

## Addiction as Besetting Sin

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Addictive disorders and alcoholism cost \$165 billion a year in the United States alone!<sup>1</sup> The addict screams, "I can't help myself! I'm addicted." In response, "experts"<sup>2</sup> and society feel compassion with ever increasing programs for them.

However, I want to substitute "besetting sin" for "addiction." The primary problem is moral and spiritual,<sup>3</sup> not medical, and cannot be addressed without that perspective.

### What is Addiction?

"Addiction" is a slippery term (as are most psychological labels). From my own observation, a definition of addiction should be divided at three levels. First, there are the strict and detailed definitions that careful professionals use.<sup>4</sup> Second, there is the careless use among professionals. Third, there is the use of the word in popular literature and less formal discourse.

The first level is the Diagnostic and Statistical Manual of Mental Disorders (Third Edition -Revised) (DSM-III-R). While "addiction" is not named as a diagnosis there, Psychoactive Substance Use Disorder (PSUD) and related terms are. An introductory sentence from that section of the DSM-III-R serves as a definition of PSUD at this first level.

"This diagnostic class deals with symptoms and maladaptive behavioral changes associated with more or less regular use of psychoactive substances that affect the central nervous system. Almost invariably, people who have a PSUD will also have Intoxication or Withdrawal."<sup>5</sup>

The second level involves the careless use of addiction

among professionals. Likely, most readers have never seen such a classification. However, it is quite real among physicians and psychologists,<sup>6</sup> and most other professions as well. This practice is a failure to use any formal definition in exchanges among professionals.

For example, I have yet to see any patient's chart with the diagnosis of "depression" with reference to criteria that would fit any formal definition, such as the DSM-III-R. Yet, millions of patients carry this label and receive potent medications based upon this slipshod approach. Both the label and the medications have great potential for harm, as well as good. Further, such imprecision applies to virtually every area of medicine, not just psychiatric diagnoses. (A discussion of this "mal-practice," however, would require another paper in itself.)

An example, relative to addiction, is "sexual addiction." What is meant is a repetitive, compulsive sexual activity, such as nymphomania or the viewing of pornographic materials. If the DSM-III-R is any standard at all, the application of "addiction" to sexual activities is careless and certainly not "scientific."

The third level is the "popular use" of addiction and only reflects the careless use among "professionals." However, as would be expected, any connection to a precise definition is even more distant. Gambling, shoplifting, overeating, excessive TV viewing, and other habitual behaviors become "addictions."

Curiously, this careless professional and popular distortion of addiction finds its way into Christian literature. One example is found in a text on "Biblical and Christian ethics."

"An addiction is an exaggerated and pathological dependency of one human being upon another person, institution, substance, activity, or even series or pattern of interior mood states or thought patterns.... Potential addiction agents include food (compulsive overeating and other eating disorders); activity, achievement (workaholism), rigid performance standards (perfectionism), the emphasis on form rather than substance in spiritual matters (religiosity, religious legalism), or spiritual addiction; erotic fantasy and arousal (sexual addiction); money (compulsive spending, hoarding, or shopping); and interpersonal relationships (codependent relationship roles of victim, victimizer, and/or rescuer)."<sup>7</sup>

From such broad generalizations by this psychologist, the blurring between the careless use of addiction by professionals and its popular use is complete.

Using these liberal criteria, in the United States there are estimates of 20 million alcoholics, 80 million coalcoholics, 20 million addicted gamblers, 50 million addicted to eating too much (overweight) and 30 million to eating too little (anorexics and bulimics), 75 million addicted to tobacco, and 25 million addicted to "love and/or sex."<sup>8</sup> The matter of definition and treatment is no small matter!

### **Pleasure as a Dimension of Addiction**

Curiously, any reference to pleasure in addiction is not found in the DSM-III-R or in the Christian Textbook's definition (above) either. However, I want to add that element, because it is an important dimension of addiction. For simplicity, I will use pleasure quite broadly to include a range of emotions, such as enjoyment, excitement, euphoria, elation, contentment, and satisfaction.

Pleasure may become accompanied by feelings that have more to do with comfort or security over time. Because an addict is agitated when he is separated from his addiction, the addiction becomes a relief from this agitation. In many instances, this relief (comfort or security) becomes the primary driving force of his addiction.

For example, a workaholic may initially get a great deal of pleasure from his work, but over time it becomes a burden. However, he is far more comfortable (or finds his security) in his familiar work patterns. With the drug "addict," there is no doubt that pleasure is the primary motivation for beginning that behavior. Over time, the "addiction" becomes a heavy, destructive burden. However, even here, pleasure remains a strong motivating influence, not just the compulsion and physical need for the drug(s).

### **Addiction as Primarily Involving Sin**

There has been a great deal of debate among American evangelicals concerning whether addiction is disease or sin. Perhaps the debate could be divided into two categories according to the presence or absence of drugs. There is little or no debate that cocaine abuse or even cigarette smoking create a physical dependency. By contrast, a compulsive gambler has no physical dependency, only a mental craving.

However, in spite of this distinction, I want to keep all addicts in one category. First, many "professionals" (as documented above) do so. Second, the mental drive (as pleasure and/or comfort - see below) to an addiction far exceeds the physical drive. Thus, such compulsive behavior is better labeled "besetting sin," rather than addiction.

### **Besetting Sin**

"Besetting sin" was common parlance in evangelical circles for several centuries until the last few decades. The concept derives from Hebrews 12:1 where this word makes its only appearance in the New Testament. "Therefore let us also, seeing we are compassed about with so great a cloud of witnesses, lay aside every weight, and the sin which doth so easily beset us, and let us run with patience the race that is set before us

Thomas Hewitt argues for besetting sin as one that "clings so closely ... to some ... who, failing to break from it, were still at the starting-post of the Christian life."<sup>9</sup> E.K. Simpson writes that besetting can "be used in a pejorative acceptance of a state of beleaguement, or exigencies and straits ... like ... a "squeeze."<sup>10</sup>

John Calvin writes of besetting sin.

"This is the heaviest burden that impedes us. ... He (the writer of Hebrews) speaks not of outward, or, as they say, of actual sins, but of the very fountain, even concupiscence or lust, which so possesses every part of us, that we feel that we are on every side held by its snares."<sup>11</sup>

John Owen devotes three paragraphs to "besetting" in his Annotations to Calvin's commentary on Hebrews.<sup>12</sup> He concludes in this way:

"The (Greek) word euperistaton means literally, 'well-standing around' ... or 'the readily surrounding sin,' that is the sin which easily surrounds us, and thereby entangles us, so as to prevent us, like long garments, to run our courses. ... If the word be taken in an active sense, then what is meant is the deceptive power of sin...."

Noah Webster in his 1828 dictionary defines "beset" as "1) to surround; to inclose; to hem in; to besiege ...; 2) to press on all sides, so as to perplex; to entangle, so as to render escape difficult or impossible."<sup>13</sup> As an adjective, he defines "besetting" as "habitually attending."

In this way, Webster links "beset" to "addict" which is "to apply oneself habitually, to devote time and attention by customary practice more usually in a bad sense, to follow customarily, or devote, by habitually practicing that which is ill, as a man addicted to intemperance."<sup>14</sup>

### **What Difference Does a Label (Diagnosis) Make?**

The cause of a problem virtually determines its solution. In medicine, the diagnosis determines the treatment. A physician does not give a heart medicine to a patient with a bacterial pneumonia who needs an antibiotic. In engineering, the cause of a bridge's collapse determines

what is needed to prevent another collapse. Increased strength of materials will not give greater durability to a bridge with a foundation in soft earth.

The problem with addictions is primarily their mental component. By "mental," I mean moral or spiritual. My brief argument for this position is three-fold. First, physical dependence cannot be the primary determinant of addiction. Simply, some people addicted to the same drugs at the same dosage are able to quit while others cannot. The explanation cannot be physical, that is, purely biochemical since the biochemical situations (including genetic factors<sup>15</sup>) are virtually the same.

Second, addiction has been applied far beyond physical dependence on drugs, as we have seen. As described above, this extension has been almost careless.<sup>16</sup>

Third, the Bible clearly labels one form of addiction, drunkenness, as a sin (Proverbs 20:1; 23:29-35; Ephesians 5:18; 1 Peter 4:4). In certain passages, e.g., I Corinthians 6-9-10, drunkenness is listed among other grievous sins that can be conquered ("and such were some of you," v. 11). This passage argues strongly that God does not consider the physical dependence of one sin (drunkenness) an excuse for one's indulgence.<sup>17</sup> The passage argues, but much less strongly, for such passages being lists of addictions, especially in the common parlance of today.

### **A Definition and a Wrap-Up**

In light of the above, I want to suggest a new definition for addiction.

"Addiction is a repetitive, pleasure-seeking behavior that is habitual in spite of moral or physical reasons (i.e., harm) that should rationally preclude its practice and that displaces spiritual obligations."

Further, I want to suggest that "besetting sin" be a synonym for addiction. Jay Adams uses the term "life-dominating"<sup>18</sup> which is a good, descriptive synonym also. Besetting sin, however, links the modern craze to label so many behaviors as addiction with a biblical text and with past centuries. This link prevents modern

psychological labels from overshadowing the reality that these repetitive patterns are sin.

First, besetting sin reveals that these sins are not new. While some particulars may be new or more prevalent (drug abuse, anorexia, etc.), their life-dominating, irresponsible patterns are not.

Second, solutions to the problems of addictions as besetting sins point to regeneration and obedience to biblical teaching rather than a psychological and/or medical approach. As a physician, I realize that physical dependence on alcohol and drugs is a real phenomenon. Further, withdrawal from some of these substances can be severe, even deadly. However, apart from the immediate withdrawal period, the mental (spiritual) craving far exceeds the physical craving.

My purpose here is not to outline a plan to manage these life-dominating problems. In changing the label of "addictions" to "besetting sins" both the counselor and physician would focus on the primary dimension of the problem. What is needed is a whole-life, comprehensive approach to the "addict's" spiritual life, as Dr. Jay Adams has directed (above). The medical and psychological models of such besetting sins are designed for failure because they do not deal with the great spiritual need in these people. Perhaps this paper will generate further discussion and implementation of a more thoroughly biblical approach.

## Endnotes

1. Sykes, Charles, J., *A Nation of Victims: The Decay of the American Character*, New York: St. Martin's Press, 1992, p. 13.

2. In my writings, I am increasingly putting such people as "experts," "officials," and "professionals" within quotation marks. While they have such status by academic degree, peer recognition, or rank of government office, such standing is dubious at best, because they are unable and/or unwilling to speak the moral element of problems (which is often the most important element). Almost exclusively, these people are humanists, anti-Christian, and anti-God. God says that they are "fools" (Psalm 14:1).

3. I often use "moral," "spiritual," "ethical," and "biblical" as synonyms. I am aware of the nuances of these words, but their primary meaning is often the same.

4. I am not endorsing these diagnoses as accurate or true. I am merely pointing Out here that any claim that modern psychiatry is "scientific" can be countered simply by professionals' failure to use their own recognized standards!

5. *Diagnostic and Statistical Manual of Mental Disorder (Third Edition, Revised)*, Washington, D.C.: American Psychiatric Association, 1987, p. 165.

6. I use the general label "psychologist" to include psychiatrists. While there are some particulars to each, their general approach to diagnosis and treatment of patients (clients) is similarly unbiblical. Using both labels, psychology and psychiatry, makes for awkward writing and reading.

7. Harrison, R.K., Ed., *Encyclopedia of Biblical and Christian Ethics (Revised Edition)*, Nashville: Thomas Nelson Publishers, 1992, pp. 6-7.

8. Bobgan, Martin & Deidre, "Behavior or Disease," *Journal of Biblical Ethics in Medicine*, Vol. 4, 1990, pp. 67-69, quoting Stanley Peale, *Diseasing of America: Addiction Treatment Out of Control*, Lexington, MA: Stanley Heath & Company, 1989, p. 68.

9. Hewitt, Thomas, *Tyndale New Testament Commentaries: Hebrews*, Grand Rapids: Win. B. Eerdmans Publishing Company, 1960, pp. 189-190.

10. Quoted by F.F. Bruce in *The International Commentary on the New Testament: Hebrews*, Grand Rapids: Win. B. Eerdmans, 1964, pp. 349-350.

11. Calvin, John, *Commentaries on the Epistle of Paul the Apostle to the Hebrews*, translated by the Rev. John Owen, Grand Rapids, Baker Book House, 1979, pp. 394-395.

12. *Ibid.*, pp. 311-313.

13. Webster, Noah, *American Dictionary of the English Language*, 1828 edition, San Francisco, Foundation for American Christian Education, 1967.

14. *Ibid.*

15. Genes that have been thought to predispose or cause addictions have little or no correlation as to whether an addict is able to quit or not.

16. There is some evidence that opiate-like endorphins and enkephalins in human brains may provide something like a drug dependence in addictive behaviors. If further research gives greater substance to this relationship, then many, possibly all, addictions could also have a physical basis. However, such findings would not negate my position here.

17. Ephesians 5:18 argues for moral/spiritual control, rather

than the lack of control of a chemically induced state,  
drunkenness.

18. Adams, Jay E., *The Christian Counselor's Manual*, Grand Rapids, Baker Book House, 1973, pp. 206ff.