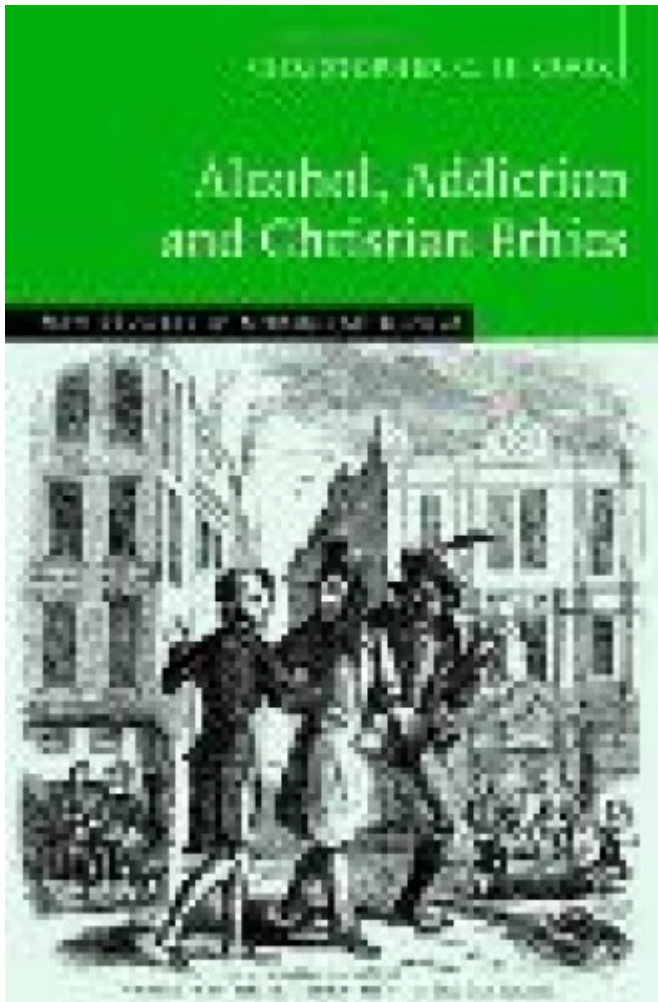


Alcohol, Addiction and Christian Ethics

reviewed by [James B. Nelson](#) in the [February 6, 2007](#) issue

## In Review



### **Alcohol, Addiction and Christian Ethics**

Christopher C. H. Cook  
Cambridge University Press

As both a clinical psychiatrist and an Anglican priest-theologian at England's Durham University, Christopher Cook has doubly impressive credentials for writing this book. And as both a Christian ethicist (retired) and a recovering alcoholic (from which

there is no retirement), I was doubly eager to read it. Cook is right: alcohol use is not simply a matter of scientific opinion, politics or consumer choice. It is also—and fundamentally—a pervasive ethical issue to which Christian theological ethicists can make a significant scholarly contribution. And Cook does.

In setting the scientific and social context, Cook explains that he prefers the model of alcohol dependence over those of addiction and disease for two reasons: he sees no clear demarcation between addictive and normal drinking, and he worries that disease theory can undercut personal responsibility.

Many recovering people view these matters differently. I have no doubt that crossing the line from normal alcohol use into addiction, whenever it occurs, is invisible to most drinking alcoholics. It was to me. After all, denial is a major characteristic of our disease. But as we hit the bottom that brings us into recovery, most of us see with crystal clarity the marks of our addiction. They are summarized in Step 1 of Alcoholics Anonymous: our powerlessness over alcohol and the unmanageability of our lives.

Believing in the disease interpretation of my drinking did not undercut my personal responsibility; instead it happened quite the other way around. It was my slowness to accept the reality of my disease and to enter into treatment that diminished my moral power. As long as I was convinced (contrary to all the evidence) that I could get my life under control by my own will power, the disease was steadily eroding my capacity as a responsible moral agent.

In his historical interpretation, Cook gives us an excellent discussion of drunkenness in the New Testament, an exposition of formative historical Christian theologians and a critique of the 19th-century Christian temperance movement. He is not satisfied with that history, and neither should we be, for woven through it all has been “a moral model of drunkenness”; that is, the problem has been understood as a matter of faulty character and weak will power. The author insists that we need something different from this: a theology that “affirms human autonomy and responsibility, while also recognising the realities of human vulnerability and disease.” Such a theology is indeed critical for the church to effectively prevent addiction and to provide pastoral care to those who are afflicted.

The heart of Cook’s contribution is a theological examination of the divided will in the writings of Paul, especially Romans 7:14-25, and of Augustine, especially Book

VIII of his *Confessions*. Though I recall that Augustine's mother had a serious drinking problem as a young woman, neither he nor Paul was referring primarily to misuse of alcohol. Yet Cook is right that their analyses of the divided will are utterly relevant to our concern.

Interestingly, during this lengthy discussion Cook shifts his own language. Instead of writing of alcohol dependence, he begins referring to addiction. While he gives no explanation for this, I suspect that the abject slavery that ensues from the divided will becomes more evident and compelling to him at this point. Cook would have done well to note that the word *addiction* comes from a Latin word that had a common courtroom use: it referred to assigning a slave to a master.

For both Paul and Augustine the intense inner conflict between will and desire was the power of sin. Paul's words are familiar: "For I do not do the good I want, but the evil I do not want is what I do" (Rom. 7:20). Augustine, with his strong emphasis on creation's goodness, saw that this inner conflict stemmed not from the existence of evil things, but rather from the inordinate, idolatrous desire for good but inferior things. The substance alcohol is not evil, then. It is part of God's good creation. Alcoholism's destructiveness comes from distorted goodness. Alcoholism is the idolatry of alcohol, the centering of one's life on that substance and its promises.

Cook argues that the overpowering of will by desire is a disorder that is partly biological and partly socially conferred. He concludes that although addiction is not a universal human condition, the subjective division of will and desire is, and addiction is one of its particularly powerful manifestations.

The Pauline-Augustinian analysis rings deeply true for me. During my month of inpatient alcoholism treatment, I read Romans 7 again and again and saw myself on the pages. And though I lacked the foresight to take a copy of the *Confessions* with me, I vividly remember pondering Augustine's haunting description of the way good is corrupted, becomes an idol, fails in its promises and destroys its believer.

Another theological challenge is the question of how to connect a theology of sin and the divided will with the science of addiction disease. This is a major question for those who want to see their own addiction or that of a loved one through the eyes of faith, but Cook does not address it. A promising avenue for study is an exploration of the ways in which genetic vulnerabilities and environmental influences might be understood under the rubric of original sin. After all, alcoholism is a disease that no

one seems to intend or freely choose.

Even more vivid than the memory of my ruminations about the sources of my addiction problem is the recollection of my intense, agonized hopes and prayers for grace during my month in the treatment center. Not only Romans 7 but also Romans 8 is applicable here. When Cook proclaims that grace is the only road to addiction recovery, he speaks of both the grace of Jesus Christ for Christians and God's common grace found elsewhere—in therapies, anticraving drugs and the Twelve Step movement.

But just how does grace reorder desire in addicted people? What might the grace of Christ look like for an alcoholic who carries an immense amount of guilt and shame? How does grace transform powerlessness into a different kind of power? These and other urgent questions about recovery remain unaddressed. In short, Cook's major contribution is his theological analysis of the problem. He gives us little specific illumination about the answer to alcoholism.

I have one last reservation: readers who themselves are alcoholic should be prepared for the discomfort of feeling like an outsider and somewhat judged by the author's language. Unfortunately, "we-they" terms abound: "we" who are not addicted, "they" who are. Further, even as the author eschews a moral approach to addiction, moralism slips into his language at various points—when he refers to "drunkenness as being only one kind of moral failing," for example. Then there is his repeated use of the word *drunkard*, with no explanation for why this admittedly common term of an earlier day is appropriate for alcoholics today.

These reservations notwithstanding, this is a carefully written, scholarly book with highly insightful interpretations of historical Christian understandings of excessive drinking. Cook's Pauline-Augustinian analysis is a major contribution to the sin side of the addiction discussion.

The "Big Book" of Alcoholics Anonymous intuitively embraces the exquisite both/and paradox of sin and disease, or character defects and illness, as the book says. According to the Big Book, embracing this paradox is critical to experiencing the dynamics of grace in recovery. Christian theology needs to explore all of this in greater depth; believers and strugglers with the faith deserve no less. Pastors understand that chemical addiction touches most church members in one way or another. I hope that someday Cook will lend his considerable theological skills and clinical experience to a second volume wherein these additional considerations are

given their due.