

From Darkness to Light:
Grace through the Life of the Church as a Healing Refuge for Addictions

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Larissa is a 32-year-old Indigenous woman in our church who was addicted for 16 years. Her two children were her primary motivation for entering recovery, which she did five years ago, to take them out of the care of the Ministry of Social Services. During her time in the wilderness, she was addicted to weed, alcohol, cocaine, morphine, methamphetamines and fentanyl. The person who helped her the most in her journey to sobriety was her grandma, a dedicated Christian. When asked who helped her maintain her sobriety, she shared that it was her grandma and our church, Gentle Road Church of Christ.¹ It is this relational aspect that interests me the most. Who are the people that have helped others the most in recovery, and what are these people like? How can our church lean into this type of Christian community even more so?

In this paper I will write a summary of what I have learned about addictions and recovery, as a tool to help our church (and any congregation or individual) become a healing refuge for those in addiction. It is ultimately the grace of God which transforms us, but most people experience his grace as mediated through Christian people. In this context I am writing about the distinct calling of God on Gentle Road to become a church family that loves, welcomes, supports and empowers people into and through recovery – by the grace of God and the power of his Spirit. To this end, I will address these three questions: What is addiction fundamentally? What is an accurate model for understanding addictions? And lastly, how does our church deepen our life together as a safe harbour for recovery?

¹ Larissa Peters, interview by author, Regina, SK, July 22, 2026. Stories from Gentle Road Church of Christ shared in this paper are used with permission, including use of their names and the express approval of all details.

1. What is Addiction Fundamentally?

Dr. Gerald May is a medical doctor and spiritual director who has written extensively on addictions. He offers this definition of addiction: “Addiction is any compulsive, habitual behavior that limits the freedom of human desire. It is caused by the attachment, or nailing, of desire to specific objects.” He clarifies that this is not freedom *from* desire, but freedom *over* our desires, the capacity to choose what is truly good.² The addictive desire can be for substances such as alcohol or cocaine, or in process addictions might include gambling or pornography, and even lesser known objects of addiction such as pleasing people or being right. Virtually anything can be the source of an addicted desire, and no addiction is healthy. The key is that a person’s desire is “nailed” or attached to a given substance, process, or idea.³

How does one know if a certain desire is an addiction or not? May provides five defining characteristics of addiction, which collectively form a grid for discerning the answer. The first feature is *tolerance*, the body’s reaction to the introduction of a new substance.⁴ As the substance increases, the brain becomes more resistant to it, requiring more of it in future uses to provide relief.⁵ Thus the common saying in 12 step circles: “One is too many, a thousand is not enough.” “One is too many” references the start of the addictive cycle. As soon as an addicted

² Gerald May, *Addiction and Grace*, (HarperCollins: New York, 1988), 24-25.

³ May, *Addiction*, 38-39.

⁴ The dynamics of addiction remain the same whether the addiction is to substances, processes, people or ideas. This is because the physiological reaction to the addictive activity is essentially the same. This is assumed in May’s extensive lists of addictions on pages 38-39. On page 21 he tells five brief stories of addiction, including to alcohol, eating, work, an affair with a woman, and a woman to pleasing her husband. Of these five, only one is to a substance, alcohol; the other four can be categorized as process addictions because no chemical substances are involved. The conclusion of this is that throughout this paper, and when considering addictions in life and ministry, the neurobiology and emotionality around these various types of addictions are essentially identical.

⁵ May, *Addiction*, 26.

person takes one hit, they are drawn back into the addictive cycle. "A thousand is not enough" accurately summarizes the result of tolerance – even a thousand hits do not satisfy.

The second characteristic is *withdrawal symptoms*. Tolerance happens insidiously, unbeknownst to the addict. Withdrawal symptoms on the other hand are reactions that occur when the substance is taken away, whether voluntarily or involuntarily. They can be *stress reactions*, which are “mediated by the autonomic part of the nervous system” and therefore outside of the conscious control of the mind. They include nervousness, irritability, seizures, “rapid pulse, tremors and overwhelming panic.” *Rebound symptoms* occur because the body is no longer receiving the input it once was, and therefore as it rebalances biochemically, it backlashes. Withdrawal from sedatives can lead to hyperactivity, while withdrawal from stimulants produces lethargy and a depressed mood.⁶

Self-deception is one of the most intriguing aspects of addiction. Our brains play mind games and are incredibly ingenious at contriving lies to justify our behaviour and continue our addiction. May writes that, despite our sincere desire to stop, “the creative power of the brain is used unconsciously to subvert each and every attempt to control the addictive behavior.” These tricks include denial, minimization, blame shifting, and a seemingly endless number of other creative tactics.⁷

The fourth defining characteristic is *loss of willpower*. Addiction fragments our will so that one part of us earnestly wants to stop, while the other side eagerly desires to continue. One addiction memoir captures this dynamic well: “... it’s like there’s two yous; and when you’d sell

⁶ May, *Addiction*, 26-27.

⁷ May, *Addiction*, 27-28. In his chapter on the *Mind: The Psychological Nature of Addiction*, he writes extensively about these tactics, 42-55.

your own dead Mum to stop and still, you find, you can't stop...then you're in serious trouble, very serious trouble..."⁸ The experience internally feels like a brake stand, where a driver has one foot on the brake and the other on the gas. Tires squeal and the truck shakes, but it goes nowhere. No matter how hard the driver steps on the gas pedal, the brake overrules it. May notes that a "fundamental mind trick of addiction is focusing attention on willpower." We make resolutions to stop. But because the desire to continue is so strong, such resolutions are actually counterproductive. The mind and body resist, and the addiction takes an even stronger hold.⁹

The last hallmark is *distortion of attention*. "Addiction and its associated mind tricks inevitably kidnap and distort our attention, profoundly hindering our capacity for love. Attention and love are intimate partners; for love to be actualized, attention must be free." From a theological perspective addiction is idolatry, because anything that becomes ultimate for us other than God himself is an idol.¹⁰ We will return to this theme later, but it should be noted that this is one reason addictions are so destructive - the person is so fixated on their next hit that they are unable to maintain healthy relationships, like loving God, nurturing their marriage, or caring for children.

2. What Is an Accurate Model for Understanding Addictions?

Dr. Quentin Genuis is an emergency physician and ethicist at Saint Paul's Hospital in the Downtown Eastside in Vancouver. His work at the hospital has put him in the trenches of

⁸ David Foster Wallace, *Infinite Jest* (Boston: Little, Brown and Company, 1996), 346-347, quoted in Quentin Genuis, *Recovering People: Addiction, Personhood, and the Life of the Church* (Eugene, OR: Wipf and Stock, 2025), 51.

⁹ May, *Addiction*, 28.

¹⁰ May, *Addiction*, 28-31.

treating people with addictions in Canada's poorest postal code. He begins by analyzing two common models of addiction and finds them both overly simplistic.¹¹

The *choice model* "suggests that addiction can be explained through consideration of a person's will alone."¹² It further implies that "persons continue in addictive behavior because they either value the behavior more than the risks or lack the resolve to stop."¹³ No consideration is given to cultural or family background, past traumas or abuse, neglect, socio-economic standing, or mental health. To consider the will alone as the only causal factor for addictions "is clearly missing several pieces of the puzzle."¹⁴ This view is not sufficiently compassionate and is rejected by most people who work directly with persons with addiction.

Genuis similarly finds the *disease model* wanting. Although well-intentioned, it swings the pendulum completely in the opposite direction. Where the choice model puts all the onus on the agency of the individual, the disease model removes all agency. A Government of British Columbia website states: "Addiction is a health condition – *it is the result of external factors, not personal choices*."¹⁵ The disease model attempts to be more compassionate but ultimately lacks explanatory power and true compassion because it completely removes human agency. The truth lies somewhere in the middle of these two positions, and deeper than both: human free will is not the *only* causal factor, but it certainly is *one* piece of the puzzle. To remove it completely is a vote of non-confidence in persons with addiction, and is ultimately dehumanizing. Human beings have will and volition. Another problem with this model is that it does not explain the

¹¹ Genuis, *Recovering*, 14-17.

¹² Genuis, *Recovering*, 22.

¹³ Genuis, *Recovering*, 14.

¹⁴ Genuis, *Recovering*, 20-21.

¹⁵ Stop Overdose, www.stopoverdose.gov.bc.ca, (defunct), quoted in Genuis, *Recovering*, 28.

large numbers of people who have had addictions and have successfully recovered. If addiction is decidedly not a choice, why do so many people recover? ¹⁶

Genuis proposes a third way, a middle ground that is both more accurate and compassionate. He calls it the “personal model of addiction, because it springs from the core contention that addiction is a whole-person phenomenon.”¹⁷ To continue the puzzle analogy, this model is rich and textured, consisting of several pieces that include personal choice (referenced above), but also many other factors that we will explore below. In summary, this model proposes that addiction is a complex dynamic of the body, mind and spirit that reciprocally causes and is shaped by the addiction.

A major piece of the puzzle describes addiction as a (dis)ordering principle. By this he means two things. First, addiction is a way for people to find meaning and purpose, and give structure to their daily lives. He cites Jon Elster’s memoir of tobacco addiction: “Smoking provided the commas, semicolons, question marks, exclamation marks, and full stops of experience. It helped me achieve a feeling of mastery, a feeling that I was in charge of events rather than submitting to them. The craving for cigarettes amounts to a desire for order... not for nicotine.”¹⁸ In light of this, May warns that substituting one addiction for another is a common but unhelpful move. It is much better to sit with the discomfort and pain of the loss of the addiction, to address the underlying emotional dynamics beneath the addiction, than to rush to

¹⁶ Genuis, *Recovering*, 28-40.

¹⁷ Genuis, *Recovering*, 41.

¹⁸ Jon Elster, *Strong Feelings: Emotion, Addiction, and Human Behavior* (Cambridge, MA: MIT Press, 1999), 64, quoted in Genuis, *Recovering*, 46. Genuis discusses the (dis)ordering principle in chapter 4.

fill the empty void with another one. Sitting with the discomfort will lead to a spaciousness of soul, giving God room to pour his grace into the desert and turn it into a garden.¹⁹

Leila grew up in the Downtown Eastside, where she was introduced to cigarettes, alcohol and weed through her babysitter, who paid her in these currencies, and addiction began at age 13. In 2017, after more than 20 years of substance use, Leila made the decision to sober up. During the first two years of her sobriety, she went to every church service and Bible study she could. Every night, and three times on Sunday. The only evening she could not find anything was Tuesday. This caused her a lot of anxiety. Every Monday night after her meeting, she would fill up with worry, because she did not have anything for Tuesday. This blip in the order of her new schedule filled her with fear that she might relapse. She needed a new way of structuring her week, so that her new routines would fill every day and completely replace the old order of the addictive life she sought to leave behind.²⁰

How is addiction a dis-ordering principle? In the fifth century Augustine wrote that one way to view sin is through the lens of disordered loves. Sin is turning *good* things (like family, work, health) into *ultimate* things. The things we love get rearranged into an improper (dis)order. We try to squeeze ultimate meaning from things that are not God, and they cannot bear the weight of expectation. The Bible calls this idolatry. This is why addictions ultimately disorder our lives. Theologically speaking, God alone meets the ultimate needs of our hearts, and nothing created can hold up under that expectation. Therefore any *thing*, even good things,

¹⁹ May, *Addiction*, 155-161, 180.

²⁰ Leila Arndt Campeau, interviews by author, Regina, SK, July 30-31, 2026.

will destroy our lives if we disorder them into a place above God in our hearts.²¹ Considering this (dis)ordering principle, it is more accurate to call addiction a disorder rather than a disease.²²

To this puzzle piece we can add the Christian doctrine of sanctification, that God is present in our lives through the Holy Spirit to transform our inner being. This involves the Spirit of God giving us not only the strength to enact what is right, but even more so the power to transform our very character into actual goodness and virtue. The apostle Paul describes the fruit of the Spirit as “love... goodness ... and self-control.” He elsewhere writes: “And we all, with unveiled face, beholding the glory of the Lord, are being transformed into the same image from one degree of glory to another. For this comes from the Lord who is the Spirit.”²³ By the power of God’s Spirit, we can be transformed from *incontinent* persons into *continent* ones, that is people who know what is good and consistently do it, and ultimately into *virtuous* people who *are* fundamentally good in our being. This is the long arc of Christian theology and hope, that at the culmination of all things we will be fully transformed into the image of Christ.²⁴

Additional pieces to this Personal Model puzzle can be added from other authors.²⁵ In summary: “Addiction is a whole person phenomenon that requires whole-person care.”²⁶ Each

²¹ Timothy Keller, *Prayer: Experiencing Awe and Intimacy with God* (New York: Penguin Books, 2014), 84-88.

²² Genuis, *Recovering*, 57.

²³ Gal. 5:22-23; 2 Cor. 3:18.

²⁴ Genuis, *Recovering*, 52-57. The italicized words in this paragraph are technical terms taken from ethical framework of Aristotle.

²⁵ Some of these pieces include psychology: May has a long description of various mind tricks in chapter three. He also introduces the neurobiology of the brain in chapter 4, although his writing is fairly dated (1988). More current research is found in Bessel van der Kolk, *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma* (New York: Penguin Books, 2014). For the affects of trauma see van der Kolk, *The Body*. As one example, a former NHL star describes the impact of sexual abuse by his junior hockey coach as a causal factor in his cocaine addiction in Theoren Fleury, *Playing with Fire: The Highest Highs and Lowest Lows of Theo Fleury* (Toronto: Harper Collins, 2010).

²⁶ Genuis, *Recovering*, 60.

person's story is unique, and while there are many commonalities, a caring relationship of trust is necessary to understand and help each person in the unique dynamics of their journey.

3. How Does our Church Deepen our Life Together as a Safe Harbour for Recovery?

Allison's addictive behaviour started with pills at the age of 16, then progressed to methamphetamines and crack cocaine. She started using because she "wanted to feel accepted. And I wanted to turn off my thoughts about myself and what other people thought of me. I wanted to numb everything that I went through. I had a lot of hatred toward myself, a lot of anger towards certain family members due to me being sexually abused at a young age."²⁷

Allison has been sober for over two years now. When asked who helped her the most in becoming sober she said, "The church. The church played a big part in it. The support they had and how understanding they were, and had no judgment."²⁸ Her view of God was also a huge part of her recovery. One of her favourite scriptures is Phil. 2:13, "For God is working in you, giving you the desire and the power to do what pleases him" (NLT).

In conducting these interviews with the three women whose stories I've told in this paper, all of them mentioned the importance of the church in their recovery. Larissa cited Gentle Road as one of the most helpful things in maintaining her sobriety (she had already started her sober journey when she came to us), while Allison shared that the non-judgmental attitude of the congregation helped her in becoming sober. Leila wrote to me at the end of her story: "Thank

²⁷ Allison Lasas, interview by author, Regina, SK, July 31, 2026.

²⁸ Allison is a member of Gentle Road Church of Christ.

you for helping me when you didn't even know." These narratives indicate that Gentle Road Church is already serving as a safe harbour for persons seeking recovery.

Nonetheless, there are still several things Gentle Road can do to deepen our life together to help people experience transformation:

1. Forming outreach teams that do street outreach, similar to Union Gospel Mission. Consider using some of their training.
2. Teaching more consistently about the love and grace of God as the overarching narrative of the Bible and the key to transforming addictive behaviour into healthy recovery.²⁹
3. Enacting grace in all our relationships. This includes becoming more intentional about eradicating culpability judgments, persevering patiently when people relapse, and hoping and praying for their best when facing adversity.
4. Celebrating milestones and spiritual victories together, such as one year of sobriety, marriage anniversaries, answered prayers, and sober resilience through hard seasons.
5. Offering Christian mentors, like sponsors in the 12 step communities.
6. Discussing the principle of (dis)order more thoroughly with our congregation for their input and insights, especially with a view to incorporating sacred practices³⁰ into our lives, both collectively and individually.
7. Interviewing more of our members about their journeys in recovery; documenting and discussing them to understand what has been helpful and what the church can improve on.

²⁹ See especially the last 3 chapters of May's book, *Addiction and Grace*.

³⁰ This is my term for spiritual disciplines.

8. Considering the importance of housing as an essential element of recovery, as it was mentioned by two of the women.
9. Continuing and deepening the inner healing workshops we offer twice annually, by having our leaders trained in inner healing prayer.
10. Praying more with people individually, especially when they are struggling.
11. Supporting people in connecting to community resources that help persons with substance use disorders, such as government and Christian treatment programs.
12. Developing an interpersonal reconciliation process for our church.³¹

These steps, immersed in prayer and waiting on the Lord, can deepen our life together and help Gentle Road become an even safer and more effective “immersive community”,³² a place of refuge for weary travelers seeking “hope and a future.”³³ By the grace of God.

³¹ Aaron White, *Recovering: From Brokenness and Addiction to Blessedness and Community*. (Grand Rapids, MI: Baker Academic, 2020), 146.

³² Genuis, *Recovering*, 86.

³³ Jer. 29:11

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