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Religious Addiction

Abstract

It is to my understanding that religion, at its best, is a choice – a choice that manifests one’s conception of humanity in relation to the sacred. Yet, I intend to discuss religion at its worst – religion as an addiction, as a meta-determinant of choice. This is to say that religion harbors the potential to evolve into a subjugating agent akin to drug addiction. To deal in terms of both religion and addiction, I am tasked with incorporating a diversity of disciplines. It is tempting to endeavor into this inquiry with a sense of semantic sensationalism, conducting a cursory assessment of the explicit parallels. Nevertheless, such a method would not do the inquiry justice, nor does it construct an academically sound theory that can be carried forward within the broader discipline of Religious Studies. As such, this essay aims to construct a foundational theory of religious addiction, knitting together a gamut of widely-accepted, precedence-setting academic theories and processes from across the disciplines of Neurobiology, Sociology, Psychology, Philosophy and, of course, Religious Studies. The purpose of this essay is neither to condemn nor diagnose any specific institutions, people groups, or individuals nor is it inversely meant to venerate any specific religion, political ideology, or ethical position. Rather, a theory of religious addiction brings with it a sense of introspective freedom in understanding one’s own self and the opportunity for greater empathy when it comes to conceptualizing the religious experiences and motivations of those around us.

Previous Scholarship

The concept of religious addiction is not entirely “breaking news” though the idea does seem to be sparsely addressed in the medium of scholarly publication. Within the past seventy-five years, two prominent books on religious addiction attempted to define the topic outright. Father Leo Booth authored *When God Becomes a Drug* back in 1946, adapting the Alcoholics Anonymous’ twelve-step program to track alongside the “*dis-ease*” of religious addiction (157-158). He defined religious addiction as “an inability to cope healthily with life” due to “unhealthy religious beliefs [that] poisoned [one’s] life and left [one] feeling alone, alienated from family, friends, and, most important, from God” (Booth 50). Following in his footsteps over sixty years later, Robert N. Minor authored *When Religion is an Addiction* in 2007, reviving Booth’s conceptualization as a response to the contemporary rise in the religio-political right (2, 56). Remarkably, as if to corroborate the popular theory that history is doomed to repeat itself, both authors seemed preoccupied with a similar subject group: conservative Christian denominations. Of course, given the difference in socio-political climates, Booth’s target denomination was a broadly-defined Christian fundamentalism, while Minor focused primarily on right-wing, “Bible-thumping” evangelicals (Booth 26; Minor 121-122). Nevertheless, both authors identified specific Christian groups as demonstrative examples of religious addicts. This is where I begin to unearth some contentions and necessary revisions to the ongoing scholarship regarding religious addiction.

First, a broad theory of religious addiction is less useful if inapplicable to religion at large. In this regard, I hold greater frustration with Minor’s approach in particular. Given Booth’s history in and eventual schism from the Catholic Church, it was reasonable for Booth to

focus primarily on related forms of fundamentalist Christianity. Additionally, *When God is a Drug* directly accepts its status as, at the very least, a monotheist-centric “spiritual-help” book written to exhort and habitually reform religious addicts directly (Booth 187). On the other hand, Minor is a Religious Studies professor at the University of Kansas and ought to find it inherently problematic to conflate the titular “Religion” of *When Religion is an Addiction* with Western Christianity. Moreover, he intentionally voids all pretenses of objectivity by siding exclusively with a positive liberal ethic, writing in his preface that the book was written to teach the unaddicted left-wing how to effectively handle religious addicts – analogizing evangelical Christians with the pitiable “druggie” cousin whom the family has to put up with every Thanksgiving and Christmas (Minor 7-8).

This raises my second point of contention. As I will soon illustrate, addiction is a neurobiological process. Realization of an addiction is liberating primarily because it recognizes the neutrality and potency of neurobiological processes and the individual upon which these processes are acting. A scientific process makes no identity claim on the addict but elucidates a potential journey towards rehabilitation. Both Booth and Minor attempt some form of graciousness when speaking to the plight of the religious addict, but neither succeeds in fully outrunning their underlying, negative, and erroneous perception of addicts as weak-willed or merely inhibited by their own self-pity. For example, while Minor reasonably asserts that identifying a friend as an alcoholic “doesn’t condemn the friend or even alcohol itself,” he incompletely defends this by analyzing the use of the word “wino” (25). He writes, “When people speak disparagingly of a ‘wino,’ they’re usually not condemning wine. We even know that many researchers have concluded that drinking a glass of red wine every day may be a

healthy practice that prevents heart disease” (25). While this explanation exonerates wine, it provides no such reprieve for the actual target of the slur – the alcoholic. Moreover, in a potentially insensitive remark that displays an ignorance of neurobiological addiction, Minor states, “Recovery groups confront addicts who don’t take personal responsibility in their particular circumstance for their particular addictive behavior with: ‘Get off the pity pot’” (24). Booth mirrors this dismissive view of addiction’s neurobiological effects by referring to the chemical usurpation of cognitive choice as simply a facade, a “perceived lack of choice” (41). Such stances perpetuate the harmful and inaccurate conception of addiction as an intrinsically negative process that maintains its hold simply on account of the addict’s irresponsibility. Thus, neither Booth nor Minor properly explicates the necessary complexity associated with constructing a scientifically sound theory of religious addiction, creating the need within Religious Studies to present a focused theory for how religion can become an addiction.

A Religious Studies Question

The previous publications place religious addiction firmly in the aisle of “healthy spirituality.” To situate a theory of religious addiction instead in the disciplinary context of Religious Studies, one must consult psychological critics of religion such as Clyde Kluckhohn, Darrel Ray, and Sigmund Freud. Each author alludes to addiction in his own explanation of religion’s significance to the individual. In *Myths and Rituals: A General Theory*, Kluckhohn relates religion to a form of constructed escapism. He writes,

In the face of want and death and destruction, all humans have a fundamental insecurity. To some extent, all culture is a gigantic effort to mask this, to give the future the simulacrum of safety by making activity repetitive, expective.... Rituals and myths [of

religions] supply, then, fixed points in a world of bewildering change and disappointment (Kluckhohn 152, 153).

By providing an alternative reality, religious mythology and rites act as hope-filled coping mechanisms, fashioned to address an antagonistic world. The creation of deities, epic endeavors, and iconic ceremonials intends to foster hope – hope that humans can escape the precarious reality of our own lives, even if only through the appeasement of a higher power or concern. Mirroring Kluckhohn’s assessment of religion’s significance, substance addiction sets in as “addicts prefer the pleasure of intoxication, the bliss of oblivion, to the suffering, banality, ordinariness, and difficulty of mundane day-to-day reality” (Diamond). Escapism permeates the utilization of religion and addiction alike as each offers a tempting abeyance from the tumult of life.

A step beyond Kluckhohn, Ray’s assessment of religion in *The God Virus* draws a much more explicit relationship between religion and the neurobiological: “Just as surely as *Toxiplasma gondii* takes over control of the rat brain, the god virus takes control of the suicide bomber, priest, preacher or nun and directs behavior to ensure survival or advancement of the religion” (36). Ray turns religion into a microscopic organism hellbent on parasitic self-propagation. It is important to address here that addiction is not a cognizant, goal-oriented entity and neither is religion. As Minor so eloquently puts it, “religion is, frankly, responsible for nothing” (17). Though imaginative and vivid, Ray’s caustic bias against institutionalized religion leads to his erroneous presumption that religion wishes to “ensure survival or advancement” for itself at the cost of the religious constituent (36). Religion has no agency of its own. Nevertheless, Ray’s description of religion’s cognitive coup d’état very much aligns with the

scientific development of an addiction which will be covered in subsequent sections on the neurobiology of religious addiction.

Finally, in *Obsessive Acts and Religious Practices*, Freud introduces the neurobiological processes of association and relapse in a religious context. He states, “the ordinary religious observer carries out a ceremonial without concerning himself with its significance.... In all believers, however, the motives impelling them to religious practices are unknown” (Freud 200). Thus, the neurotic compulsion to enact religious rituals is not cogently chosen but has rather become what Freud names an “obsessive act [that] serves to express unconscious motives and ideas” (200). With this, Freud is highlighting the crux of patterned addiction: the association between the ritual practice and the desired results. Thus, obsession surrounding the ritual practice is not, in actuality, attached to a personal impetus, but rather stems from a compulsive attachment to the ritual itself – be it the physical movements, the sacred artifacts, or some other environmental stimuli that had become associated with the ritual’s satiating effects.

Furthermore, Freud pays a passing comment to relapse by analyzing the compulsion toward religious ritualism through the middle-man of repetitive sin. Freud asserts, “Unredeemed backslidings into sin are even more common among the pious than among neurotics, and these give rise to a new form of religious activity; namely penance of which one finds counterparts in the obsessional neurosis” (201). In this way, the inexorability of sin propels the religious addict continuously back into ritualized penance. As Booth notes, “shame-based belief” is a symptom of religious addiction (62). Specifically applicable to a recurring compulsion towards ritualized penance, Booth argues that “religious addiction, as well as other addictions, is an attempt to escape this pervasive sense of shame and inadequacy” – the shared goal of guilt-impelled

penance (62). Martin Luther works as a notable case in which religious addiction compels ritualized confession and penance out of a sense of utter inadequacy, and Luther's story will be explored in more detail in the case studies later on in this essay.

While Kluckhohn, Ray, and Freud each contribute tangentially to a theory of religious addiction and its position as an inquiry within Religious Studies, none of them provide a clear-cut framework by which to draw a defined connection to neurobiological processes. To establish this unambiguous connection, I will turn to Ninian Smart and his theory regarding the seven dimensions of religion.

The Neurobiology of a Religious Studies Theory

Ninian Smart, like Freud, unknowingly provides insights into the development of addictive tendencies within the pious population. In his *The Religious Experience of Mankind*, he alludes to the potential for the outer aspect of religious ritualism – its presentational behavior – to dominate one's inner intentions, forming something akin to a process addiction in that the pull of the ritual subverts conscious choice (Smart "The Religious Experience" 6). At this point, "ritual then degenerates into a mechanical or conventional process," and, according to Minor, such "a process becomes an addiction when a person becomes dependent upon the process for mood-altering relief from the rest of life" (Smart "The Religious Experience" 6-7; Minor 34). This dependency is evidence that a neurological event called association has occurred, tying into tandem Smart's material dimension – which includes both items and sacred space – with the dynamic context of religious ritualism (Smart "The World's Religions" 160-161).

In general, neural associations are created through neuroplasticity events that occur when a behavior-motivating reward is introduced in the presence of a remembered visual cue – be it

one's environment or a material item (Ito et al. 6247-6253; Liu et al. 7-10; Pascoli et al. 463; Schultz et al. 1597). These associations are more than simply synaptic bridges connecting abstract regions of the brain. Neuroplasticity events actually alter the structural make-up of one's brain cells by increasing the quantitative expression of specific receptors, swapping receptor subunits to increase efficiency, or redistributing the receptors in a region favorable to elevated, drug-induced binding of pleasure-creating neurotransmitters like dopamine or serotonin (Beaudoin et al. 17-21). These changes make it so that the environmental cues themselves can cause depolarization of dopamine neurons, stimulating a pleasurable response. As such, these associations can be so strong that a rehabilitated drug addict may relapse if exposed to any visual cues once associated with past abuse (Ito et al. 6247-6253). Thus, there is the theoretical potential for the rituals and materials of religion to become addictive, especially when Smart's materialistic outer aspect overwhelms the chosen inner aspect of the ritual practice (Smart "The Religious Experience" 6).

Moreover, religion can and does co-opt the reward pathways often targeted by addictive substances, utilizing the pleasurable "rewards" of practiced religiosity (i.e. feelings of acceptance, community, otherworldly euphoria, etc.) to stimulate dopaminergic release. Religious thought has been shown to increase activity in the bilateral nucleus accumbens as well as the frontal attentional and ventromedial prefrontal cortical loci – regions of the brain that are similarly engaged by sexual activity, listening to music, gambling, and drug use (Ferguson 111-114). Particularly interesting, especially taken in conjunction with religion's usurpation of behavioral reward pathways, is religion's role in increasing activity in the prefrontal cortex and subparietal/temporal lobes – the decision-making and language-processing centers of the brain,

respectively. This is especially prominent in religious practices that involve ritualized, disciplined recitation focused on intense control of one's circumstances such as with Buddhist meditation or a Catholic nun's prayers of contrition (Newberg). Given that religious practice interacts simultaneously with the regions of the brain associated with both addiction and language-processing, it would make sense to ask if there's a shared language between the experience of the drug user and the experience of the pious. Interestingly, there is.

A Shared Language and Experience

Rehabs.com, an American Addiction Centers resource, data-scraped thousands of drug user experiences from Erowid Experience Vault and conducted an extensive linguistic analysis, indexing the most commonly used adjectives, verbs, and nouns for trips involving DMT, marijuana, cocaine, methamphetamine, heroin, LSD, MDMA, and mushrooms. Grouping together the resulting language, three broad categories emerge – phrases pertaining to euphoria (bright, rush, magic), fear (addictive, paranoid, panic), and community (friend, home, hug) (American Addiction Centers). Intriguingly, these are the same impeti that led Dennis Covington to take up serpents in his book on snake-handling churches, *Salvation on Sand Mountain*: “Why had *I* taken up serpents? I knew that I had a need to experience ecstatic worship, an addiction to danger, and a predictable middle-age urge to find out who my people were” (Covington 214). The motivations and responses to participation in religion and drug use are shared, and these shared themes will resurface later on in the case studies as each case, at its core, is motivated by some form of euphoria, fear, or community. Moreover, this shared experiential description between the addict and the pious is actually ingrained into the physiology of the human body. The religious experience of the numinous can be felt through magnetic neural stimulation of the

previously mentioned subparietal/temporal lobes (Tinoco 249-251). The fact that this mechanized process can be used to simulate, amplify, and/or supplement the religious experience proves that the brain has an intrinsic design catered toward the descriptively numinous experience which can be exploited by religion and drugs alike.

This shared experiential language might very well be the current crux of the relationship between religion and addiction. As Smart notes, it was the marvelously described religious experience that beget the great religions of the world – the Buddha and his forty-nine day meditation on Enlightenment, the Hebrew prophets and their weighty prophecies from YHWH written in the Tanakh, Mohammad and his transcribed message from the archangel Gabriel that we call the Qur’an, Arjuna and his theophany in the Bhagavad Gita, and St. Paul’s conversion in the Christian New Testament book, Acts of the Apostles (“The Religious Experience” 10-11). There is something compelling in a shared sense of euphoria, fear, and community that draws people in and compels people to return. Our brain is designed to latch onto these experiences that both illicit drugs and religious fervor appear to incite. However, it is not enough to simply identify parallels between religious practice and drug addiction.

In explaining the topic of my research, it became almost expected that whomever I was talking to would say something like, “I definitely know someone who is addicted to religion.” At times, I was even asked if one’s uber-religious family member was addicted to religion because they think gay marriage is an “abomination” (Leviticus 18:22, *New Revised Standard Version*). Now, it is one thing to use shallow similarities to label one’s Gospel-spouting, Trump-voting grandmother a raging religious addict. Yet, it is an entirely separate issue to say that the two philosophies, religion and addiction, can actually come together and merge into a singular theory

that embraces the academic nature behind the sensational labels. After all, similarities between two vastly divergent disciplines do not necessarily mean that these shared experiences are in actual dialogue with each other – as would be the case if religion were to evolve into an addiction.

A Theory of Sociological Transition

To bridge this divide between the sciences and humanities, I will turn to the discipline of sociology which has often acted as a mediator between these two academic worlds. The first step must be to employ a sociological theory that can, when appropriate, consolidate the religious experience with that of addiction. The sociological theory of medicalization does exactly that. According to Clarke et al.'s *Biomedicalization: Technoscience, Health, and Illness in the U.S.*, medicalization is the process of redefining certain areas once considered moral, social or legal as, instead, medical; thus, making it is an exercise in control over medical phenomena (1). In the past, substance addiction actually underwent its own medicalization process as well when mental illness was labeled as deviance and subsequently categorized as either sin, crime, or sickness over the years (Conrad 6; Conrad & Schneider 31-34). This secondary categorization has developed into a vying, socio-political conflict over which social institution – religion, the penal system, or the healthcare network – has both the power and responsibility to realign the deviant individual (Conrad & Schneider 31-34). Given this context, religion has been historically understood as a social agent that grapples for power. However, it seems possible to apply the theory of medicalization to religion itself, proposing that the social agent be viewed instead as an object to be analyzed as a functioning religious addiction.

To fit this typology, religious addiction must adhere to the “doctrine of specific etiology” in which, as both disease and deviance, it must have a single, specific, external, identifiable, and medically treatable origin (Conrad & Schneider 33). For the first two, religion is singular for the individual’s conception of it, and it is specific within the confines of this conception. Addressing the third, obviously religion is external – though it comes to be weighty through its interaction with the internal. Regarding the fourth, this essay is tasked precisely with identifying religion as a potentially addictive substance. Finally, there is the issue of “medically treatable” which, at first glance and discounting the use of psychotropic drugs, seems to be the obvious occluder of religious addiction from being an object of medicalization. However, according to Conrad in his *The Medicalization of Society*, medicalization and medical treatment need not go hand-in-hand as treatment fluctuates with societal support while medicalization is an independent, canonizing, semantical process (6-7, 124-126, 132). As such, supposing religious addiction underwent medicalization, the public’s tolerance of such symptoms would allow for medical treatment to lag in addressing the issue, which is probably for the best. After all, supposing “treatment” came in the form of psychotropic prescriptions, which is quite common nowadays, it would still bring into question the informed independence of any subsequent choices made by the individual regarding religion (Conrad 128-129). Even still, the theory of medicalization demonstrates that religion, a social factor, can not only evolve into a scientific or medical experience, but it ought to in order to explain some of the religious phenomena we see today such as feelings of being trapped within a religion or even religiously inspired violence.

A secondary step in religious addiction’s sociological development is to acknowledge how society's treatment of the religious experience has led to a harmful social-blindness to

religious addiction. In “How Race Becomes Biology: Embodiment of Social Inequality” Clarence Gravlee outlines social embodiment theory in terms of race. By his theory, society has expected a racial difference in health and normalized subconscious preferential treatment of specific communities by race so much so that racism has become ingrained into the literal biology of broad ethnic communities (48). Essentially, this is a self-fulfilling prophecy that has led to race becoming biology. In a similar way, normalization of religious fervor and subsequent dismissal due to media sensationalization has led to the propagation and continuation of harmful religious addiction. When atypical religiosity is dismissed as merely “religious fanaticism,” we overlook a potential case of religious addiction, encouraging ignorance and propagating future cases in which the practitioners aren’t even aware of how the religion may be affecting their neurobiological decision-making. Religious addiction is only recognized through individual introspection – the active contemplation of one’s internal decision-making process. By dismissing cases as simply religious zealotry, we dismiss opportunities for dialogue and critical, introspective thought. We fail to provide a potential source of freedom. These individual moments, these opportunities for introspection, are important because religious addiction is an individual process.

The Individualization of Religious Addiction

The evolution of religious addiction is on a case-by-case basis and isn’t necessarily a general populace phenomenon. As religion has become individualized, so has religious addiction. The process of religion’s individualization can be found in Linda Mercadante’s *Belief without Borders*. Mercadante tracks the proliferation of the “spiritual but not religious” (SBNRs) category, which finds its roots in the Westernized veneration of autonomy that was, in

turn, birthed out of the uniformity of the 1950s. Following this Judeo-Protestant Golden Age, societal opinion began an across-the-board regression away from institutionalized religion, associating religious practice with antiquated “values that constrained individual freedom and expression” (Mercadante 25). By as early as the 1970s, parenting patterns had, ironically, conformed to the American values of nonconformity and individuality. It had become the politically-correct norm to deplore a well-intentioned imposition of one’s religious beliefs upon one’s children (Mercadante 47). Thus, it has become more and more common, with each successive generation, for individuals to be less and less indoctrinated into the religio-ritualic traditions of their past. The results of such autonomy are covered in Catherine Bell’s lecture at Santa Clara University: *Who Owns Tradition?* According to Bell, “Practitioners are likely to downplay doctrinal matters and emphasize imagery that is personally compelling.... The emphasis on one’s own world of experience and what sustains it is most important” (Bell 5). In this regard, there are as many practiced religions as there are practitioners, and cases of religious addiction depend entirely upon how any single, specific practitioner has, by their own unique experiences, cultivated a relationship with their individually conceptualized religion. It is inaccurate to blanket-label any denomination, sect, or branch of a religion as intrinsically more addictive than the next. The development of religious addiction is practitioner dependent. As such, the best analysis of applicability for a theory of religious addiction is through the use of case studies.

Case Studies

The following case studies conform to one or more of the aforementioned themes found in the shared vocabulary between religious experiences and that of illicit drug use: euphoria, fear,

or community. In practice, they are best encapsulated by Dennis Covington's assertion: "I knew that I had a need to experience ecstatic worship (*euphoria*), an addiction to danger (*fear*), and a predictable middle-age urge to find out who my people were (*community*)" (Covington 214). Within these themes, each individual experiences some prototypical symptom of drug addiction but in relation to their own religious journeys.

Case Study: Martin Luther

Martin Luther is one of the most well-known Christian figures since the Biblical era. He was also an obsessive confessional. This does not mean that he simply told everyone his faults. It's that he could not go a single day without spending hours in a confessional, seeking absolution. He was overwhelmed by his sinfulness and the *fear* that God would reject him (Heck). In fact, Daniel Judd's "Clinical and Pastoral Implications of the Ministry of Martin Luther and the Protestant Reformation" explicitly relates Luther's mannerisms to an addiction. Luther embodied one of Booth's primary "Symptoms of Religious Addiction": "Shame-based belief that you aren't good enough, or you aren't 'doing it right'" (59). In fact, Luther demonstrated another symptom of addiction: physical deterioration. Luther's "heavy doses of confession caused physical pain and suffering" and he "developed digestive difficulties (e.g., kidney and gallstones) due to the anxiety caused by his battling sin" (Heck). Nevertheless, this all changed when Luther was directed to acknowledge and confront his addictive behaviors. The leader of Luther's monastery, Johan Staupitz, encouraged Luther to read the Bible directly, fixating on passages like Romans 7 where redemption comes through a change of heart and God's grace, not by any meritocratic forms of ritualistic penance (Heck). When Luther accepted this alternative perspective on salvation, his association with the ritual of confession was

interrupted and he was freed to choose a philosophy of grace. Luther subverted his need to live a certain way in order to obtain the mentally and emotionally satiating reward of spiritual peace. Luther's case study highlights an important and permeating factor of religious addiction: the breaking of the addictive, religiously motivated behavior need not result in a fallback on atheism. As Smart notes, there is a separation between the external practice and the internal belief (Smart "The Religious Experience" 6). For religious ex-addicts like Luther, the reward pathways once associated with the self-destructive, external practices, were instead redrawn to the healthy, internal, and chosen sentiments and motivations behind the rituals. In this sense, the ritual itself no longer stimulated a satiating dopaminergic release. This hints at another nuance to religious addiction: it is not always negative as demonstrated in the following case study.

Case Study: Menachem Magidor

Menachem Magidor was a secular, Jewish mathematician who served as President of The Hebrew University of Jerusalem from 1997 until 2009, and during his tenure as President, he wrote "The Temple Mount—A Personal Account." This account was later published in *Where Heaven and Earth Meet: Jerusalem's Sacred Esplanade*. In the short excerpt, Magidor passionately recounts paradoxical feelings of *euphoria* related to the Temple Mount that seems to come in direct conflict with his chosen religious identity. Atop the Temple Mount, Magidor limned that "in spite of [his] atheistic attitude, [he] could not resist sharing [in] the ecstasy and reverence" of his Jewish ancestors, noting a mental connection between this visceral reaction and his actualized presence at the holy site (Magidor 364). Magidor was associating the Temple Mount with the neurological rewards of religious and *communal* nostalgia, which explains his unexplainable and illogical reaction. Like with narcotics such as cocaine, heroin, or

methamphetamine, nostalgia, such as that attached to religious history, stimulates and prolongs dopamine release (Childers). Raised in a Jewish and Israeli home, Magidor inherited such an aforementioned, religious nostalgia for a culturally perceived golden age of piety embodied by the environment of the Temple Mount. More than that, the grown Magidor associates this *communal* nostalgia with his own childhood nostalgia, exacerbating the overwhelming feeling he writes about in his account. This case study illustrates that the neurobiological influences of religious addiction, as previously stated, need not be negative and, rather intriguingly, may exist regardless of how one chooses to religiously identify.

Case Study: Baruch Goldstein

Magidor's case was an exception. In most instances where choice is dictated by a religion, that religion is intimately important and spiritually true to the individual. One such instance can be seen, rather violently, with Dr. Baruch Goldstein. In 1994, Goldstein, an upstanding physician in his Jewish community, entered the Mosque of Ibrahim and systematically massacred twenty-nine Muslim men and young boys as they knelt in prayer. In the aftermath, Goldstein was simultaneously hailed as a Davidic hero and, conversely, labeled an insane extremist. Yet, by utilizing a theory of religious addiction, I aim to propose that he was going through a form of withdrawal, as violent tendencies are a prototypical symptom of detoxification.

Religion is not a pill, it is not a powder, it is not tangible. It is a concept. Removal of the "drug," in the case of religion, happens with degradation of the venerated, environmental cues. The neural associations of religious addiction can be broken not just through spatial distance, but conceptually. Goldstein *feared* that the Jews in Hebron, along with their space of worship, were

under conceptually vilifying attack by their Muslim neighbors and neglected by their governing bodies. His holy, his sacred, had been adulterated and removed, and in his *fear* and desperation, he lashed out in violence, clawing for his sacred satiation to be restored. In the end, he was bludgeoned to death by the survivors of the shooting.

Case Study: The LGBTQ Religious Community

This next case study is quite a bit broader than the previous, though it shares with Magidor's account a driving theme of *community*. In the United States, as with most developed countries, suicide is the only non-disease related, top-ten cause of death, and, when it comes to the Christian Church, suicide rates are markedly, tree times higher in the LGBTQ religious community (Kuruvilla; "Suicide"). As it turns out, a non-heterosexual individual is not only more prone to depression and suicidal ideation if he or she attends church, but practicing religion actually correlates with increased suicide attempts across his or her entire lifetime (Lytle et al.). Thus arises the obvious question: Why is it that, contrary to leading tendencies, religiosity has come to detrimentally elevate the suicide rate for LGBTQ individuals? The answer reads like a fix.

An understanding of religious truth is often *community*-determined. It is why one's ummah is so important to Muslims and why Protestant Christians segregate into denominations (Hermansen 28). And when your *community* rejects something core to your identity, claiming it as an unquestionable truth of your religion, it simply creates a dangerous, desperate desire to reattain a fix of the sacred. Beckett Jones, a young, gay, transgender Mormon stated, "[Mormon] youth are told that everything gets fixed in Heaven. That when they're going through a rough

period of faith and crisis, they think that it will fix the problem. That it's their way out" (Kuruville). Compelled to reattain that sacred satiation, violence turns inward.

Case Study: Myanmar Buddhists in Sri Lanka

In addition to violent tendencies, addiction is typically accompanied by a misperceived sense of victimhood – a form of *fear*. Minor writes, “*When Religion is an Addiction* isn't written for those who fit its description of religious addicts.... I expect it will make them angry, more defensive, and even more reliant on claims that addicts make about how they are the real victims of everyone else” (8). Essentially, they villainize those who seek to disrupt the addictive relationship they have developed with their drug (i.e. their own religion). This is powerfully demonstrated by Buddhist monk Ashin Wirathu's defense of terrorist acts committed by Buddhists in Myanmar against their Muslim neighbors. Wirathu argued that the religiously motivated violence of the Burmese Buddhists was morally justifiable as self-defense. He asserted, “We have to protect our people” (Juergensmeyer 129). When pressed on how the 4% Muslim minority population in Myanmar could possibly threaten the Buddhist majority, Wirathu argued that Muslim extremist groups such as Al-Qaeda and ISIS were “trying to transform Myanmar into a Muslim state” through intermarriage, “secretive” mosque meetings behind locked doors, and an evident desire by Islamic extremists to rule the world (Juergensmeyer 130). As his interviewer, Mark Juergensmeyer, noted in *Terror in the Mind of God*, there were no active Islamic extremist groups located in Myanmar, ethnic intermarriage was an incredibly infrequent occurrence, and the doors of the mosque were locked simply to avoid non-Muslims entering with their shoes on, desecrating the sacred space (130). Nevertheless, this did not assuage Wirathu's *fears* as he claimed that “most [Muslims] were under [Islamic extremist]

influence, so virtually all Muslims in Myanmar were suspect” (Juergensmeyer 130). Religiously aligned paranoia commanded an irrational villainization of multiculturalism. To these Burmese Buddhist terrorists, the environmental cues they associated with Myanmar’s Buddhist roots were under Muslim attack, and they had to fight to maintain access to their drug of choice: geocentric religion.

Case Study: Dennis Covington

On a lighter note than the previous three case studies, Dennis Covington’s autobiographical story, *Salvation on Sand Mountain*, shares the characteristics of conceptual disassociation as seen with Martin Luther and even with Dr. Baruch Goldstein. However, Covington’s experience goes one step further, exhibiting how socialization, or *community*, apart from an addiction is the proven, best way to preemptively mitigate relapse or withdrawal behaviors. Covington began his foray into Religious Studies as a journalist following the trial of Glenn Summerford. Summerford was charged with attempted murder after coercing his wife to take up snakes at The Church of Jesus with Signs Following in Scottsboro, Alabama. Naturally, Covington followed the story’s roots to this snake-handling church. This is what Covington had to say following his first trip to the church: “I drove back to Birmingham that night in a heightened and confused state, as though the pupils of my spiritual eyes had been dilated. The sensation was uncomfortable but not entirely unpleasant. Whatever this was about, I wanted to experience more” (Covington 11). He tracked this infatuation to a sense of fate, stating, “I believe that my religious education had pointed me all along toward some ultimate rendezvous with people who took up serpents” (Covington 11). Yet, over the course of a single sermon, Covington’s infatuation abruptly came to an end. Brother Carl, a fellow congregant at the

church, followed a jovial wedding ceremony with a terribly misogynistic, impassioned tirade against the achievement-seeking independence of modern, liberal women (Covington 226-228). Covington's neural association of the snake-handlers with the satiating rewards of religious *community* was broken by Carl's sexist sermon. However, he did not mirror Carl's verbally abrasive attack.

Covington did not result to violent tendencies. Instead, he looked to his wife Vicki, finding a sense of *community* and accord in her as well as their camerawoman, Melissa, who was assigned alongside Covington to cover the story at the snake-handling church. Covington, himself, then proceeded to give a sermon from Mark 16, advocating for a woman's right to preach the gospel of Jesus Christ right alongside men. When giving the sermon, though he received derogatory responses from Carl and other male attendees, Carl's wife Carolyn gave Covington an "Amen," and with this response he wrote, "I knew I was in the Word now. It was close to the feeling I'd had when I'd handled" (232). Covington did not pick a fight with Carl nor did he verbally abuse Carl for his antiquated view on a woman's role. Covington did not exhibit any of the typical signs of withdrawal because had instead found a new *community* of women to replace the neural rewards he had been receiving through the snake-handling men. According to Rana El Rawas and Alois Saria, "social interaction [or *community*], if offered alternatively outside the drug context, may have pronounced protective effects against drug abuse and relapse" (492). The negative effects of ending religious addiction can be avoided by utilizing other outlets for one's *euphoria*, *fear*, or *community*. Martin Luther found an alternative *euphoria* in God's grace, and Covington found his alternative in a *community* of strong women.

Closing Remarks

I believe, apart from the taking of a life, the single greatest injustice is the deceptive subversion and manipulation of one's liberty that manifests in addiction. People feel helpless and blame themselves for a perceived lack of self-control when addicted. They question whether something is wrong with them. Their identity is destabilized by their inability to choose. It is made all the worse when the addiction is to a religion – where addiction-induced self-condemnation can not only lead to a dysfunctional lifestyle but actually alter one's relationship with the sacred, potentially incurring mortal consequences. I think and hope that this essay and my future research into religious addiction will create a novel, theoretical understanding of religious terrorism that neither villainizes the individual nor the religion. Furthermore, I hope that it will bring a hopeful outlook to those who feel trapped within a destructive religion and don't understand why they can't escape. I want to reestablish religion as a beautiful choice, rather than a domineering burden.

Future Directions

While non-invasive instruments such as MRIs have allowed for visualization of religion-stimulated neural activity, difficulties arise when it comes to experimentally verifying whether or not religion does, in fact, cause a topographic change in one's neurons similar to that induced by illicit substances. Such a distinct, cocaine-induced neural change has been verified in mouse models, but these verification techniques are highly invasive and present ethical dilemmas when it comes to human trials. As such, while scholastic theory, neural activity, a shared vocabulary, and case study behavior all seem to indicate that religious addiction is a recognizable aspect of the religious experience, future research must seek interdisciplinary partnerships to develop methods for more quantitative analyses. Additionally, further inquiry into the

philosophical implications of religious addiction on personhood would be incredibly enlightening as religious addiction's cognitive usurpation of individual choice calls into question conceptions of the Lockean self. In the end, as with any effective foundational theory, a theory of religious addiction raises more questions to be explored and more knowledge to be applied.

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Research Narrative for “Religious Addiction”

The research process for my Capstone project entitled “Religious Addiction” was rather unorthodox. Unlike my fellow peers, I came into our Capstone course having already decided upon a research topic and with an extensive bibliography of sources. In fact, the only additional research I conducted after entering the class included googling “religious addiction,” sifting through the paucity of available publications on the topic, purchasing, and reading Fr. Leo Booth’s *When God Becomes a Drug* and Dr. Robert Minor’s *When Religion is an Addiction*. The ease of this process was facilitated by my curiosity in religious addiction beginning my Sophomore year.

In the Fall of 2017, Religion 3457 (Jerusalem) combined my experience in Dr. Beaudoin’s Neurobiology Lab with anecdotal evidence of potential, religiously influenced addictive behaviors. I ended up writing a blog and continuing my interests in religious addiction throughout my subsequent semesters at Trinity. By the time I began my Capstone essay, I had acquired nearly all of my cited sources simply through the completion of various reading assignments across a gamut of classes. I pulled sociological essays and psychological word-studies from Sociology 2339 (Health, Illness, and Society), religio-ethical case studies and religious studies theories from Religion 1320 (Ethical Issues and the Religious Perspective) and Religion 2400 (What is Religion?), and neurotheological articles from my time studying cocaine addiction and neurobiology in Biology 3190 (Independent Study in Biology – Neurobiology Research). Nevertheless, as an aspiring university professor, I believe this is exactly what

research should look like – utilizing one’s creativity to organically synthesize the underlying themes of one’s personal and variegated experiences into a narrative story of academic interest.