**Marriage Essentials**

**The Top 9½ Marriage Busters**

How to avoid them and build a lasting, fruitful marriage

**Buster No. 8: Addictions**

Part 2: How addictions become established, and what perpetuates them

Paul and Teri Reisser – April 21, 2024

The most important questions to answer if one or both people in a marriage are dealing with an addiction.

* 1. Does my spouse, or do I, have an addiction? How would I know?
  2. How does addiction destroy a marriage (whether or not a divorce happens)? Let us count the ways.
  3. How do addictions get established?
  4. What are the forces that perpetuate addictions? (Shame and secrecy, on top of all of the others.)
  5. How do I recover from an addiction?
  6. How do I help my spouse recover from an addiction?
  7. How can we in the church (the Body of Christ) help people with addictions? (And how can we do better at this?)

We are dividing our conversations into three parts:

* Part 1: What constitutes an addiction, and how addictions impact marriage. (Questions 1 and 2) See notes from April 7, 2024.
* Part 2: How addictions become established -- physiological, psychological, generic, environmental and spiritual factors – and what perpetuates them. (Preview: Shame and secrecy play a big role.) (Questions 3 and 4)
* Part 3: All about recovery. (Questions 5, 6 and 7)

**Recap of Part 1: What constitutes an addiction?**

Definition from Psychology Today’s website in 2013:

Addiction is a condition that results when a person ingests a substance (alcohol, cocaine, nicotine) or engages in an activity (gambling) that can be pleasurable but the continued use of which becomes compulsive and interferes with ordinary life responsibilities, such as work or relationships, or health. Users may not be aware that their behavior is out of control and causing problems for themselves and others. [http://www.psychologytoday.com/basics/addiction]

**What are the primary forms of addiction?**

Substances: Tobacco, alcohol, prescription or legal substances, illegal substances

Behaviors: Gambling, sex / pornography, shopping, eating, video games

Borderline areas: Exercise, sports, relationships, making money

**What are the characteristics of addictive behaviors?**

**Impaired control:**

**1 Taking more or for longer than intended**

**2 Unsuccessful efforts to stop or cut down use**

**3 Spending a great deal of time obtaining, using, or recovering from use**

**4 Craving for substance**

**Social impairment:**

**5 Failure to fulfill major obligations due to use**

**6 Continued use despite relationship problems caused or exacerbated by use**

**7 Important activities given up or reduced because of substance use**

**Risky use:**

**8 Recurrent use in hazardous situations**

**9 Continued use despite physical or psychological problems**

**Physiologic adaptation:**

**10 Tolerance to effects of the substance**

**11 Withdrawal symptoms when not using or using less**

The more criteria one manifests, the more severe the problem:

2-3 = Mild 4-5 = Moderate 6 or more = Severe

**The marriage issues:** Loss of trust, transparency and intimacy. (See notes from Part 1)

**Part 2: How addictions become established -- and what perpetuates them.**

**Before we begin:** God’s overarching perspective on **freedom vs. slavery**.

* Submission to God = freedom, light, life and abundance. Submission to anything else = slavery, darkness, despair and death.
* Exodus: Deliverance from 400 years of slavery
* Isaiah 61:1-3, also quoted by Jesus at the beginning of his public ministry. Luke 4:18—30)

The Spirit of the Sovereign Lord is on me,  
    because the Lord has anointed me  
    to proclaim good news to the poor.  
He has sent me to bind up the brokenhearted,  
    to proclaim freedom for the captives  
    and release from darkness for the prisoners,   
**2**to proclaim the year of the Lord’s favor  
    and the day of vengeance of our God,  
to comfort all who mourn,  
**3**    and provide for those who grieve in Zion—  
to bestow on them a crown of beauty  
    instead of ashes,  
the oil of joy  
    instead of mourning,  
and a garment of praise  
    instead of a spirit of despair.  
They will be called oaks of righteousness,  
    a planting of the Lord  
    for the display of his splendor.

* John 8:31-36 – The truth sets free, while sin creates slaves. (Jesus in a heated discussion with some Pharisees.)

**31**To the Jews who had believed him, Jesus said, “If you hold to my teaching, you are really my disciples. **32**Then you will know the truth, and the truth will set you free.”

**33**They answered him, “We are Abraham’s descendants and have never been slaves of anyone. How can you say that we shall be set free?”

**34**Jesus replied, “Very truly I tell you, everyone who sins is a slave to sin. **35**Now a slave has no permanent place in the family, but a son belongs to it forever. **36**So if the Son sets you free, you will be free indeed.

* Romans 6:16-18 – Slavery to sin vs. “slavery” to righteousness.

**16**Don’t you know that when you offer yourselves to someone as obedient slaves, you are slaves of the one you obey—whether you are slaves to sin, which leads to death, or to obedience, which leads to righteousness? **17**But thanks be to God that, though you used to be slaves to sin, you have come to obey from your heart the pattern of teaching that has now claimed your allegiance. **18**You have been set free from sin and have become slaves to righteousness.

* Galatians 5:1 -- It is for freedom that Christ has set us free. Stand firm, then, and do not let yourselves be burdened again by a yoke of slavery.

One more thing before we begin:

* Addiction is a multi-faceted condition, arising from the coming together of many elements. It is more accurate to think of **risk factors** for the development of substance abuse disorders, rather than direct causes. (There are also factors that protect individuals against addiction.)
* There is thus no way to predict with certainty who will develop a compulsive substance use or behavior.

The **spiritual** component: More than flesh and blood

1. The **counterfeit god** aspect: The substance or behavior that I need to feel at peace, content, secure, affirmed or otherwise okay is functionally an idol.
2. Addictions epitomize the characterization of the demonic as thieves, liars and murderers.

* John 10:10 (Jesus speaking) – “The thief comes only to steal and kill and destroy; I have come that they may have life, and have it to the full.”
* John 8:44 (Jesus speaking) – “You belong to your father, the devil, and you want to carry out your father’s desires. He was a murderer from the beginning, not holding to the truth, for there is no truth in him. When he lies, he speaks his native language, for he is a liar and the father of lies.”

1. C.S. Lewis comments in *Screwtape Letters* about the demonic realm’s inability to generate actual pleasure, so that their objective is to promote misuse. Also their goal to suck a person into a misuse of pleasure, and ultimately give *nothing* in return.

“For our struggle is not against flesh and blood, but against the rulers, against the authorities, against the powers of this dark world and against the spiritual forces of evil in the heavenly realms.” (Ephesians 6:12, NIV.) This is followed by a description of the full armor of God.

1. Are committed Christians immune to developing an addiction? Absolutely not, though their commitment, personal habits and community definitely offer some protections. (See below.)
2. While God may choose to end a person’s addiction quickly and decisively, this would be the exception rather than the rule. Breaking free of one or more addictions normally (and for good reason) involves the type of persistent, practical and intense repentance, accountability and personal work that is embodied in 12-step programs. In other words, it’s much like the ongoing process of sanctification (“renewing of the mind”) that all followers of Christ are called upon to pursue.

The **biological** component**:** (Important to understand this!)

* The **hijacking of pleasure / rewards**, and the **disengagement of the frontal lobes** (where judgment, assessment of consequences and executive functions reside).
  + The role of dopamine.
  + The establishment of a “superhighway” of neural pathways that perpetuate the addiction.
  + The resulting paradoxical behaviors and extreme compartmentalization: For example, someone who passionately preaches a gospel message to which many respond, and then accesses pornography or a prostitute.
  + The reversibility of brain changes.
* Estimates vary but scientists find that **genetic factors** contribute about half the risk for developing a substance use disorder. Possible examples:
  + Variations on brain receptors to dopamine.
  + The body’s hormonal responses to stress.
* **Gender**: Males are more likely to develop substance use disorder than females, although the so-called gender gap may be narrowing for alcohol use disorder. Females are more subject to intoxication effects at lower doses of alcohol.

The **psychological / behavioral** component:

* **Trauma and abuse**. Early exposure to significant adverse experience can contribute to the development of substance use disorders by overwhelming an individual's coping ability, perhaps by sensitizing brain pathways of alarm/distress, or by adding to the burden of stress.
* **Mental health factors**. Conditions such as [depression](https://www.psychologytoday.com/us/basics/depression), [anxiety](https://www.psychologytoday.com/us/basics/anxiety), [attention deficit disorder](https://www.psychologytoday.com/us/basics/adhd), and post-[traumatic](https://www.psychologytoday.com/us/basics/trauma) stress disorder ([PTSD](https://www.psychologytoday.com/us/basics/post-traumatic-stress-disorder)) increase the risk of addiction. Difficulties managing strong emotions are also linked to substance use.
* **Unhealthy self-soothing** through substance use or behaviors that become a habit and then an addiction, a firmly paved neural pathway. (The person is no longer in charge of his or her method of self-soothing.)
  + Addicts are typically very low on appropriate self-soothing skills.
  + As a child, ideally you have a parent who sooths you when you’re upset, and teaches you what to do about it. Eventually you are able to do this yourself. People who have not developed this ability will seek ways of dealing with uncomfortable feelings such as anxiety or anger.
  + An addicted person stays in an immature state, like someone with a gaping wound who takes endless cycles of pain medication without ever taking steps or seeking help to heal the wound.
* **Personality factors.** Both impulsivity and [sensation seeking](https://www.psychologytoday.com/us/basics/sensation-seeking) have been linked to substance use and gambling disorders. Impulsivity may be particularly related to the risk of [relapse](https://www.psychologytoday.com/us/basics/relapse).

The **environmental** component

* **Family**. While strong family relationships have been shown to protect against substance use disorders, several aspects of family functioning or circumstances can contribute to addiction risk.
  + Having a parent or sibling with an addictive disorder raises the risk, as does a lack of parental supervision or support.
  + Poor-quality or troubled parent-child relations and family disruptions such as [divorce](https://www.psychologytoday.com/us/basics/divorce) also add to one's risk.
  + Physical, emotional or sexual abuse -- past, present or both – definitely adds to the risk of addiction.
  + Research shows that [marriage](https://www.psychologytoday.com/us/basics/marriage) and taking on child-raising responsibilities reduce the risk of addiction.
* **Accessibility**.
  + Easy availability of alcohol or other substances in one’s home, at school or work, or in one’s community increases the risk of repeated use.
  + Similarly, easy availability of “onramps” and access to gambling and sexual material or contacts increases the risk of addiction to these behaviors.
* **Peer group**. People are strongly influenced by their peers and may adopt many of their behaviors, particularly during [adolescence](https://www.psychologytoday.com/us/basics/adolescence). Positive social relationships, on the other hand, are known to strongly protect against substance use.
* **Employment status**. Having a job, and developing the skills for employment, exerts pressure for stability and provides financial and psychological rewards that reduce addiction risk.

**What are the forces that perpetuate addiction?**

* The powerful hijacking of **neurological pathways** of reward and reinforcement. This can override judgment and longstanding commitments (such as to God, family, employment, obeying the law) that can still be articulated by an individual who is regularly violating them.
* The physical discomfort of **withdrawal.**
* **Self-medicating** -- the need for relief from anxiety, depression, loneliness, other discomforts. (How do you spell “relief”?)
* **Chaotic environments**, especially where substance use is prevalent.
* Perpetuation of **prescription drug abuse.**

**Sidebar: Why is it so difficult to identify and treat prescription drug abuse?**

* A person who is abusing or addicted to prescription drugs may be involved in a complex dance with multiple physicians, pharmacies, and family members, none of whom may have a complete picture of what is actually going on.
* Prescription-drug abusers often have a list of medical problems and symptoms that can prevent or delay dealing with the drug problem, often for years.
* Most physicians want to help their patient feel better as soon as possible, and painkilling or sedative drugs are definitely effective for that purpose, at least for a while.
* Until a clear pattern of drug-seeking has become evident, doctors generally give their patients the benefit of the doubt.
* Confronting a patient about a drug problem is unpleasant, often emotional, and nearly always very time-consuming.
* As a result, getting a person who is abusing prescription drugs into appropriate treatment can be an extremely difficult and contentious process.
* **Breakdown of cultural norms** and loss of stabilizing influences: Intact families, face-to-face relationships, community, education that includes character and basic life skills, faith commitments (“de-churching”).
* **Availability** and **access** the substance or behavior.
  + Alcohol – available everywhere
  + Opiates – First through prescriptions (most notoriously Oxy-Contin), then heroin and fentanyl
  + Gambling – Spectacular increase in availability and modes of access over the past half-century.
  + Pornography. Ditto
  + Sidebar – the positive and negative impacts of new technologies.
* Two extremely powerful forces – ***shame***and ***secrecy****.* 
  + These work together to empower an addiction, especially in family and church settings.
  + Getting the problem out in the open – *and being willing to seek help* – have a dramatic impact on loosening an addiction’s grip.

**Coming up on May 5** (assuming we finish this material today): **Part 3 -- All about recovery**.

* + How do I recover from an addiction?
  + How do I help my spouse recover from an addiction?
  + How can we in the church (the Body of Christ) help people with addictions? (And how can we do better at this?)

**Recommended Reading:**

*Hope in Addiction* by Andy Partington (Moody Publishers, 2023)

*Pure Desire by* Ted Roberts (Bethany House, 2008)

**Upcoming Marriage Essentials sessions: May 5 and 19, June 9 and 23**

**To access previous handouts:**

* Go to the homepage at agourabible.org
* Click on “Connect” at the upper right.
* On the drop-down menu, click on “Equip-U”
* “Marriage Essentials” is the first item under “Workshops”
* Click on “Marriage Essentials Documents,” where you can download any or all of the handouts for this year.