to the care of God *as we understood him*." We also find the same idea clearly stated in Rabbinic sources, most notably in *Pirkei Avot* 2:4: "Do God's will as though it were yours, so that God will do your will as though it were God's."
19. *Katha Upanishad*, 2.2.14, 15; *Mundaka Upanishad*, 3.2.1, 2. Translation from Nicholas Lash, *The Beginning and End of Religion* (New York: Cambridge University Press, 1996), 34.
20. The "deeply spiritual way" refers to Buddhism's Eightfold Noble Path of right perspective, intention, speech, action, livelihood, effort, mindfulness, and concentration. For an exact translation of the Four Noble Truths see Bhikkhu Bodhi, trans., *Dhammacakkapavattana Sutta: Samyutta Nikaya LVI, 11, "Setting in Motion the Wheel of the Dhamma,"* <http://www.budsas.org/ebud/ebcut001.htm>.

21. Deut. 6:4–5. The interpretive, Rabbinic tradition represents the general understanding of what it means to love God with heart, soul, and might. Accordingly, the Rabbis teach that loving God with one’s heart means to turn over our impulses and selfish desires to the love of God (*Mishnah B’rachot* 9:5). Loving God with all of one’s soul is to turn over our very lives to God, as exemplified by Rabbi Akiva in the first century. See BT *B’rachot* 61b. And loving God with one’s might means turning over our desire for bodily and material wealth. *Sifrei D’varim*; see also Rashi on Deut. 6:5.
22. Eccles. 2:10–11.
23. John 2:15–17.
24. Tillich used the term “ultimate concern.” See Paul Tillich, *Dynamics of Faith* (New York: Harper & Row, 1957), 1. Heschel used the term “ultimacy.” See Abraham Joshua Heschel, *God in Search of Man* (New York: Farrar, Straus, and Giroux, 1955), 125.
25. *Guide of the Perplexed* 1:36.
26. *Sefer HaChinuch*, 429.
27. *Tanya*, ch. 22.
28. Exod. 6:9.
29. S’fat Emet 2:40, Translation adapted from Arthur Green, *The Language of Truth: The Torah Commentary of the Sefat Emet, Rabbi Yehudah Aryeh Leib Alter of Ger* (Philadelphia: JPS, 1998), 90.
30. Nachmanides on Exod. 6:9.
31. Here, we can see a clear alignment with the conclusion of the prayer of St. Francis of Assisi, which is used in AA as the 11th Step Prayer: “For it is by self-forgetting that one finds . . . It is by dying that one awakens to eternal life.”