Religious Addiction: A Qualitative Analysis of an Anecdotal Concept

By

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TABLE OF CONTENTS

ABSTRACT

The concept of religious addiction was first written about in 1991, with subsequent authors echoing the concept (Booth, 1991; Linn, Linn, & Linn, 1994; Minor, 2007; Arterburn & Felton, 1991). However, no studies of the concept were ever conducted (Vanderheyden, 1999). With the goal of counseling being the overall health and wellness of the client (Myers & Sweeney, 2008), and the role of spirituality recognized as an integral part of wellness (Association for Spiritual, Ethical and Religious Values in Counseling, 2009), the lack of research on a potential new form of process addiction leaves clients at risk. Thus, this qualitative study explored the concept of religious addiction through interviewing religious leadership about their perceptions of potentially religious addictive behaviors within their congregations.

LIST OF TABLES

CHAPTER 1
INTRODUCTION

In 1991, an Episcopalian priest named Father Leo Booth wrote the book *When God Becomes a Drug*. The purpose of this book was to present a concept he referred to as "religious addiction". Father Booth defined religious addiction as a form of process addiction in which the addict uses:

> "God, a church, or a belief system as an escape from reality, in an attempt to find or elevate a sense of self-worth or well-being. It is using God or religion as a fix. It is the ultimate form of codependency – feeling worthless in and of ourselves and looking outside ourselves for something or someone to tell us we are worthwhile. Thus, it is an unhealthy relationship with God. It is using God, religion, or a belief system as a weapon against ourselves or others" (1991, p. 38).

It is important to note that Father Booth is not speaking against religion or spirituality itself, but rather the abuse of religion in a dysfunctional manner to cope with the challenges that plague those he believes are afflicted with religious addiction. In his book, Father Booth describes individuals with religious addiction as those who compulsively quote scriptural texts, engage in obsessive religious convictions that lead to conflict with family and friends, actively self-isolate, and oftentimes find themselves in financial bankruptcy due to excessive tithing. Father Booth also points out that this set of behaviors is insidious in that many in the community encourage addiction-related behaviors, mistaking these behaviors for religious devotion.

Arterburn and Felton (1991) also defined religious addiction in *Toxic Faith: Experiencing Healing from Painful Spiritual Abuse*. They refer to religious addiction as "toxic faith", noting that toxic faith becomes "so central to a person's life that family and friends become insignificant compared with the need to uphold the false beliefs" (p. 19) of manipulation,

perfectionism, and abuse surrounded in their concepts of religious faith. Arterburn and Felton (1991) further define toxic faith as an "excuse" that is used by those suffering from addictive-like behaviors to create a version of God or religion that serves their own needs rather than honoring God or their own spiritual growth.

Linn, Linn, and Linn (1994) also describe their experiences with religious addiction in *Healing Spiritual Abuse and Religious Addiction*. The authors describe addiction as anything "we use to escape from and get control over a painful reality in our lives, especially painful feelings. We use something outside to escape from and control something we're afraid of inside" (p. 11). The authors further write that in the case of religious addiction, the method of control becomes a "rigid belief system" (p. 12).

This concept is repeated in Dr. Robert Minor's book When *Religion is an Addiction* (2007). Dr. Minor states that religious addiction is:

> "… the way specific people, both individually and in groups, use religion to control their lives. It's to recognize how religion – as these people understand and relate to it – helps them cope with the world we all live in in the often-mystifying way these individuals define and interpret that world" (2007, p. 25).

Dr. Minor continues to describe the process of religious addiction as becoming the center of the individual's life, which parallels other forms of addiction. Furthermore, similar to other addictions, the original "highs" of the addiction eventually diminish, requiring an ever-increasing escalation of behaviors and activities to meet the requirements of the addiction. In order to avoid personal pain and cope with their environments as described by Booth (1991) and Minor (2007), the person suffering from addiction must progressively increase their addictive behaviors in order to satiate their desire for their "high". Minor states that religious addiction must possess

two requirements. Specifically, the first requirement is the denial in the addict's mind that they are in fact an addict, and the second requirement is the enabling of the addiction by those around them (Minor, 2007). This study research is designed to expand upon these themes and provide insight into the phenomenon of religious addiction.

Significance of the Study

On July 13, 1989, the American Association for Counseling and Development (AACD), now the American Counseling Association (ACA), passed a resolution in which they declared the counseling profession's commitment to advocacy towards optimum health and wellness (Myers & Sweeney, 2008). The ACA's commitment towards wellness is a departure from a medical modality and emphasizes a focus on holistic wellness which includes multiple facets of an individual's life that were typically not included in diagnostic manuals. As such, many wellness models began to include spirituality and Myers and Sweeney (2000) defined wellness as:

> "A way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving" (p. 252).

Additionally, Myers and Sweeny (2008) identified spirituality as "the center of the wheel and the most important characteristic of well-being" (p. 483).

This belief in the importance of spirituality in an individual's well-being is echoed by the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC). In 1995, ASERVIC held their first Summit on Spirituality which produced nine *Competencies for Integrating Spirituality into Counseling.* In 2009 these nine competencies were expanded to

fourteen competencies which were added to the existing document. The revised document was titled *Competencies for Addressing Spiritual and Religious Issues in Counseling* (Association for Spiritual, Ethical and Religious Values in Counseling, 2009). These competencies require ethical counselors to be able to identify the differences between spirituality and religion, as well as recognizing how the client's beliefs (or absence of beliefs) are paramount to their perception of the world and therefore affect their psychosocial health. Robertson and Young (2011) also discussed the need for the counselor themselves to understand their own views on spirituality and religion and how it affects treatment.

Other models also highlight the importance of spirituality in a healthy and well-balanced life. In the Good Lives Model, spirituality is identified as a primary need, providing meaning and purpose in one's life and feeling a part of a larger whole. This need is often met by participating in religious activities and church membership. When this need is not met in a healthy manner, individuals will instead use unhealthy, deviant, or even criminal methods to fulfil this requirement (Willis, Prescott, & Yates, 2013).

Due to the holistic focus and the number of wellness models that incorporate religion or spirituality as an aspect of individual health, counselors may be uniquely suited to study how religion affects one's mental health and well-being. Hyman and Handal (2006) describe the struggles facing psychologists when dealing with religion and psychology, in that the lack of definitions or viable, validated measurements regarding religion hampers analysis. Additionally, Hyman and Handal (2006) also discuss that many founding members of the psychological profession viewed religion as a pathology, and psychologists are often less religious than the general population.

However, being aware of the role of spirituality in an individual's well-being and health

is simply not enough. Seybold and Hill (2001) point out how religion can possess many negative characteristics such as “pathological: authoritarian or blindly obedient, superficially literal, strictly extrinsic or self-beneficial, or conflict-ridden and fragmented” (p. 22). However, this study does not address how these beliefs are utilized in clients’ lives. In fact, the emphasis is placed on the beliefs themselves being negative and therefore the source of the dysfunction as if simply to say that “bad beliefs” equals “bad health”, which in turn implies that if the negative beliefs were changed, the client’s problems would be resolved. Another concern is the focus on religious coping, as presented in the work of Kenneth Pargament. While Pargament (2002) identifies that religious coping can be helpful or harmful depending on the views of the client and their use of the coping, the emphasis in Pargament’s research is on the client’s use of spirituality as the result of a disruptive event. Pargament (2002) found that while religious coping often appeared correlated with mental health and physical health, negative religious coping had a correlation with decreased mental and physical health. Additionally, there was a correlation between negative religious coping and increased mortality among elderly subjects in his studies. Ultimately, the literature focuses either on the beliefs themselves or the client’s use of their beliefs after an event as being the cause of dysfunction, ignoring the possibilities presented by Father Leo Booth and others who claim that the dysfunction may lie in the client’s addictive abuse of religion to meet their spiritual needs. This possibility is exacerbated when one considers the lack of training most counselors receive regarding working with religious or spiritual clients (Henriksen, Polonyi, Bornsheuer-Boswell, Greger, & Watts, 2015). Therefore, both counselors and theologians may find this study significant in the treatment of their clients.

Purpose of the Study

The purpose of this study is to examine the validity of the claims made by Father Leo

Booth (1991), Dr. Robert Minor (2007), and Linn et al. (1994) regarding the existence of religious addiction. Specifically, this study will examine how religious leaders have experienced possible religious addiction behaviors in their congregations, their thoughts on the origins of the possible religious addiction behaviors, and how these leaders think possible religious addiction can be addressed. While both Booth and Minor have written about religious addiction utilizing the standard definitions of addiction over a period of over 25 years, to date there have been no peer reviewed studies on the existence of religious addiction. This lack of peer reviewed studies creates a series of potential problems, as counselors have little information about religious addiction and how to counsel those with potential religious addiction. Further, the lack of research potentially leads to counselors fearing being labelled as unethical and unaccepting of their client's religious beliefs. This would be a misconception, in that neither Booth (1991), Minor (2007), nor Linn et al. (1994) argue against religion or spirituality. However, these authors express their concerns about the unhealthy addictive behaviors utilized by addicts in the guise of religious practice.

Research Questions

To research the religious addiction phenomenon, the following research questions will be examined:

1. In what ways have religious leaders observed patterns of religious-based behavior(s) over which a member or members of their congregation exhibited impaired control?
2. In what ways have religious leaders observed the same member or members of their congregation exhibiting religious behaviors to the extent that these behaviors take precedent over other life interests and daily activities? (e.g., frequency, intensity, and duration)

3. In what ways have religious leaders observed the same member or members of their congregation increasing their religious behavior(s) despite negative consequences in the congregation member's or members' lives?

Assumptions

The following assumptions were made in this study:

1. It is assumed that the participants of this study are accurate in their perceptions of their congregations and are reporting perceptions of religious addiction-like behaviors correctly.
2. It is assumed that the construct of religious addiction described in this study is appropriate for the research design.

Limitations

The primary limitation to this study is the dearth of peer reviewed articles on the topic of religious addiction. As of the date of this work, there are no peer reviewed sources to provide reference to the topic being discussed. Additionally, while there are many publications available about religious addiction, these texts are anecdotal in nature and often express the observations and opinions of the authors, their usefulness is limited.

The religious denomination chosen for this study is the Church of Christ. This decision was made based on the local availability of congregations in the panhandle region of Texas and to create homogeneity of the sample. According to the Pew Research Center (2022), the Church of Christ represents 1.5% of the U.S. population. Their congregation is 60% women, and 69% white. Household income for 60% of the congregation is below $50,000/year, with 83% reporting an education level of "some college" or less. Politically, 51% of the Church of Christ members identify as being conservative, 29% as moderate, 12% as liberal, and 8% reporting they

did not know (Pew Research Center, 2022). Again, it is of paramount importance to express that the evaluation of this denomination is focused on the addictive behaviors of the congregation, rather than the belief systems of the faith itself and any observations made should not be considered a criticism of this faith.

Delimitations

The research design was delimited as follows:

1. To prevent the potential diagnosis or labelling of any individual, interviews will be limited to clergy members only. These clergy will be asked about their congregations, with confidentiality limitations in place, to identify only the presence of potentially addictive behaviors, and not identify the potential addict themselves.
2. To reduce confusion due to differing definitions and viewpoints, a single denomination will be focused on for this study. However, with this delimitation comes an empathic emphasis that at no time will the belief system itself be considered as a potential cause for religious addiction, to eliminate the possibility of placing a value judgment on any one belief system. Future research can explore additional belief systems and investigate any comparisons between beliefs at that time.
3. As previously mentioned in the limitations section, the study will be limited to clergy who are members of the Church of Christ in the panhandle region of Texas.

Definition of Terms

Addiction – a behavior 1) that is beyond the ability of the individual to reduce or limit, 2) that escalates over time to begin dominating the focus of the individual over other aspects of life including by not limited to relationships, work, education, employment, or health, and 3) inflicts harm on the individual (World Health Organization, 2022).

Behavioral Addiction – an addictive behavior that focuses on a repetitive behavior or series of behaviors that mirrors the effects of substance addiction, in that the individual is causing themselves harm, cannot intervene on the behavior in question, and such behavior begins to dominate the focus of their life (World Health Organization, 2022).

Religion – a personal set or institutionalized system of religious attitudes, beliefs, and practices (Merriam-Webster, 2021).

Religious Addiction – an addictive behavior that focuses on the use of religious practices to avoid internal pain (Booth, 1991).

Dependence – "the state of needing or depending on something or someone for support or to function or survive" (World Health Organization, 2022, p. 29).

Withdrawal – "A group of symptoms of variable clustering and degree of severity which occur on cessation or reduction of use" (World Health Organization, 2022, p. 64)

Tolerance – a decrease in response that occurs with continued use. (World Health Organization, 2022).

Religious Fanaticism – the process of religious zeal as expressed by intolerance towards others, particularly those who express beliefs in alternative concepts (Dinulescu & Troncota, 2018).

CHAPTER 2
REVIEW OF THE LITERATURE

Introduction

This chapter contains a literature review about the history of addiction, addiction and diagnostic criteria, definitions of addiction, and the history of behavioral addiction. Additionally, the chapter contains information about religious addiction and religious fanaticism. The chapter also contains information about naturalistic inquiry as the theoretical framework of the study. The literature review also addresses the lack of research into religious addiction.

Theoretical Framework and Research Methodology Framework

This study and the subsequent analysis of the data gathered will be based off Lincoln and Guba's (1985) paradigm of naturalistic inquiry. As naturalistic inquiry revolves around the concept that each interaction creates a unique reality, it is more phenomenological in design than grounded theory (Lincoln & Guba, 1985). This allows the study to observe the possibility of addictive behaviors through the lens of the congregation itself, rather than applying an already established set of theories or beliefs to the religious belief systems of the research participants. Analysis of the data will utilize open coding, and the constant comparative method (Merriam & Tisdell, 2016).

History of Addiction

To better understand the concept of religious addiction, one should begin with addiction in general. Fisher (2022) states that while the term "addiction" was only brought into use in recent centuries, the concept of addiction can be seen throughout history. Fisher (2022) begins by examining the ancient Greek term of *akrasia*, which is translated as "weakness of the will", and goes on to explain that *akrasia* is "doing something even though you truly believe it would be better not to" (p. 7). Fisher (2022) described how this concept was argued and discussed by

Socrates, Plato, and Aristotle, with the latter arguing that "there were various ways that internal conflict might interfere with that choice" (p. 8). Fisher (2022) goes on to describe Augustine of Hippo's *The Confessions of St. Augustine* as "the first addiction memoir" (p. 12), in which Augustine describes his struggles with sex and attributes the cause of addiction to original sin. Fisher (2022) also describes how Buddhists describe human suffering as *dukka*, and have referenced them as a "'mental illness' common to all sentient beings in the world, aside from the very few who have 'overcome the intoxicating inclinations' towards pleasure" (p. 14). This association with addiction and its cause being from religious sources continues in more modern times as well, as the Evangelical minister Pat Robertson (2003) stated "not all drug addicts or alcoholics are demon possessed, but I do know that there are demonic spirits behind most addictions… they need to be delivered" (p. 239).

Fisher (2022) begins to describe European history of substance use circa 1500. During this time, European countries had a long history of alcohol use, but due to the exploratory voyages of the time, other substances began to make their way into European culture. Tobacco, coffee, sugar, chocolate, and opium all began to be imported to the European continent, each exploding on the culture beginning with use by the social elite and expanding to the public. (Fisher, 2022) In response to these expansions, social scares and moral panics quickly followed. What began as a sign of elite status quickly became a need for social controls, with various rulers limiting or banning the use of various substances such as tobacco or opium, often with severe penalties which could include death (Fisher, 2022). Parliament passed an "Act for the Repressing of the Odious and Loathsome Sin of Drunkenness" in 1606, and in 1609 Puritan John Downame wrote pamphlets criticizing those addicted to drinking (Fisher, 2022). England suffered the Gin Craze from 1700 to 1743, as gin production grew over 600% and became cheap and readily

available to the public, followed by the subsequent social ills and a call for market restrictions (Fisher, 2022).

The history of addiction continues with the emergence of treatment of substance addiction, as in 1784 Benjamin Rush published his pamphlet *An Enquiry into the Effects of Spirituous Liquors Upon the Human Body, and Their Influence Upon the Happiness of Society* (Miller, Forcehimes, & Zweben, 2011). In this publication, Rush described alcoholism as a form of insanity, and was the first to label addiction as a disease (Fisher, 2022). In the early 1800s, Handsome Lake, a Seneca religious leader, began teaching what would be later known as the "Code of Handsome Lake", in which he spoke out against the use of alcohol in favor of abstinence, moral teachings on sobriety, and "called on people to meet regularly in 'circles', and encouraged those struggling with alcohol to share their stories in order to enlist community support and refresh their commitment to abstinence" (Fisher, 2022, p. 41). In 1840, a group of craftsmen attended a minister's sermon on the evils of alcohol and began to meet as a club in which they would discuss their own issues with alcohol. This club included practices such as taking turns describing their personal issues with alcohol to the group, making a pledge to abstain from alcohol, and a commitment to bring new members to the next meeting. The club became the Washington Temperance Society, which focused on abstinence and redemption for alcoholics and reported 200,000 members in 1841 and millions of members in 1843 (Fisher, 2022). In 1849, a Swedish physician by the name of Magnus Huss coined the phrase "alcoholism" to better describe the negative consequences of drinking in excess, differentiating it from the commonly used terms of the day including drunkenness, inebriety, and intemperance (Miller, Forcehimes, & Zweben, 2011). In 1878 Dr. W. H. Bentley began utilizing cocaine in the treatment of morphine addicts. Later, in 1887, Sigmund Freud reflected in *Remarks on Craving*

for and Fear of Cocaine, that Dr. Bentley's patients began to obtain cocaine themselves, apparently exchanging one addiction for another (White, 1998). In the late-nineteenth-century, Leslie Keeley became a household name with his "cures" for alcoholism and opium users. These cures were ultimately false and may have caused untold harm onto their users (Fisher, 2022). In 1935, Bill Wilson and Dr. Bob Smith created Alcoholics Anonymous (AA) and began establishing groups following the well-known twelve step model (Fisher, 2022).

Addiction and the Diagnostic and Statistical Manual of Mental Disorders

The Diagnostic and Statistical Manual of Mental Disorders (DSM) has a long history with the concept of addiction. Each edition of the DSM has reflected the changing positions on addiction, though a commonality between each edition is the binary aspect of determining if an individual suffers from addiction as determined by symptomology and the presence or absence of such. The first edition of the DSM was published in 1952 and associated addiction concepts with sociopathic personality disturbances. This classification in the DSM also included sexual deviations and antisocial behaviors, implying that such diagnoses were threats to the general society (American Psychiatric Association, 1952). In the 1952 edition of the DSM, there were no descriptive criteria of addiction and the text referred to the disorder as likely a result of brain or personality disorder. The second edition of the DSM was published in 1968 and introduced new terminology, utilizing alcoholism as an umbrella category, and expanded the terminology into specific subcategories. The second edition also added subclasses of addiction related to specific drug types. Physiological symptoms were now added, including symptoms of dependence, withdrawal, and tolerance. Despite these additions, addiction remained classified as a type of personality disorder (American Psychiatric Association, 1968). The third edition of the DSM was published in 1980 and introduced the concept of abuse and dependence as separate

conditions due to the number of cases in which people abused substances but did not become dependent upon them. This edition also was changed to include addiction as a separate category of its own, now separated from the sections on personality disorders. In addition, the third edition began discussing addiction as being rooted not in personality disorders, but in cultural and social factors (American Psychiatric Association, 1980). However, new research would bring changes to the third edition of the DSM. With the publication of the DSM-3R in 1987, the new revisions now included behavioral aspects of addictions which were given equal importance to the physiological components of addiction (American Psychiatric Association, 1987). Again, both the third edition and the revised third edition saw addiction described in two categories to reflect the differences between substance abuse and dependence. The fourth edition of the DSM was published in 1994 and contained an expansion of terms and categories of addiction, defining over one hundred different substance related disorders and twelve different classes of drugs (American Psychiatric Association, 1994). The fourth edition cemented the differences between abuse and dependence on substances (Miller, Forcehimes, & Zweben, 2011). The *Diagnostic and Statistical Manual of Mental Disorders 5th Edition* (American Psychiatric Association, 2013) does not use the term "addiction" as a diagnostic term due to "its uncertain definition and its potentially negative connotation" (American Psychiatric Association, 2013, p. 485). However, the *DSM-5* does note that the term's common usage is often utilized to describe severe compulsive and habitual substance use.

Definitions of Addiction

Miller, Forcehimes, and Zweben (2011) define addiction by first discussing three common aspects of addiction. The first is that the behavior in question is committed regularly, repeatedly, and habitually. The second aspect is that there is a compulsive quality to the

behavior, in that it appears to be beyond the individual control of the person committing the behavior. The third aspect of addiction is that it does not necessarily involve a drug or other substance, though this is the most held association. Miller et al. (2011) pointed out that such a definition covers a very wide range of behaviors and situations and may not be adequate for the assessment and treatment of addiction. Therefore, they expanded how to evaluate addiction by proposing a minimum of seven different dimensions in which addictions occur: Use, Problems, Physical Adaptation, Behavioral Dependence, Cognitive Impairment, Medical Harm, and Motivation for Change. Use is described as the pattern of substances or behavior, and often asks such questions as quantity (how much), frequency (how often), and variability (steady versus periodic patterns). Problems refer to the type and level of disruption in an individual's life that the behavior or substance is causing. Such problems are typically measured by the degree of consequences the individual is coping with on a psychosocial level. Physical adaptation refers to how a person's body adjusts to the substance being used. Tolerance is one aspect of physical adaptation, requiring the individual to increase the amount of a substance to obtain a similar effect. Another aspect would be physiological dependence, in which the body becomes accustomed to the presence of the substance and adjusts accordingly. Once the substance is removed from the body, there may be physiological ramifications that are usually unpleasant and could be life threatening. Behavioral dependence reflects a different type of dependence outside of the physiology of the individual. Instead, behavioral dependence is reflected in how addictive behavior escalates, gradually assuming a greater role in the person's life to the detriment of other activities, relationships, and social roles. The individual dedicates an ever-increasing level of energy and focus to commitment and maintenance of their addictive behavior. Behavioral dependence also includes the use of addictive behavior as a form of social coping skill when

facing feelings or situations. Cognitive impairment focuses on how the addictive substances affect cognitive functioning, adaptive abilities, and intelligence. Such impairment can affect memory, attention, reaction time, and learning capacity and can be either temporary or permanent. Further, according to Miller et al. (2011) medical harm refers to damage to one's physical health. Such harm is caused by the acute effects of the substance involved, such as risk-taking, aggression, or overdose. Other forms of harm are more long-term, such as heart disease, cancer, or organ failure. Additional long-term effects include diminished self-care, poor nutrition, and lack of personal medical management. Motivation for change is the final category discussed by Miller et al. (2011) and reflects the mindset of the individual for making the effort to change their destructive behaviors. This category involves the individual's attempts to identify whether they have an addictive problem as well as the classic "hit bottom" situation in which the individual has suffered to the point they can no longer ignore the realities of their addictive issues. Miller et al. (2011) submitted this seven-faceted definition of addiction to address the "present or absent" ideologies often behind the diagnosis or treatment of addiction. They note that in the medical world, the presence or absence of injury or disease is the foundation of such a diagnostic model. However, when applied to the ideas of addiction, Miller et al. argue a spectrum-based model is more applicable. A particular amount of alcohol may be inappropriate for one individual but may be tolerable for another, and in many cases the incidents that cause harm with substances such as alcohol do not necessarily meet criteria for dependence. Advantages to utilizing a spectrum-model include earlier interventions of treatment that reflect "mild" issues with addiction rather than waiting for more severe issues to present themselves.

The National Institute on Drug Abuse defines addiction as:

"… a chronic, relapsing disorder characterized by compulsive drug seeking, continued

> use despite harmful consequences, and long-lasting changes in the brain. It is considered both a complex brain disorder and a mental illness. Addiction is the most severe form of a full spectrum of substance use disorders, and is a medical illness caused by repeated misuse of a substance or substances" (National Institute on Drug Abuse, 2022).

The American Society of Addiction Medicine proposed the following definition of addiction:

> "Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursing rewards and/or relief by substance use and other behaviors.
>
> Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problem with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death" (American Society of Addiction Medicine, 2011).

The commonality between all these definitions of addiction is the involvement of the mesolimbic reward system of the human brain. This system evolved in humans to reinforce behavior that was beneficial to the acquisition of vital resources such as food, water, shelter, and sex – each required for the survival and expansion of the species. However, the introduction of substances that alter the neurochemistry of the brain hijacks this system, driving individuals into seeking the substance use over everything else. The argument has since been made that any stimulus, including behaviors, could generate this brain hijacking and lead to the altering of the

neural pathways through the repetitive action of the stimulus (Karim & Chaudhri, 2012). Whereas substance addiction alters the mesolimbic system by interfering with the function of neurons and neurotransmitters, behavioral addiction alters the brain structure through neuroplasticity. Ultimately both serve to depress the brain's ability to inhibit behavior, allowing for repetitive maladaptive behaviors to flourish (Karim & Chaudhri, 2012).

History of Behavioral Addiction

Behavioral addiction has been called many names: impulse control disorders, process addiction, and impulsive-compulsive behaviors. The concept of behavioral addiction has generated a great deal of controversy since its inception, with many seeing the concept as an attempt to "medicalize" bad behaviors (Karim & Chaudri, 2012). Debate has also occurred over the classification of such "behavioral disorders," with some arguing that the symptomology expressed in these disorders could be better explained as aspects of other, already established impairments of mental health (Karim & Chaudhri, 2012). However, as expressed by Inaba and Cohen, "The reasons why people engaged in compulsive behavior are the same reasons why they engaged in compulsive drug use: to get an instant rush, to forget problems, to self-medicate, and so forth. Above all, they desire to change their mood – to alter their state of consciousness" (Inaba & Cohen, 2007, p. 331).

The concept of behavioral addictions may have begun in 1917 when Sigmund Freud wrote about obsessions in his patients. Freud described a patient by stating he "can displace his sense of compulsion but he cannot dispel it (Arieti & Brody, 1974, p. 196)," and later remarking on other behavioral addiction traits such as indecisiveness and a lack of energy (Arieti & Brody, 1974). Arterburn and Felton (1991) expand on this definition by including behaviors such as sacrificing family, job, friendships, sanity, essentially anything, for their desire of the substance,

relationship, or behavior. Inaba and Cohen (2007) further described behavioral addiction by comparing it to aspects commonly noted in substance addiction, in that both substance addiction and behavioral addiction begin with a compulsion about the behavior, followed by developing a tolerance for the behavior, coping with withdrawal from the behavior, and the actual abusive behavior itself, leading to denial of a problem and a relapse to repeating the addictive behavior. Inaba and Cohen (2007) continue their comparison between substance addiction and behavioral addiction by reflecting on how both could be triggered by genetic predispositions, environmental stressors, and by the repetitive behavior itself. This is echoed by Grant, Potenza, Weinstein, and Gorelick (2010) who state that behavioral addictions share an essential feature with substance addictions, in that both involve the "failure to resist an impulse, drive, or temptation to perform an act that is harmful to the person or to others" (Grant, Potenza, Weinstein, & Gorelick, 2010, p. 234). Grant, et al. (2010) also reflect on how behavioral addictions are often preceded by feelings of arousal, pleasure, gratification, tension, or relief, demonstrating that "… the ego-syntonic nature of these behaviors is experientially similar to the experience of substance use behaviors. This contrasts with the ego-dystonic nature of obsessive-compulsive disorder" (p. 234).

Grant, et al. (2010) continue their comparison of behavioral addiction to substance addiction, describing the similarities in the addict's failure to resist impulses to commit their addictive acts, to the point where addictive behavior interferes with their daily lives. Additional similarities include urges and cravings before beginning the addictive behavior, the contribution of emotional dysregulation to such cravings, and an eventual decrease in the positive mood effects with repeated behaviors, congruent to tolerance in substance addiction (Grant, Potenza, Weinstein, & Gorelick, 2010). Withdrawal parallels also exist, as individuals with behavioral addictions often report symptoms of dysphoria or unease when abstaining from their addictive

behaviors (Grant, Potenza, Weinstein, & Gorelick, 2010). Inaba and Cohen (2007) stress one difference between substance addiction and compulsive behaviors, specifically that the "danger in generalizing the concept of addiction obscures the distinctive characteristics of a specific addiction that need to be addressed in treatment. For example, in eating disorders and sexual addiction, returning to normal levels of behavior is the preferred option, unlike gambling, alcohol, and other drug abuse that stress abstinence" (Inaba & Cohen, 2007, p. 355). Kardefelt-Winther et al. propose a basic definition of behavioral addition, as "repeated behavior leading to significant harm or distress of a functional impairing nature, which is not reduced by the person and persists over a significant period of time" (2017, p. 1710).

To avoid pathologizing common behaviors in various populations (Billieux, et al., 2017), and to establish a definition that is exploratory and theory-driven rather than atheoretical or confirmatory, Kardefelt-Winther, et al. (2017) created an operational definition for behavioral addiction. According to Billieux et al., (2021), behavioral addiction is:

> "A repeated behavior leading to significant harm or distress. The behavior is not reduced by the person and persists over a significant period of time. The harm or distress is of a functionally impairing nature.
>
> A behavior should not be conceptualized as behavioral addiction if:
>
> 1. The behavior is better explained by an underlying disorder (e.g., a depressive disorder or impulse-control disorder).
> 2. The functional impairment results from an activity that, although potentially harmful, is the consequence of a willful choice (e.g., high-level sports).

3. The behavior can be characterized as a period of prolonged intensive involvement that detracts time and focus from other aspects of life but does not lead to significant functional impairment or distress for the individual.
4. The behavior is the result of a temporary coping strategy as an expected response to common stressors or losses."

The World Health Organization in their publication of the International Classification of Diseases (11th revision), also known as the ICD-11, states that "addictive behaviors are recognizable and clinically significant syndromes associates with distress or interference with personal functions that develop as a result of repetitive rewarding behaviors other than the use of dependence-producing substances" (World Health Organization, 2022). The ICD-11 recognizes three types of addictive behavior disorders: Gambling Disorder, Gaming Disorder, and Other Specified Disorders Due to Addictive Behaviors.

According to the ICD-11, Gambling Disorder is defined as:

"Gambling disorder is characterized by a pattern of persistent or recurrent gambling behaviour, which may be online (i.e., over the internet) or offline, manifested by: 1. impaired control over gambling (e.g., onset, frequency, intensity, duration, termination, context); 2. increasing priority given to gambling to the extent that gambling takes precedence over other life interests and daily activities; and 3. continuation or escalation of gambling despite the occurrence of negative consequences. The pattern of gambling behaviour may be continuous or episodic and recurrent. The pattern of gambling behaviour results in significant distress or in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. The gambling behaviour and other features are normally evident over a period of at least 12 months in

order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe" (World Health Organization, 2022).

Gambling Disorder is the only behavioral addiction disorder present in the DSM-5 (2013), which at the time of publication did not publish diagnostic criteria for other potential behavioral addictions such as sex addiction or internet addiction had enough research to be classified as disorders. However, Gambling Disorder, as stated above, was listed in the DSM-5 in which the following criteria must be met for Gambling Disorder to be diagnosed:

"Persistent and recurrent problematic gambling behavior leading to clinically significant impairment of distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:

1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
2. Is restless or irritable when attempting to cut down or stop gambling.
3. Had made repeated unsuccessful efforts to control, cut back, or stop gambling.
4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
6. After losing money gambling, often returns another day to get even ("chasing" one's losses).
7. Lies to conceal the extent of involvement with gambling.

8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
9. Relies on others to provide money to relieve desperate financial situations caused by gambling" (American Psychiatric Association, 2022).

The common factors between the two definitions of Gambling Disorder listed in the ICD-11 and the DSM-5-TR reflect the previously discussed aspects of addiction in general: that the behavior grows beyond the ability of the individual to control, that the behavior escalates over time to the loss of other daily activities, and the individual is unable to stop the behavior despite the presence of harm in their daily lives.

The second behavioral addiction within the ICD-11 is Gaming Disorder. Gaming disorder is defined as:

> "Gaming disorder is characterized by a pattern of persistent or recurrent gaming behaviour ('digital gaming' or 'video-gaming'), which may be online (i.e., over the internet) or offline, manifested by: 1. impaired control over gaming (e.g., onset, frequency, intensity, duration, termination, context); 2. increasing priority given to gaming to the extent that gaming takes precedence over other life interests and daily activities; and 3. continuation or escalation of gaming despite the occurrence of negative consequences. The pattern of gaming behaviour may be continuous or episodic and recurrent. The pattern of gaming behaviour results in marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. The gaming behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms

are severe" (World Health Organization, 2022).

Again, the ICD-11 echoes the fundamental three criteria for a behavioral addiction, in that the individual loses the ability to control the behavior in question, despite the behavior's escalation into their lives with destructive outcomes.

Finally, the ICD-11 expands the concept of addictive behaviors with the third diagnosis of Other Specified Disorders Due to Addictive Behaviors, which states:

> "The presentation is characterized by symptoms that share primary clinical features with other Disorders Due to Addictive Behaviors, including a persistent pattern of repetitive behaviour in which the individual exhibits impaired control over the behaviour (e.g., onset, frequency, intensity, duration, termination, context); increasing priority given to the behaviour to the extent that it takes precedence over other life interests and daily activities; and continuation or escalation of the behaviour despite negative consequences (e.g., family conflict, poor scholastic performance, negative impact on health). *Note:* Impaired control over substance use or sexual behaviour is not included in this category.
>
> The pattern of repetitive behaviour may be continuous or episodic and recurrent but is manifested over an extended period of time (e.g., 12 months).
>
> The symptoms are not better accounted for by another Mental, Behavioural, or Neurodevelopmental Disorder (e.g., Autism Spectrum Disorder, an Obsessive-Compulsive or Related Disorder, a Feeding or Eating Disorder, an Impulse Control Disorder), are not a manifestation of another medical condition, and are not due to the

> effects of a substance or medication on the central nervous system, including withdrawal effects.
>
> The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning" (World Health Organization, 2022).

Religious Addiction

In order to begin to explore the concept of addiction to religion as described by Father Booth and Dr. Minor, one must begin with a definition of religion. To define religion itself is no simple task; in fact, it may be impossible. The MacMillan Encyclopedia of Religion contains the following information:

> "The very attempt to define religion, to find some distinctive or possibly unique essence or set of qualities that distinguish the religious from the remainder of human life, is primarily a Western concern. The attempt is a natural consequence of the Western speculative, intellectualistic, and scientific disposition. It is also the product of the dominant Western religious mode, what is called the Judeo-Christian climate or, more accurately, the theistic inheritance from Judaism, Christianity, and Islam. The theistic form of belief in this tradition, even when downgraded culturally, is formative of the dichotomous Western view of religion. That is, the basic structure of theism is essentially a distinction between a transcendent deity and all else, between the creator and his creation, between God and man" (King, 2005, p. 7692).

Despite the ambiguity of definition related to religion, attempts to define religion have been presented by many authors. In sociology, Emile Durkheim provided a functional definition for religion, calling religion "a unified system of beliefs and practices relative to sacred things, that

is to say things set apart and forbidden – beliefs and practices which unite into one single moral community called a church, all those who adhere to them." (Durkheim, 1915/1964). Max Lynn Stackhouse provided a more philosophical definition, stating religion was "a comprehensive worldview or 'metaphysical moral vision' that is accepted as binding because it is held to be in itself basically true and just even if all dimensions of it cannot be either fully confirmed or refuted" (Nelson, 2010, p. 234). Finally, Merriam-Webster provides a simple definition, stating religion is "a cause, principle, or system of beliefs held to with ardor and faith" (Merriam-Webster, 2021). Note that there is a difference between religion and spirituality. Father Booth (1991) described religion as an organized belief system consisting of human created rules about God, its purpose being to provide orientation and a focus of devotion. Spirituality, however, is a process in which a person grows more well-rounded and discovers their own uniqueness.

As previously mentioned, while multiple books have been published on the topic of religious addiction, there have been no peer-reviewed publications on the concept. Two articles have been published in the journal *Pastoral Psychology* on the topic of religious addiction. The first, written by Patricia Vanderheyden, was published in 1999. In this article, Vanderheyden expressed that she had studied the topic for nine years, yet "there have been no actual documented studies concerning the topic of religious addiction of which I am aware" (Vanderheyden, 1999, p. 295). The lack of publications on the actual research of religious addiction is notably missing from Taylor's article "Religious Addiction: Obsession with Spirituality" (Taylor C. Z., 2002). Both articles express the same concepts, citing the same books by Booth (1991), Arterburn and Felton (1991), and Lin, et al. (1994) and only differing in their description and citations of addictive models. As of the date of this writing, a search of the words "religious addiction" on the entire EBSCO database only brings up these articles. The absence of

any scientific study cannot be explained by this author, though one may hypothesize that the subject of religious faith may have been prohibitive as researchers may have feared accusations of judging one's faith or beliefs. As explained by the authors of the texts and journals, study into religious addiction should not be viewed as a condemnation of religion or a particular faith. Instead, the study of religious addiction is one of religious health, and how an individual utilizes religion in their daily life. The purpose of this dissertation is to establish if the concept of religious addiction does exist, as these authors claim.

When considering religious addiction, one must evaluate how the abuse of one's faith falls into these definitions. Marion Woodman stated, "Living by principles is not living your own life. It is easier to try to be better than you are than to be who you are. If you are trying to live by ideals, you are constantly plagued by a sense of unreality" (Woodman, 1982, p. 61). Religious addiction forbids individual thinking or agency, as any questions are viewed as being against belief and faith (Booth, 1991). This creates a system of thought that prohibits questioning beliefs or practices (Booth, 1991). This rigid, unquestioning, and absolute view combines with fear and shame that are felt by the addict, leading to a desire for control while avoiding personal responsibility (Booth, 1991). As such, religious doctrine and scripture becomes twisted and abused, providing an illusion of control (Booth, 1991). William Barclay, a minister and Professor of Divinity and Biblical Criticism once stated:

> The real test of religion is, does it make wings to lift a man up or a dead weight to drag him down? Is a man helped by his religion or is he haunted by it? Does it carry him or does he carry it? …The Pharisees believed that to do God's will was to observe their thousands of pithy rules and regulations and nothing could be further from the kingdom of God, his basic idea, his love (Blue, 1993, p. 86).

Another proposed definition of religious addiction was expressed by Linn et al., who stated religious addiction was "a process used to escape from and get control over a painful reality in our lives, especially painful feelings. It is a process to escape from the truth of who we are" (Linn, Linn, & Linn, 1994, pp. 2, p. 11, p.15).

Additional aspects of religious addiction are the religious messages that are often conveyed to followers of a particular faith. These messages teach followers that humans are inherently bad, weak, and unable to resolve our own problems without the help of God (Booth, 1991). God becomes the only path to what is considered good, strong, and right. Therefore, the assumption is made that by following God's rules, one becomes good and strong, and can overcome any challenge (Booth, 1991). However, this belief system may increase an individual's problems by underscoring a blind adherence to the rules of their faith, which in turn contributes to a decline in self-esteem and spirituality, and finally encourages a cycle of addictive behaviors focusing on the strict adherence to religious rules and dogma to achieve positive feelings rather than facing and solving one's life problems (Booth, 1991).

Taylor (2002) states that religious addicts often have similar traits and characteristics. Such common traits include strict or rigid parents or environments, feelings of strong disappointment or issues with self-esteem, or the desire for group acceptance. In many cases, the person suffering from addictive behaviors finds acceptance in religious groups, however merely joining a congregation does not make one a religious addict. Actual religious addiction can take multiple forms, and all are destructive (Booth, 1991). Religious addiction alters moods, and in the beginning, it serves to fulfil the needs of the addict by making the world seem less scary and under the control of a higher power (Booth, 1991). The longer the addictive behavior continues, the more the addict becomes reliant on this external authority to compulsively avoid their own

reality. Additionally, religious addiction is often a substitute for other negative or addictive behaviors such as drug or alcohol abuse. This is often supported by the addict's community and environment due to the apparent positive change the addict has made from negative behaviors to religious behaviors (Linn, Linn, & Linn, 1994). These addicts believe they are honoring God. However, they are circumventing the reality of their own problems, reducing the pain they feel because of these problems, while believing they are working hard to achieving a divine reward (Arterburn & Felton, 1991). Father Booth (1991, p. 59) listed the following symptoms of religious addiction:

- Inability to think, doubt, or question information or authority
- Black-and-white, simplistic thinking
- Shame-based belief that you are not good enough, or you are not "doing it right"
- Magical thinking that God will fix you
- Scrupulosity: rigid, obsessive adherence to rules, codes of ethics, or guidelines
- Uncompromising, judgmental attitudes
- Compulsive praying, going to church or crusades, quoting scripture
- Unrealistic financial contributions
- Believing that sex is dirty – that our bodies and physical pleasures are evil
- Compulsive overeating or excessive fasting
- Conflict with science, medicine, and education
- Progressive detachment from the real world, isolation, breakdown of relationships
- Psychosomatic illness: sleeplessness, back pains, headaches, hypertension
- Manipulating scripture or texts, feeling chosen, claiming to receive special messages from God

- Trancelike state or religious high, wearing a glazed happy face
- Cries for help; mental, emotional, physical breakdown; hospitalization

Religious Fanaticism

A point must be made to define the difference between religious addiction and religious fanaticism. To begin, a definition of fanaticism is required. Scoccia (2006) begins by defining a religious fanatic as:

> "… someone who claims three things: (1) his religion is the one true religion, and everyone should be able to see this on the basis of unaided human reason; (2) only those who accept the true religion are saved; and (3) not just state favoritism towards the true religion but also state intolerance of false faiths are justified as means of increasing the number of souls that are saved. By virtue of his belief in (2), the fanatic is *theologically* intolerant, and by virtue of his belief in (3), he is *politically* intolerant. It is because of his belief in (3), not (1) or (2), that seems apt to describe him as a morally unreasonable "fanatic" (Scoccia, 2006, pp. 36-37).

Dinulescu and Troncota (2018) stated that "religious fanatics are people who exacerbate religious zeal doubled into intolerance towards others, especially those who confess confessional opponents. Religious fanatics have undergone a process of indoctrination practiced by some religious organization so as to meet the demands of the leaders of such confessional entities" (Dinulescu & Troncota, 2018, p. 105). William Nicholls described fanaticism as "the characteristic of those who regard their religious or religio-political ends as justifying the use of means that would otherwise be forbidden" (1996, p. 451). John Passmore agrees, describing fanatics as someone who believes they are acting in accordance with God's will, "even when the actions they are performing are the sort we should normally condemn – for example killing,

torturing or imprisoning those who disagree with them" (2003, p. 215). Cavanaugh (2011) compares the views of Immanuel Kant and Voltaire on fanaticism, stating that the two men established a distinction between enthusiasm and fanaticism, in that enthusiasm involves having a passion for a cause but still able to be controlled and tempered by reason, whereas fanaticism leads to violent action. The common factors in each of these definitions are the presence of religious intolerance towards others, combined with acting against those not aligned with the religious fanatic's faith, to possibly include political or violent action against such people.

History is rife with examples of religious fanaticism, both ancient and modern. Nicholls (1996) provides many examples, from St. John Chrysostom of Byzantine Christianity preaching that Jews were the killers of God, to the mediaeval Franciscans who wrote of Jews ritualistically killing Christian children, to Hamas training suicide bombers to target Israeli citizens. Each of these examples were based on an intolerant religious view rejecting a different group of people possessing a different religious view, with violent action taken against them resulting in death. Gerson, Ostrolenk, Khalil and Khan (2010) describe the history of the Middle East peace process during the Bush Administration, and the loss of life suffered by both the Palestinians and Israeli people in the name of religious fanaticism and their resulting terror campaigns. The September 11th, 2001, attack on the World Trade Center may be the most graphic example of religious fanaticism in modern United States history (Schmemann, 2001). In each of these examples, religious fanatics acted against those not in line with their beliefs, with the loss of life as the result.

Fanaticism is the harmful expression of religious beliefs towards the external world, specifically those who are not congruent with the fanatic's own belief system. In contrast, religious addicts focus on internal aspects of psychological pain and the negative attempts to

cope with it. While the religious addict may cause harm to others around them, this is not the inherent goal as the religious addict is ultimately seeking to avoid personal emotional pain. It is possible for a religious addict to also be a religious fanatic, but the purpose driving such behaviors would be based in two separate drives, though they may compliment and seemingly validate each other.

Summary

In this chapter, I have provided an overview of addiction to establish how the research about addiction expanded through time to reflect the accepted constructs of addiction we see today. Overall, the concept of addiction has changed from being viewed as a personality or moral shortcoming to a community health issue involving multiple behavioral and environmental factors. This section also contains a discussion of research about the expansion of the ideology of addiction to include behavioral addiction, which mimics substance addiction in that the addict is compulsively out of control with their behaviors. Correspondingly, behavioral addiction is now believed to escalate over time, despite the negative consequences of experienced by the person with behavioral addictive behaviors. Following this discussion, a review of religious addiction was then presented and compared to the definitions provided by the ICD-11 for behavioral addiction, thereby establishing the concept of religious addiction in a modern definition. Religious addiction was then contrasted from religious fanaticism underscoring that the overall goal of religious addiction is the avoidance of pain and modification of one's emotions despite the ever-increase harm to self, whereas the goal of religious fanaticism is to enforce one's own religious ideology on non-believers through negative actions, including political and violent acts. To determine if religious addiction is an actual occurrence in modern day congregations, the research questions reflect the ICD-11 definition of behavioral addiction to determine the

presence of religious behaviors that appear to be beyond the congregation member's ability to control, and that escalate over time and become encompassing over other aspects of the congregation member's life, despite the ever-increasing negative consequences of such behavior.

CHAPTER 3
RESEARCH METHODOLOGY

Background of the Study

The purpose of this study is to investigate the concept of religious addiction. The study will focus on the naturalist perspective of clergy's observations of their congregants' behaviors, and their assessment of these behaviors related to religious addiction-type behaviors. This chapter includes discussion of the methodology of the study, the research design, and the analysis procedures of the study. The rationale for the study, description of the paradigm, the study strategy, data collection methods, data sources, trustworthiness, and the data management plan are all explained in this section.

Research Questions

The research questions to be investigated in this study reflect on the definitions of addiction as defined by the World Health Organization (2022):

1. In what ways have religious leaders observed patterns of religious-based behavior(s) over which a member of their congregation exhibited impaired control?
2. In what ways have religious leaders observed the same member of their congregation exhibiting religious-based behaviors to the extent that these behaviors take precedent over other life interests and daily activities? (e.g., frequency, intensity, and duration)
3. In what ways have religious leaders observed the same member of their congregation increasing their religious-based behavior(s) despite negative consequences in the congregation member's life?

Rationale

Because of the lack of research related to religious addiction, qualitative methods will be used for this study. Qualitative research focuses on aspects of human behavior that cannot be

explained with quantitative methods that rely on numerical scores. Instead of using quantitative scores and analyses, this research focuses on the questions pertaining to what behaviors people might exhibit related to religious addiction and why people might exhibit these behaviors. These questions are best investigated using qualitative methods (Merriam & Tisdell, 2016). Further, the use of qualitative methods provides structure for the study guidelines for how the research should be conducted, research protocol, and the subsequent analysis of the data. Therefore, the use of qualitative research for his study provides congruence among "an interrelated set of assumptions, concepts, values, and practices that comprise a way of viewing reality" (Schwant, 2007, p. 121). More specifically, this study will utilize a qualitative approach to explore if religious addiction has been observed by clergy in their congregations. The use of qualitative methods is even more appropriate for this study since qualitative research is utilized when the researcher is attempting to determine the behaviors and interactions of the study participants (Glesne, 2011). Additionally, qualitative research focuses on "meaning, concepts, definitions, characteristics, metaphors, symbols, and descriptions of things. In contrast, quantitative methods research refers to counts and measures of things, the extents and distributions of our subject matter" (Berg & Lune, 2017, p. 12). In this study, I will utilize the qualitative methods of a naturalistic theoretical framework to formulate case studies to better understand how religious addiction may present itself when observed within church settings by the clergy themselves. This is to better understand "how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences" (Merriam & Tisdell, 2016, p. 6).

Qualitative research is not without its disadvantages. While qualitative research is transferrable, which means the information can be applied to other situations, (Merriam & Tisdell, 2016), it does not mean that such information is generalizable to the public. Specifically,

transferability provides information about how others may use the study results in everyday life, whereas generalizability refers to how the research results from a sample can be applied to the whole population. Thus, generalization of information to a wider scale is the goal of quantitative research while qualitative research seeks to explain such questions as those pertaining to the what and the why of the research questions (Crestwell, 2009).

Paradigm

To create a research design, one must first have a sense of structure. A paradigm is "a philosophical and theoretical framework of a scientific school or discipline within which theories, laws, and generalizations and the experiments performed in support of them are formulated" (Merriam-Webster, 2021). The naturalistic paradigm was conceptualized in the postpositivist era as one of many challenges to positivist thinking. According to Lincoln and Guba (1985, p. 37), there are five primary axioms that differ the naturalist paradigm from the positivist paradigm:

- Positivism sees reality as "single, tangible, and fragmentable", whereas naturalism sees reality as "multiple, constructed, and holistic."
- Positivism sees the relationship between the knower to the known as "independent, a dualism." Naturalism sees the knower and the known as "interactive and inseparable."
- Positivism believes that "time- and context-free generalizations are possible", while naturalism believes "only time- and context-bound working hypotheses are possible."
- Positivism finds that causal linkages are real and are "temporally precedent to or simultaneous to their effects". Naturalism sees causal linkages as being "in a state of mutual simultaneous shaping, so that it is impossible to distinguish cause from

effects."

- Positivism believes inquiries should be value-free, and naturalism believes inquiries are value-bound.

The naturalistic paradigm continues by utilizing several integral characteristics that guide research, and how the research is completed. The first characteristic is that the naturalist "elects to carry out research in the natural setting or context of the entity for which the study is proposed" (Lincoln & Guba, 1985, p. 39). This is because the naturalistic paradigm proposes that the phenomenon being studied and observed is interconnected with its environment and cannot be fully understood if separated. Additionally, the phenomenon cannot be fragmented and studied independently and must be studied holistically. Context also plays a critical role in understanding the observed phenomenon, as does "mutual shaping rather than linear causation, which suggests that the phenomenon must be studied in its full-scale influence (force) field" (Lincoln & Guba, 1985, p. 39).

The next characteristic is that the naturalist "elects to use him- or herself as well as other humans as the primary data-gathering instruments (as opposed to paper-and-pencil or brass instruments) …" (Lincoln & Guba, 1985, p. 39). This is because only a human is adaptable enough to respond to the multitude of realities that will be experienced during the encounter. Only a human can understand the meaning of the interactions during the encounter, and only a human can identify the intersecting values that occur during the encounter, while maintaining an understanding of the biases involved (Lincoln & Guba, 1985). This is echoed by Strauss and Corbin (1990), who stated that the personal experiences of the researcher can "have a basis for making comparisons that in turn stimulate the generation of potentially relevant concept and their relationships" (p. 43).

The third characteristic of the naturalistic paradigm is that the naturalist "argues for the legitimation of tacit (intuitive, felt) knowledge in addition to propositional knowledge (knowledge expressible in language form) …" (Lincoln & Guba, 1985, p. 40). This is necessary because this is the only way in which the details of the multiple realities involved in the encounter can be understood, and in fact only occur at this level of interaction in the encounter. Tacit patterns of knowledge are also more demonstrative of the values of the naturalist.

The fourth characteristic states that qualitative methods are preferrable over quantitative due to their adaptability when encountering the multiple realities of the participants. Such methodologies better identify the encounters between the naturalist and their subject and in turn make the assessment of the influence of the subject on the topic of interest easier. Qualitative methods also have an increased sensitivity to the patterns of interactions between the naturalist and their subject, and how these patterns interact and influence each other (Lincoln & Guba, 1985).

Another difference presented by naturalistic design is that the sampling utilized is intentional, rather than random. This increases the breadth of information in the study, whereas random sampling tends to suppress outlier cases. This in turn helps the naturalist researcher identify a broader range of potential realities within the subject, as well as allowing the researcher to account for specific or local conditions within the study (Lincoln & Guba, 1985).

Inductive reasoning is another reason why the naturalist paradigm will be utilized in this study. Such reasoning accounts for the multiple realities potentially presented by the subjects of the study. Inductive reasoning also accounts for the interactions between the naturalist researcher and helps to describe the role of the setting of the interaction and if such interactions could potentially be found in other settings. Inductive reasoning also assists in understanding the

interactions between the multiple realities that occur in the encounter, how they shape and influence each other (Lincoln & Guba, 1985).

A naturalistic paradigm is also beneficial due to the approach it utilizes as being based in the data presented as opposed to an a priori theory. A priori means "derived by reasoning from self-evident propositions" (Merriam-Webster, 2021), and an a priori theory would be based in certain presumptive facts. As no a priori theory would be able to account for all these different possibilities and interactions, the naturalist desires to witness and understand the interactions firsthand. Additionally, a priori theories are based on a priori concepts and generalizations, which do not account for the novel ways in which the multiple realties of the subjects and researcher interact. Furthermore, while quantitative methods may provide a general understanding of the concept being researched, it does not account for the exception to the rule which may uniquely present itself within a specific interaction to be accounted for or studied. This approach also demonstrates another advantage of the naturalistic approach, in that exceptional outlier cases may only be explainable within the context in which the occur, thereby allowing the researcher to be responsive to the contextual details presented with the moment (Lincoln & Guba, 1985).

A naturalistic experimental approach also allows for the research design to naturally flow from the interactions and occurrences of the encounter participants. This is not a possibility when the experimental design is created a priori, which simply cannot account for all potential possibilities created by the unique interactions of multiple realities. For example, one cannot predict the experiences of clergy members and their congregations before interviewing. Thus, the naturalistic approach includes the interactions between the naturalist and their subjects, which cannot be predicted beforehand (Lincoln & Guba, 1985). Additionally, this is also reflected in

another characteristic of naturalistic design, specifically that the outcomes are also negotiated by the naturalist to better understand the unique constructs of reality created by the participants in the encounter. As a priori theories rely on generalizations presented by the abundance of data, such research designs cannot account for the unique interactions of a naturalistic encounter which are better defined by the participants within the encounter as they are in a unique position to interpret the interactions and influences involved (Lincoln & Guba, 1985).

Strategy

My strategy for this research will be to utilize a case study with naturalistic inquiry as the theoretical perspective. A case study, "looks intensely at an individual or small participant pool, drawing conclusions only about that participant or group and only in that specific context (Becker, et al., 2023)". There are multiple types of case studies, and for the purposes of this research design, an exploratory case study will be conducted. Exploratory case studies are defined as, "condensed case studies performed before implementing a large scale investigation. Their basic function is to help identify questions and select types of measurements prior to the main investigation (Becker, et al., 2023)".

As stated by Becker, et al. (2023), "in scholarly circles, case studies are frequently discussed within the context of qualitative research and naturalistic inquiry". This is due to the case studies' characteristics of focusing on specific descriptions within the unique encounter, such as the multiple realities of the participants, the interactions created, and the explanations and biases that unfold because of these interactions (Lincoln & Guba, 1985). Case studies also account for the unique biases and interactions the naturalist contributes to the encounter. Finally, case studies encompass the generalizations of both the encounter participants within the specific context of the study, and the potential applicability of the encounter to other sites (Lincoln &

Guba, 1985).

The use of case studies design contributes to the naturalist utilizing interpretations of the data gathered during the encounter rather than theoretical interpretations of possible interactions. The unique interactions and multiple realities of the participants will create distinct interpretations of the encounter which are based in the context of the encounter itself. The validity of these encounters relies on the environment of the encounter itself, including the participants and their interactions (Lincoln & Guba, 1985). As a result of the findings of the naturalistic researcher being dependent on the context in which they were made, the naturalist may find broad applications of the findings uncomfortable. Such an application would require empirical similarity to different environments because as more differences are introduced, the less the unique interactions can account for the outcome itself. As a result of such limitations, the researcher is likely to utilize boundaries that emerge from the study itself, to better account for the unique interactions contained within. This helps the researcher avoid preconceived biases to limit or influence the unique individual outcomes of the encounter. Such boundaries would rely on the intimate interactions involved between the naturalist and their subjects and would include an understanding of how both the naturalist and subject influence each other as well as how the unique interactions only hold value within the unique environment in which it occurs (Lincoln & Guba, 1985).

The final characteristic of a naturalistic design addresses the need for special consideration for criteria regarding trustworthiness. As the nature of the naturalistic paradigm reflects the unique interactions contained and created within the encounter and created by the participants, utilizing atypical trustworthiness criteria will be inconsistent. Typical models of trustworthiness rely on the universality of application across multiple instances, which in turn

require a shared concept of reality to exist. As the interactions between participants in case studies are unique and often one-time events, replicability is not possible (Lincoln & Guba, 1985).

I chose to utilize the naturalistic paradigm in this research for multiple reasons. To begin, the purpose of this study is to determine if there is any validity to the concept of religious addiction. This is a highly subjective matter, as one must determine the motivations behind the person exhibiting possible religious behaviors that could be described as addictive, as well as understand the norms and expected behaviors within the religion being practiced. As the religion itself is not being evaluated for the purposes of this study, one must consider the possible addictive behavior within the holistic context of the religious setting itself. The presentation of multiple perspectives and realities also plays a role, in that what may appear to be possible addictive behaviors in one setting may be healthy behaviors in another. Another aspect of consideration is that this study will focus on the interpretations of the clergy involved within the religious setting. This is done for two primary purposes: to prevent the identification and inappropriate labelling of a person, and to recognize the expertise of the clergy to identify within the context of their faith if they have or have not witnessed behaviors which have characteristics of addictive behaviors. The intentional selection of samples over a random process allows for a homogenous collection of case studies to be gathered for basic comparisons, while still allowing the unique realities that occur within the confines of the interactions between researcher and subject. Naturalistic design also eschews typical validity markers due to their universality, which would not be possible when comparing congregations, faiths, or cultures while attempting to establish the concept of religious addiction. Finally, as much of the information obtained will be based within the interactions of those being studied due to the exploration of the concept of

religious addiction among shared realities as well as acknowledging a lack of predictable understandings in these shared settings, a naturalistic paradigm is the most appropriate case studies paradigm (Abma & Stake, 2014). The data collected by this study will include semi-structured interviews conducted with clergy as well as my own observations and experiences while completing the study.

A qualitative case study has many potential definitions. We begin with the understanding that "a central characteristic of all qualitative research is that individuals construct reality in interaction with their social worlds" (Merriam & Tisdell, 2016, p. 24). Zucker (2022) reflects that case studies vary as a tool to seek an explanation of a particular event or phenomenon. Zucker (2022) continues by pointing out the differences between a case study, a case review, and a case report. Ultimately, Zucker defines a case study by "its scientific credentials and its evidence base for professional applications" (Zucker, 2022, p. 2). Merriam and Tisdell (2016) define a case study as "an in-depth description and analysis of a bounded system" (p. 37) and describe a bounded system as "a unit around which there are boundaries. You can "fence in" what you are going to study. The case, then, could be a single person who is a case example of some phenomenon…" (Merriam & Tisdell, 2016, p. 38). In the case of this study, the bounded context will be members of the clergy describing their observations of their congregations to determine the presence or absence of possible religious addictive behaviors.

Context of the Study

This study will occur in the southwestern United States. This region was selected due to the geographic location of the researcher. The study will utilize the local Churches of Christ, which were selected due to the number of congregations available in the region. These churches were also selected due to the availability of access to church leaders for interviews.

These churches were representative of the Churches of Christ in the southwestern United States area; however, it is possible that these churches may not be representative of other Church of Christ congregations in other areas of the United States. This region also has a private Church of Christ affiliated university, which may also affect the views of the local churches.

According to the Pew Research Center, 42% of adults in Texas attend a church or a regular basis. Further, also according to the Pew Research Center (2022), the Church of Christ represents 2% of the Texas population. In Texas, 73% of those who attend the Church of Christ consider religion to be very important in their lives (Pew Research Center, 2022). Nationwide, the Church of Christ is 60% women, and 69% white. Nationally, 83% of survey respondents reported an education level of "some college" or less and reported an income for 60% of the respondents is below $50,000/year (Pew Research Center, 2022). Per the Pew Research Center (2022), 51% of the Church of Christ members identify as being conservative, 29% as moderate, 12% as liberal, and 8% reporting they did not know.

Data Collection Methods

The main source of data collected for the purpose of this study will be semi-structured interviews conducted with the religious leaders of the Churches of Christ on their observations of religious addiction within their congregations. Regarding interviewing, Taylor and Bogdan (1998) stated that "by asking questions and probing for meanings, interviewers encourage people to articulate things that they have not articulated before" (p. 98). To this effect, semi-structured interviews will be utilized. Merriam and Tisdell (2016) describe semi-structured interviews as being flexibly worded or utilizing a combination of more and less structured questions. The purpose of a semi-structural interview is to elicit specific information from the respondents, while still allowing the researcher to remain flexible to the perceptions of the participant

(Merriam & Tisdell, 2016). Semi-structured interviews also allow the researcher to adjust the language utilized or clarify key points for the participant (Berg & Lune, 2017). Semi-structured interviews also allow for the research to probe for additional information and go beyond the immediate answer to the questions for additional details, explanations, and elaborations (Metzler, 1996).

In addition to the interviews, observational data will also be collected. Observational data, very simply, is data observed by the researcher (Berg & Lune, 2017). Such observational data helps provide understanding and context to the study being conducted in two ways. The first is that observations help describe the natural setting in which the participants engage their congregations (Merriam & Tisdell, 2016). Second, the use of observational data allows the researcher to gather information directly, "rather than a secondhand account of the world obtained in an interview" (Merriam & Tisdell, 2016, p. 137). Merriam and Tisdell (2016) recommend focusing on six different elements when making observations: physical setting, participants, activities and interactions, conversation, subtle factors, and the researcher's own behavior. A research diary will be utilized to document these six types of observations and will become an additional source of data and expand on triangulation (Lincoln & Guba, 1985). These observations help establish the reality of the setting and the participant's interactions with it, which is a key axiom in naturalistic inquiry (Lincoln & Guba, 1985).

There is another advantage of using semi-structured interviewing for this study. The usage of the semi-structured interviewing method allows for a standardized structure to address the research questions, while remaining open and flexible enough to allow the researcher to investigate deeper into questions and follow the themes presented by the participants. The disadvantage of utilizing semi-structured interviews is that it relies on the self-reports provided

by the participants, which rely on the participants interpretations of their own reality (Moskowitz, 1986).

The interview questions utilized in this study were developed from the three research questions. The questions will be asked of religious leadership in the Church of Christ, focusing on their observations of religious addictive behaviors within their congregations and their perceptions of these behaviors. The religious behaviors that will be focused on in this study are based upon the World Health Organization (2022) definition of behavioral addiction, with Father Booth's (1991) criteria for religious addiction utilized for specific criteria, specifically concrete behaviors that church leadership can witness and thereby build their own perceptions of potential addictive qualities. The questions asked of the research participants will be as follows:

Table 1. Research questions

Research Questions	Interview Questions
Research Question One: In what ways have religious leaders observed patterns of religious-based behavior(s) over which a member of their congregation exhibited impaired control?	1. Based on your perceptions, have you witnessed a member of your congregation exhibit a strict, rigid, or obsessive adherence to religious rules or guidelines that you believed was excessive or unhealthy? a. If so, please describe what strict or rigid behaviors you witnessed, and why you felt the behavior was unhealthy. 2. Based on your perceptions, have you witnessed a member of your congregation

Table 1, Continued

	make financial contributions to the church that you believed were excessive or unhealthy for their financial situation? a. If so, could you please describe why you felt the behavior was unhealthy. 3. Based on your perceptions, have you ever witnessed a member of your congregation physically harm themselves for religious reasons, for example excessive fasting, refusal to seek or follow medical treatment, or other behaviors? a. If so, please describe what you witnessed, and why you felt the behavior was unhealthy. 4. Based on your perceptions, have you witnessed a member of your congregation harm their relationships with family and friends while practicing their faith? a. If so, please describe what and how the relationships were harmed, and why you felt the behavior was unhealthy. 5. Based on your perceptions, have you ever

Table 1, Continued

	witnessed a member of your congregation exhibit what you believe were excessive or compulsive religiously based behaviors, such as compulsive praying, scripture or religious text quoting, or activity participation? a. If so, please describe what compulsive behaviors you witnessed, and why you felt the behavior was unhealthy. 6. Based on your perceptions, have you ever witnessed any form of religiously based behavior that you believe was unhealthy and counterproductive towards the individual's spiritual growth? a. If so, please describe what you witnessed, and why you felt the behavior was unhealthy.
Research Question Two: In what ways have religious leaders observed the same member of their congregation exhibiting religious based behaviors to the extent that these behaviors take precedent over other life interests and daily activities? (e.g., frequency,	7. Based on your perceptions, do you believe that any of these behaviors that you witnessed increased in their frequency, intensity, or duration? a. If so, please describe what you witnessed, and how you feel the behavior

Table 1, Continued

intensity, and duration)	escalated.
Research Question Three: In what ways have religious leaders observed the same member of their congregation increasing their religious-based behavior(s) despite negative consequences in the congregation member's life?	8. Based on your perceptions, do you believe that members engaging in these unhealthy behaviors continued to do so despite the harm they appeared to be causing themselves? a. If so, please describe what you witnessed, and what type of harm you believe was inflicted.

The design of these interview questions is based on the research questions being investigated during this study. The questions were constructed to be precise, thus allowing the participants to answer the question fully, without being overwhelmed by the complexity of the question (Berg & Lune, 2017). These questions will be asked to the participants in the same order to ensure consistency within the study itself.

In addition to the interview questions, rapport will need to be established between the researcher and the participants. This rapport will be developed in three ways, following the model presented by Tickle-Degnen and Rosenthal (1990). The first step in developing rapport is by utilizing mutual attentiveness, "which creates the focused and cohesive interaction" (Tickle-Degnen & Rosenthal, 1990, p. 286). This will be achieved primarily using non-verbal communication, including but not limited to eye contact, head gestures and nods, and body posture and language. The second step in establishing rapport is positivity (Tickle-Degnen & Rosenthal, 1990). Positivity will be established by smiling when appropriate, facial expressions, and utilizing non-threatening speech whenever possible. "Feelings of rapport emerge more

readily when both a high degree of mutual attention and positivity are present" (Tickle-Degnen & Rosenthal, 1990, p. 286). The final component of establishing rapport is coordination (Tickle-Degnen & Rosenthal, 1990). Coordination is defined as "an image of equilibrium, of regularity and predictability, of coordination between the interactants" (Tickle-Degnen & Rosenthal, 1990, p. 286). Coordination will be established by matching the tone and pace of the participant's speech, Of these three components, emphasis will be placed on establishing positivity and mutual attention, as "evaluative forces are so strong in initial encounters, it is reasonable for participants to expect that developing rapport in initial encounters by indicated strongly by the presence of positivity, or warmth and friendliness" (Tickle-Degnen & Rosenthal, 1990, p. 287). Additionally, "early on, smooth coordination would not be expected as much, because the participants would recognize that their lack of experience with one another would preclude this quality to some degree. However, warmth and friendliness from the other participant would not require previous experience with one another would be expected to be present early on in the fulfillment of social norms" (Tickle-Degnen & Rosenthal, 1990, p. 287). Regarding mutual attention, Tickle-Degnen and Rosenthal (1990) state "that participants would expect a high level of mutual attention both during interaction early on, when rapport is developing, and later on, when it is being maintained (p. 287)".

"With regard to rapport, which can be defined as the positive feelings that develop between the interviewer and the subject, it should not be understood as meaning that there are no boundaries between the interviewer and the subject" (Berg & Lune, 2017, p. 82). To establish common ground between the researcher and the participant, I will be utilizing Berg and Lune's (2017) ten commandments of interviewing. The first of these commandments is to "never begin an interview cold" (Berg & Lune, 2017, p. 88). Berg and Lune (2017) recommend spending the

first moments of the interview conducting small talk with the participant. During this time, I intend to express my gratitude to the participants for their agreement to meet with me and I will ask them to fill out a brief demographic survey.

The second commandment in this methodology is to "remember your purpose" (Berg & Lune, 2017, p. 88). During this phase, I will begin describing the purpose of the study, the format of the interview, and how confidentiality will be maintained using a pseudonym, which the participant will select. I will also offer the participant a copy of our transcribed interview upon their request. I will then ask for the participants' permission to begin recording, and I will read them an information sheet regarding the study. I will then begin asking the participant the interview questions.

The third commandment of this methodology is to "present a natural front" (Berg & Lune, 2017, p. 88), meaning that I will maintain a calm, relaxed, and affirmative demeanor. The fourth commandment is to "demonstrate aware hearing" (Berg & Lune, 2017, p. 89), which will be completed by utilizing appropriate nonverbal responses. The fifth commandment is to "think about appearance" (Berg & Lune, 2017, p. 89), meaning I will be dressed appropriately for the setting, utilizing business casual attire.

The sixth commandment is to "interview in a comfortable place" (Berg & Lune, 2017, p. 89). To ensure the participant is comfortable being interviewed, I will allow them to select the location of the interview in advance, with consideration being kept to interview the participant in their natural setting if possible as the participant's interaction with their environment affects the phenomenon being studied (Lincoln & Guba, 1985).

The seventh commandment is "don't be satisfied with monosyllabic answers" (Berg & Lune, 2017, p. 89). Thus, if a participant responds with simple yes-and-no answers, I will follow

up with more probing, open-ended questions. The eighth commandment is to “be respectful” (Berg & Lune, 2017, p. 89) to the participant. In addition to establishing rapport, I will also endeavor to make the participant’s efforts feel valued and integral to this study. The ninth commandment is “practice, practice, and practice some more” (Berg & Lune, 2017, p. 89). By this Berg and Lune (2017) encourage the researcher to conduct as many interviews as possible. Throughout my personal career I have conducted multiple interviews in both therapeutic and forensic settings with a wide range of individuals representing multiple backgrounds, cultures, genders, sexual orientations, religious backgrounds, ages, and intellectual abilities. The tenth and final commandment is to “be cordial and appreciative” (Berg & Lune, 2017, p. 89). I will ensure that I thank the participant for their time and efforts and answer any questions the participant may have about the study.

Data Sources

The population that will be participating in this research will be ministers of the Churches of Christ in the southwestern United States region. They will volunteer to participate in the study in interviews pertaining to religious behavior demonstrating possible religious addictive behaviors. This methodology is consistent with Merriam and Tisdell (2016) who recommend the use of “purposeful sampling” to optimize understanding of what is occurring during a study, as well as understanding the ramifications of the occurrences and the relationships involved within the study. This is on contrast to “probability sampling”, which is the utilization of a random sampling to generalize the results and determine questions such as “how much” or “how often” an event occurs (Merriam & Tisdell, 2016). Purposeful sampling is “based on the assumption that the investigator wants to discover, understand, and gain insight and therefore must select a sample from which the most can be learned” (Merriam & Tisdell, 2016, p. 96). Therefore,

through the use of purposeful sampling, specific individuals will be selected which will provide the most information available. The participants of this study were Church of Christ professional clergy within the southwestern United States area. Within the Churches of Christ, all members of the church are considered members of the priesthood (Roberts, 1979). However, congregations are often led by individuals with various degrees specializing in religion or possess specialized training. Criteria will be established to identify "information rich cases" (Merriam & Tisdell, 2016, p. 96), as noted in Table 2 below.

Table 2. Participant Criteria

Criteria One	Practicing member of the Church of Christ
Criteria Two	Received professional training or possesses a religious-based degree
Criteria Three	Practices in the southwestern United States geographic area
Criteria Four	Has a minimum of 5 years' experience of leading a congregation or congregations.

To better utilize purposeful sampling, "snowball sampling" (Merriam & Tisdell, 2016, p. 98) will also be utilized. "Snowball sampling" is defined as asking the participants in the study to recommend additional participants (Merriam & Tisdell, 2016). This allows the information-rich participants to help identify other potential information-rich participants, and the sample sizes grows larger and larger as the process continues (Merriam & Tisdell, 2016). Interviews will take place in the participant's offices or churches, to allow the participant to be in their natural environment in which they provide their religious services, as well as to limit inconvenience to the participants as much as possible. Convenience sampling will additionally be utilized due to the geographic location of the researcher and the research participants, and the availability of the participants to the researcher (Glesne, 2011). The strength of utilizing information rich cases of Church of Christ leadership is that the church leader can report on the themes of religious

addiction as they see them within their congregations.

A weakness of this data source is that the interviews with church leaders relied on the leaders' ability to accurately report on the themes of religious addiction. Taylor and Bogdan (1998) point out "you cannot assume that what a person says during an interview is what that person believes or will say or do in other situations" (p. 90). As the concept of religious addiction may be seen as controversial, the possibility exists that interviewing church leadership with the church itself may affect the interviews provided. An additional weakness of this data source is that only the members of the church leadership who agreed to be interviewed will be included in the study. Since there is no way to guarantee that the group of church leaders who agreed to participate in the study will represent the same views as a group of church leaders who declined to participate, it is impossible to rule out the absence of other views amongst church leadership (Berg & Lune, 2017).

Data Analysis

As described by Merriam and Tisdell (2016), data analysis will be conducted simultaneously with data gathering. This process is necessary due to the emic nature of the information gathered, as the researcher does not know what new information will be revealed, or what step will be the next (Merriam & Tisdell, 2016). This reflects the naturalistic paradigm, in that realities occur spontaneously as a part of the interactions between the researcher, the subject, and the environment (Lincoln & Guba, 1985). Data analysis will be conducted while reading and transcribing interviews, listening to audio recordings, and through personal reflections of the data and observations.

The constant comparison method will be utilized during the analysis, as described by Merriam and Tisdell (2016). This method consists of comparing information and observations as

one receives it to the information already gathered. Through this process, new themes, impressions, and data categories emerge from the information, further guiding the research (Merriam & Tisdell, 2016). Open coding will also be utilized during the transcription of the interviews to better identify additional data categories and subsequently modify and adjust future interactions with research participants (Merriam & Tisdell, 2016). To assist with the creation of data categories, Merriam and Tisdell (2016) presented five separate criteria. All categories should be 1) "responsive to (that is, answer) the research question(s), 2) be exhaustive (enough categories to encompass all relevant data), 3) be mutually exclusive (a relevant unit of data can be placed in only one category), 4) be as sensitive to the data as possible, 5) be conceptually congruent (all categories are at the same level of abstraction)" (Merriam & Tisdell, 2016, p. 213).

Upon obtaining approval from the Texas Tech Institutional Review Board, I intend to recruit research participants by emailing randomly selected Churches of Christ within southwestern United States. The email addressed will be obtained through a web search utilizing the term "Church of Christ" and the names of the city within the geographical region within which the research is being conducted. Upon recruiting the participants, each will be interviewed using the established interview questions. These interviews will be recorded and transcribed into a Microsoft Word document. Upon completion of the transcripts, each will be sent to the participant for their revisions and approval. An open coding method will be utilized by the researcher in which I will analyze each line of the transcript one at a time, to identify themes. Additionally, I intend to utilize handwritten notes that will be taken during the interviews. The transcriptions will then be uploaded into a computer assisted qualitative data analysis software program (CAQDAS). The use of such software can assist the researcher in the development of

theoretical coding as well as the management of data (Richards & Richards, 1987).

Applying the Axioms of Naturalistic Inquiry

As discussed previously in this chapter, Lincoln and Guba (1985) presented five basic axioms to differentiate naturalistic inquiry from other paradigms and theories: the nature of reality is multiple, the relationship between the researcher and the subject are known and are inseparable, phenomena are neither time nor context free, differentiating cause and effect is not possible and all interactions should be observed in their natural context, and inquiries are value bound.

To establish the first axiom, one must describe the reality within the context of this study. As the purpose of this study is to determine if behaviors that indicate religious addiction can be observed within different religious settings, we must understand the religious landscape. According to the Pew Research Center (2022), sixty-nine percent of respondents to their Religious Landscape survey identified their belief in God to be “absolutely certain”. Additionally, two percent of respondents across the state identified themselves as members of the Churches of Christ. While many other faiths exist both with the state and outside of it, for the purposes of this study a single faith was utilized due to the convenience of the sample (Glesne, 2011). Additionally, a short demographic survey of the participants will also be utilized to better describe the participants within this study.

The second axiom identifies the relationship between the researcher and the participant (Lincoln & Guba, 1985). By entering the natural setting of the participants, and engaging in a transactional interaction with the participants, the researcher becomes intangible within the study, which is to say that the researcher becomes a part of the realities created by interacting with the research subjects. Semi-structured, individual face-to-face interviews will be utilized in

the data collection. All participants will be notified of the researcher's role as a doctoral student.

The third axiom focused on the naturalistic assumption that all phenomena are neither time nor context free (Lincoln & Guba, 1985). Each phenomenon is specific and unique to the time it occurs, and the people involved in the event, and cannot be replicated. As generalization is not possible within a naturalistic paradigm, I will attempt to provide a rich description of the participants and the setting so reader may be able to decide on transferability between situations (Lincoln & Guba, 1985).

The fourth axiom focuses on the indistinguishable relationship between cause and effect, and the best practice for assessment of such phenomena is to view it holistically within its natural setting (Lincoln & Guba, 1985). As each phenomenon is a unique event, it is shaped by both those involved as well as how the environment affects those within it. By conducting the interviews at the natural setting of the participant, observations such as body language and intonation can be documented and rapport can be established between the researcher and the participant, thereby replicating the natural setting as closely as possible (Opdenakker, 2006).

The fifth axiom reflects that the study is value bound (Lincoln & Guba, 1985). This means the purpose of the study is to observe and examine the values presented in the natural environment as the phenomenon occurs. This is perhaps the most important axiom in terms of this study due to the ethical considerations of the researcher applying their personal values to a religious faith, thus contaminating the study. Therefore, the determination of the existence or absence of potential religiously addictive behavior will be solely determined by the research participants. As the researcher, I will remain aware that by asking questions regarding religious addiction I am introducing a value into the study and will remain vigilant against leading statements or questions.

Trustworthiness

Accordingly, Lincoln and Guba (1985) wrote that as the naturalistic paradigm reflects the realities created by the participants and the researcher, that a different set of criteria should be established for the purposes of trustworthiness in qualitative research. In quantitative studies, the trustworthiness of a study is established by meeting the requirements of internal validity, external validity, reliability, and objectivity (Lincoln & Guba, 1985). Internal validity is established in a study by adjusting a single variable to determine its effect on the experiment (Lincoln & Guba, 1985). External validity is established by utilizing random sampling, to ensure the effects observed in the experiment are not dependent on a specific population (Lincoln & Guba, 1985). Reliability is established when the experiment can be replicated with the same results (Lincoln & Guba, 1985). Finally, objectivity is established when multiple observers can agree on the specific details of a phenomenon (Lincoln & Guba, 1985). In place of internal validity, external validity, reliability, and objectivity, Lincoln and Guba posit four new criteria: credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). However, Merriam and Tisdell (2016) note that in the postmodern era, many challenges have been made against these changes, ranging from a desire to align with standards more commonly used by quantitative researchers, to returning to and embracing Lincoln and Guba's original recommendation, to challenging the concept of validity in favor of understanding. Despite these challenges, Merriam and Tisdell (2016) note "those conducting qualitative investigations do not want to wait for the research community to develop a consensus as to the appropriate criteria for assessing validity and reliability, if indeed that is even possible" (p. 241). As such, for the purposes of this study, Lincoln and Guba's original four criteria will be utilized (Lincoln & Guba, 1985).

Credibility reflects the authenticity of the findings of the study, though it differs from

internal validity in that internal validity relies on a single perception of reality whereas the credibility reflects the holistic and fluid nature of multiple realities (Merriam & Tisdell, 2016). To help establish credibility, triangulation will be utilized in this study to converge multiple points of view and confirm the single interpretation of the findings. Additionally, the research will be conducted using multiple methods of data collection, and multiple sources of data (Merriam & Tisdell, 2016). Member checks will also be utilized during this study, to ensure that misinterpretation and miscommunication of the participants are avoided, and to ensure that the researcher solicits feedback from participants by sharing preliminary data analysis with them during the study (Merriam & Tisdell, 2016). Only after the participants have reviewed and approved their transcripts will the transcripts be utilized within the study. Additionally, adequate engagement with the collection of data will also be pursued to ensure that enough data has been gathered to achieve saturation and allowing for alternative points that challenge the original hypothesis (Merriam & Tisdell, 2016). This will be accomplished utilizing both purposeful and "snowball" sampling (Merriam & Tisdell, 2016). The dissertation committee will also engage in peer examination throughout the research study via engagement with this researcher (Merriam & Tisdell, 2016). Field notes and research journals will also contribute to the credibility of the study and become an additional source of data (Tuckett, 2005).

Transferability addresses the ability to apply the results of the study to other situations, which can be challenging due to lack of generalizability inherent in qualitative research (Merriam & Tisdell, 2016). Merriam and Tisdell (2016) suggest the use of "rich, thick description" (p. 256). This allows the others utilizing the study to gain context and understanding, and the ability to apply this study to other situations (Lincoln & Guba, 1985). Maximum variation will be utilized to support transferability by seeking different participants

from other congregations to widen the scope of data as much as possible while remaining within the limitations of the study itself (Merriam & Tisdell, 2016). The description included in this study will include the time and context of the interactions with the participants, a description of the environment in which the interview took place, and any significant observations that add to the description. Additionally, I will attempt to recruit participants from a variety of settings, including rural and urban, and a variety of sizes of congregations.

Lincoln and Guba (1985) state that if credibility is established, then dependability is also established. However, since naturalistic inquiry is an emergent design, it is possible that two different researchers may come to divergent conclusions (Lincoln & Guba, 1985). Therefore, robust communication with the dissertation committee will be utilized at milestone points in the research to provide an "inquiry audit" (Lincoln & Guba, 1985, p. 317). The dissertation committee will examine and critique the process of the study, as well as the product, to establish the confirmability of the study (Lincoln & Guba, 1985).

In addition to the confirmability audit, confirmability is also established using triangulation and reflexive journaling (Lincoln & Guba, 1985). Throughout this study, data was collected from multiple sites and settings. A research diary will be utilized during the interviews to document observations, and to record thoughts, insights, and methodological decisions of the researcher during the study (Lincoln & Guba, 1985).

Data Management Plan

Data management will focus on maintaining the confidentiality of participants, as well as the integrity of the data collected (Huberman & Miles, 1994). All data management will follow the procedures established by the Texas Tech Institutional Review Board. Also, all data management will be approved by my dissertation committee. Accordingly, each participant in

the study will be assigned a pseudonym, which will be always utilized when referencing the participants. At no point will the participants' true identities be documented in any of the materials used in this study. All information will be kept electronically on my personal computer, kept in a locked room in my home. The data on the computer will be secured via password.

All online interviews will be recorded utilizing Zoom and will be saved on a Microsoft Office 365 OneDrive for Business as provided by Texas Tech University. Access to OneDrive will be conducted on a password protected computer which will remain in my possession during the study and stored in a locked room when not in use. Files stored on OneDrive will be encrypted. Participants will be made aware of the recording, and their consent will be acquired before recording begins. I will transcribe the interviews personally onto my personal computer using encrypted software. All electronic data will be stored on OneDrive. Any non-electronic documentation, notes, or other forms of information will also be stored in a locked cabinet in my home. Upon completion of the study, all information will be deleted or destroyed, with transcriptions maintained and preserved for three years.

CHAPTER 4
RESULTS

Organization

This chapter will report the results of this research study utilizing the following sections: a restatement of the problem, participant demographics, an analysis of the data which will also reflect emergent themes, and a summary of the results.

Restatement of the Problem

Beginning in the early 1990's and continuing into the 2000's, multiple authors wrote books and articles describing the existence of "religious addiction" (Booth, 1991; Arterburn & Felton, 1991; Linn, Linn, & Linn, 1994; Vanderheyden, 1999; Taylor C. Z., 2002; Minor, 2007). However, none of these authors conducted in-depth research into the concept of religious addiction itself, each citing the articles and books of those published before them.

The lack of research presents multiple potential issues involving healthy religious and spiritual development, such as counselor involvement in addressing the wellness of their clients when dealing with spirituality (Myers, Sweeney, & Witmer, 2000), and counselor understanding of the potential dangers of client abuse of religious or spiritual concepts in their own lives (Booth, 1991; Linn, Linn, & Linn, 1994; Minor, 2007).

Participant Demographics

The following list contains the demographic information for each of the research participants. To preserve the confidentiality of the research participants, participants will be listed in the sequence in which they were interviewed.

1. 1st is a Caucasian male. He is between 56-60 years of age and his highest degree is a Doctorate in Counseling. He has been a minister for approximately forty years. He has an undergraduate degree in bible studies as his specialized training.

2. 2nd is a Caucasian male. He is over 66 years of age, and his highest degree is a Ph.D. He has been a minister for over 40 years. He has a master's degree in ministry as his specialized training.
3. 3rd is a Caucasian male. He is over 66 years of age, and his highest degree is a Doctor of Ministry. He has been a minister for 45 years. He has an undergraduate degree in biblical studies, a master's degree in divinity, and a Doctor of Ministry as his specialized training.
4. 4th is a Hispanic male. He is between 51-55 years of age, and his highest degree is a Ph.D. He has been a minister for 23 years. He has taken bible classes and Christian leadership training as his specialized training.
5. 5th is a Caucasian male. He is between 56-60 years of age, and his highest degree is a B.A. He has been a minister for 27 years. He has a BA in biblical studies and went to preaching school as his specialized training.

Analysis of the Data

This section will review the information gathered during the interviews with the religious leadership on their observations of potential religious addictive behavior among their congregants. The original research questions explored the possibility of addictive behavior using three measurements: (1) the presence of religious-based harmful behavior, (2) indication of religious-based behaviors increasing in frequency, intensity, and duration, and (3) indication of religious-based behaviors continuing despite harmful outcomes. The primary source of the data for this case study was five ethnographic interviews. Four of these interviews were conducted online via Zoom, with one interview conducted and videoed in person at the request of the research participant. A secondary source of data came from my own field notes and observation

notes conducted during the interviews, and a tertiary source of data came from the transcription and coding of the interviews themselves as certain themes began to become apparent. To determine the validity of the concepts presented by Booth (1991) and others, I began by exploring the potential presence of potentially religious-based addictive behaviors amongst the research participant's congregations. To determine the potential presence of religious-based harmful behaviors, eight different types of religious-based harmful behaviors were explored with the research participants. These eight topics were as follows:

1. The observation of a congregant's application of a rigid religious ruleset that causes harm.
2. The observation of a congregant that harms themselves financially for religious purposes.
3. The observation of a congregant that harms themselves physically for a religious purpose.
4. The observation of a congregant that engages in religious practices that harm their relationships.
5. The observation of a congregant that engages in excessive religiously based practices to the point of causing themselves harm.
6. The observation of a congregant that harms their own spiritual growth and development.
7. The observation of potentially religious-based harmful behaviors increasing in frequency, intensity, and duration.
8. The observation of the congregant continuing to engage in their potentially religious-based harmful behaviors despite experiencing harmful outcomes.

Upon analyzing the transcripts, the presence of religious-based addictive behaviors became apparent and appeared to coalesce around three primary themes: Us Against the World, I'm a Failure, and Power and Control. These themes then developed into more specific subthemes within two of the themes. Figure 3 below shows the flow of the coding identifying religiously addictive behaviors, into the three identified themes, and finally into the specific subthemes.

Table 3. Coding and Themes

Religiously Addictive Behavior Codes	Theme	Subtheme
Rigid Rules Financial Harm Physical Harm Relationship Harm Excessive Practices Spiritual Harm Increases in Frequency/Intensity/Duration Continuation Despite Harm	Us Against the World	Fear of the World
		Group Membership
	I'm a Failure	Guilt and Shame
		Excessive Spending
		Legalism
	Power and Control	(No subtheme)

Us Against the World

A prominent theme that emerged from the interviews with the research participants was the coalescence of the congregation, one that was at odds with the rest of the world. Unlike a subculture, wherein the group in question identifies with and participates in the larger societal culture, individuals who engaged in these practices were more of a counterculture, actively rejecting the larger culture's norms and values (Conerly, Holmes, & Tamang, 2021). Participant 2 described how this counterculture approach affected the congregation's identity.

> Participant 2 – "And what kind of community is the church? Is it a community where everybody agrees? And so, we will all walk down the same road, we'll all march in the same march, we'll all contribute to the same candidate, we'll all whatever. Or are we a

> community that's open with a fundamental core of beliefs that transcend a lot of this and then gets interpreted in different ways, because people do that, and then in the conversations of that different interpretations we wrestle through being different and still loving to each other?"

Participant 2 continued by expanding on the theme of the church being considered separate from the world, stating, "I see this in a lot of congregations because of this growing sense of 'us' and 'them', that there are members that are feeling a need for their church community to be a part of their 'us'."

This closed-off approach appears to be rooted in two different sources. The first is a fear of the world and how members of the congregation believe it will affect them and their loved ones. Participant 2 stated, "And when I talk to parents who are the most concerned about this, because they see their children growing up in a world and they're leaving that world and they're worried for them." Participant 2 also commented on the "… growing unease and panic that I'm living in a world that will turn against me." Participant 2 continues by pointing out that these congregants appear to be seeking control, rather than relying on their faith to resolve their concerns:

> Participant 2 – "That you know if you really believe God is in control, and He's had some pretty rough generations to work with in the past, I mean, you can go back and find some pretty tough ones. And you know He seems to have gotten through those eventually, I think He'll handle this okay. And the promise is 'I will work in everything for your good', not that everything that happens is good. And I think that's faith. That's not religion. That's faith trumping religion. And sometimes our religion has a hard time changing. And I see that happening a lot today, more than I've seen in my lifetime ever."

The second source of this counterculture behavior appears to focus on group membership, and the possibility of losing that membership. Participant 2 stated:

> Participant 2 – "… a lot of people I've seen who have been raised to think very definitely who's in, who's out, kind of questioning. I think I've seen such an adherence to their understanding of how to define who is and who isn't a Christian, who is and who isn't 'fellowship', that I think it led to an excessive rejection of people, rejection of relationships with people, that I felt was unnecessary."

Participant 2 continued by describing the concept of "chain fellowship":

> Participant 2 – "… there's a concept in our heritage, deep heritage, called "chain fellowship", which is if you show acceptance to someone that disagrees or has some wrong belief or for whatever reason, it's not in the fellowship. Even though you may not disagree, even though your orthodoxy mainly applied, because you have accepted someone else, you get kicked out."

This concept was added to by Participant 1, who described how some congregations focused on approval established leadership and the status quo, rather than independent action:

> Participant 1 – "… there are some religious groups that you're expected to get the approval, to seek the counsel of whoever the identified human leader is, and if you don't you are outside the bounds of what's proper. So again, to me, that's an unhealthy setup."

Participant 1 continued, stating "And I think it boils to, you have people trusting people instead of trusting God. And people are fallible…"

Participant 5 shared concern about having a strict divide between the church and the community, sharing their experience with a congregant who left their church due to another faith obtaining the property next door:

> Participant 5 - "… it became a problem with them, they couldn't even be on a property next to them…. That was just an inconsistent line of thinking. I mean, if you can't reside on a property next to somebody who holds a different doctrine… We don't agree with it, but we try to get along with our neighbors, as we have been commanded to do, then how can you go to, let's say, the grocery store owned by somebody of a different religion? How can you even shop there? You're being inconsistent to your own harm…"

This intolerance was also expressed by Participant 2:

> Participant 2 – "… I think if a church tires to be more open or a church maybe doesn't draw a line here or there or whatever, according to how that person has been raised to think about, then they're really in a dilemma. 'Can I stay here, if this church isn't going to uphold what I've been taught is the boundaries?' And there are some issues that are difficult, other issues that I would consider to be a little bit more trivial. But it is amazing to me how issues that I think most people would consider to be trivial become very important to some people. And it seems to be a byproduct of our heritage, given the multitudes of divisions that our church has."

Participant 1 also shared his opinion of being overly focused on religion to the point where it harms others:

> Participant 1 – "And there's an unhealthy, I mean, even Solomon in Ecclesiastes talks about not being over religious, really religious. Well, you know, for a faithful and devout person, that may come across as, wait a minute, how could you be overly? Well, I think what we're talking about, what you're exploring is what Solomon's talking about. Where it becomes unhealthy and harmful. And I think it's possible for religion to become that, where you punish people."

As a result, Participant 2 described how a sense of community among the churches appears to be in decline:

> Participant 2 – "… we're living in a post-denominational world where church is no longer existing in communities of churches. They tend to now align more politically rather than denominationally. Which doesn't allow for the continuum within denominations. So that you have within this tribe of faith, heritage of faith, voices that can speak from different points of view, but you have relationships because you come out of the same spiritual family. That's disappearing."

I'm a Failure

The second theme that arose from the research interviews focused on an apparent feeling of inadequacy. While this theme can be expressed in multiple ways, it begins at a single root source of guilt and shame. Participant 3 began by describing growing up in a faith system built on fear and guilt:

> Participant 3 – "I grew up in a context where you went to church on Sunday morning, Sunday night, Wednesday night, any other time the church doors were opened. And if you were not there you lived with a lot of guilt. I think one of it, on part of that, being the guilt that was just inherent in that kind of system. But from the vantage point of those who preached and those who taught, that kind of guilt was heaped upon us as well. I hope you don't hear me using the word 'grace' too casually, but I would have grown up in a context where we didn't talk about grace, or if we talked about grace it was something that we could certainly fall from rather than seeing God has got a grace who lovingly welcomes us and embraces us. And so you know hindsight again, even before I stepped into the ministry, I think I grew up in a context where folks lived with a lot of guilt.

> Addiction is an interesting word for me to use in that context, but you know folks who were addicted to that kind of legalistic system, and I think it brought a lot of fear. It brough a lot of uncertainty rather than being able to live a Christian life with exuberance and joy in peace."

Participant 4 also described his observations of congregants who held onto a negative self-image:

> Participant 4 – "I do come across people who believe the worst about themselves. It's kind of like taking ownership of the idea that they're a wretch. That they're nobody, they're nothing. They have no value. And they must give and give and give because other people deserve, but they don't deserve. And so I've seen people who have had their only value they see in themselves is to be Christ-like in their giving. However, they need to consider themselves a wretch to be a true Christian."

Participant 1 described the guilt that some congregants felt when challenged to grow or change, often against prior teachings:

> Participant 1 – "What I have witnessed was a stubbornness. A commitment many times to traditions from their childhood, many times a commitment to traditions that had been handed to them from parents. And there seemed at times to be a greater allegiance to these generational traditions than there was to the word of God. And it's interesting that many times people would be adamant about the traditions and would fight you about those, but when it came to the word of God, they were not as adamant. Which is kind of ironic."

Participant 1 continues, and begins describing how this defensiveness leads to a diminishing of independent thought in the congregant:

> Participant 1 – "… people, in being defensive, have become more rigid. Which again, as

> I've alluded to earlier, typically led them to leave wherever it is that I'm preaching at the time. Because again, there's a comfort in black and white. It's a little uncomfortable if I have to struggle with thinking more deeply. It's a little more uncomfortable if I have to trust someone other than myself. And so for some people, that's a choice they have difficulty making."

Participant 2 also describes his experience with the stagnation of thought:

> Participant 2 – "I think sometimes we get stuck at a place in our spiritual growth that doesn't continue because sometimes I think the models of our religion are a little superficial. And once we have an answer that's true, it can't ever change. And 'it can't grow' by definition suggests that what you were before was wrong. And that's very threatening. And I think we need to redefine growth as 'you're never right.'"

Participant 2 continues:

> Participant 2 – "But the two different visions of either spirituality are constantly going and growing… Or you're settled down, you got it all figured out and you can't change. And I think that's how harm comes. The individual growth is stumped in when you're not allowed to grow, and challenge, and push back. And I think by definition, religion has always had that vulnerability because of the fear of pushing back and not getting back what you gave up."

It is in this reduction of independence that we begin to see the harm caused by this feeling of guilt and inadequacy. Participant 3 describes how this can lead to an escalation in the congregant's behaviors:

> Participant 3 – "I think it is possible for folks to go to an extreme because God is placed a whole variety of other people and things in our lives where he expects us to be good

> stewards there as well. And so, I've seen some examples through the years where I felt like folks were just running to an extreme with that rather than honoring all of the commitments that were a part of their lives."

One such extreme involves a congregant's insecurity and lack of individual thought. Participant 5 stated in his interview, "And I tell people frequently, 'You need to be an independent thinker, I don't want to drive your thoughts.'", describing how certain members of his congregation continually sought his opinions on religious topics. Participant 2 had a similar example, when one of his congregants chose to split her family on religious grounds:

> Participant 2 – "… she came up to me and said, 'Do you think I did the wrong thing?', and I said, 'not my call, you know your situation was your situation.' And she kept pushing and pushing, and 'What would you have done?'… And she basically offered her family on the altar of orthodoxy."

Participant 1 also described his experiences with congregants' lack on individual thought:

> Participant 1 – "…it's more comfortable for people to not have to think. I mean, everything's black and white. I don't have to think. I don't have to struggle with the question. I don't have to look deeper than the surface. I can just react."

Participant 1 continues:

> Participant 1 – "… sometimes I'll have someone come to me and they'll say, 'What do we believe about X topic?' And my response is, 'I don't know, what do you believe? I can't speak to what you believe. My approach is that you have to develop your own faith. I can't do that for you.'"

Another way congregants can react to their insecurity is by excessive spending, to the point of their own financial harm. Participant 4 described his experience with a congregant who

would give, often to the point of going without herself:

> Participant 4 – "She was like, 'I want to be faithful. I know God will take care of me.' And as far as faith goes, I'm saying 'God will honor that, but you know He's not going to be mad at you if you keep your money, you know. But that's kind of the situation. But she continued to give the way she wanted to give."

Participant 3 also shared his experience with a congregant who excessively spent money out of concern for his faith:

> Participant 3 – "… he is just purely being sucked into a system here where folks are asking for money, and he is willing without giving it appropriate thought to give that money away…"

Participant 3 continued by describing how the congregant appeared to be influenced by an elder who had a legalistic approach:

> Participant 3 - "… rather than it being this holistic study of what does it mean to be a disciple, what does it mean to be a follower of Jesus, it was almost, again, as if, okay, we've got four or five or six steps and you need to honor those steps and almost a legalistic-type posture. …I think this gentleman that I'm referencing probably trusted this teacher so implicitly… he's giving away chunks and chunks of money. Again, almost to the neglect of his family."

A legalistic approach is also noticed by Participant 1 among his congregation:

> Participant 1 – "I think one of the things I've witnessed is that people sometimes become legalistic. That they have a hard time trusting God's grace…. Eventually those people come to a point where they leave where I am because I'm trying to help people live up to the standards of God, but also understand the grace of God. And if you're coming from a

> legalist standpoint, at some point, you're going to reject the grace of God because it's foreign to you. It makes you feel uncomfortable. You don't know what to do with the grace of God. But rules, you know, give me rules. That's the mentality, and they feel comfortable there. It's an unhealthy comfort in my estimation."

The final example of how inadequacy comes from Participant 3's congregation. Participant 3 described the escalation of one of his congregants, and how she succumbed to a constant escalation of her behaviors to be enough:

> Participant 3 – "… she allowed that to so consume her that she neglected what it meant for her to be a wife and for her to be a mother. And, you know, from the outside she would have said very quickly, 'I am a genuine devoted Christian at a level I never experienced before', the flip side of that was it became so clear, so quickly how she was neglecting her children, her husband, et cetera."

Participant 3 continues:

> "It's like, you know, on one hand, the importance of engaging in Bible study, even engaging in some group Bible studies. But if you're doing 15 of those during the week, you're probably neglecting something else that you need to be giving attention to. And that was the kind of extreme to which she was going."

Participant 3 also provided an example of a different type of guilt, in which a member of his congregation was abusing her spouse and was draining his finances to her own personal benefit. Participant 3 continued to describe her role in their church in outreach for the needy, and how this role contradicted her behaviors in her home:

> Participant 3 – "… the flip side of it was, we operated a clothing house to provide clothes for folks who were in need. And she was over the top. We need to buy another

> house. We need to buy another piece of property. We're not doing enough for folks. And so almost running to excess, again, when behind the scenes, she was badly abusing financially, mentally, etcetera, the husband she was married to. That may sound like a strange example, but it was almost like, you know, I've got to honor what God is calling me to do to take care of myself and yet she was taking advantage of people every time she turned around."

Participant 3 described his observations of this incident, stating, "I would put into this overall context of what you're describing as religious addiction, that many times folks may say, 'you know I got enough bad stuff going on in my life that I got to do enough good stuff to make up the difference here to balance the scales…"

Power and Control

The final theme focuses on power and control. It should be noted that during the research interviews, the participants did express that their examples of this type of behavior were rare and specific. However, due to the depths of harm or potential harm, their inclusion as a theme becomes evident. As Participant 1 describes, "They're rooted in religion, so you know that stirs people's passion in and of itself. But they're rooted in a personality, and I think that's where we're most like to see abusiveness, through a human personality controlling other people instead of God controlling people."

One example of such a personality comes from Participant 4. He described how a new member of their congregation wanted to begin providing Bible study classes to the congregation. Participant 4 stated:

> Participant 4 – "Yeah, so there was a minister, not an official minister of the church, but somebody who's ministering to people. He saw it as his personal…that God was calling

> him to help as many Christians come to a belief system, as many people who come to the Christian faith. And the way that he would teach people was to help them memorize the Bible. And so they met three times a week reading scripture, going back and forth, and he, you know, we invited him to a Bible study because he wanted to be a part of a home Bible study. So we invited him in and he was really mad that we were not memorizing scripture as a part of what we did every single week. And he just saw us as getting in the way of true ministry."

Participant 4 described the behaviors of this individual, stating, "He did not treat people lovingly if they did not agree with him.", and continued by stating, "It didn't come across as a loving shepherd. It came across as somebody saying, it was very Pharisaical. Yeah, it felt like, 'here's the rule. You follow the rule and you are wrong if you're not following the rule.'" Participant 4 stated that this individual left the church after being confronted about his controlling mandates, rather than accept any feedback from the church elders.

Another example of a controlling behavior rooted in religion was described by Participant 5. He stated:

> Participant 5 – "I do have an example of a family that was coming, they had been coming regularly for several weeks. And I believe the grandfather had gone to a school of preaching and was very well founded in the scriptures. But when they discovered we had a Muslim group, which was moving in next door to our property, well, they weren't going to be a part of that, or this group anymore, because they just couldn't be that close."

Participant 5 continued by describing how this family left their church due to the proximity of the Muslims next door, taking three generations of family away from the church they had been

attending for weeks at the direction of their grandfather. Again, this was an individual who chose to leave a church that did not agree with him rather than compromise or learn from church leadership.

Participant 4 described an incident in which control nearly stopped a youth event from occurring within his congregation:

> Participant 4 – "And there were several elders that said, 'if the church building is open, they need to come to church. They do not need to forsake the assembly for something that's just entertainment.' Which, again, blew me away just because, one, they are going to get good teaching at the corn maze, they are doing something important as far as bonding even to the youth minister. And I was just frustrated that was the stance several elders were taking."

Participant 4 continued by expressing how the elders focused on the necessity of the group attending only within the church proper rather than practicing their faith anywhere else, stating, "It has to be a building. That's right. It's about being in the building. And that being the assembly, not the assembly being, you know, two or more anywhere."

These three examples provide how control was the dominant focus for certain congregants, leading to potential harm of others through rigid behaviors or abandonment of their church communities. The final example of power and control comes from the research participants' observations of church leadership. While participants expressed that this was not a condemnation of church leadership, their observations were nonetheless concerned about potential abuse of power. Participant 3 stated, "… I don't think it's so much that we do ministry because we're greedy for money but we're greedy for attention or we're greedy for power or whatever it may be…". Participant 1 added to this observation, stating, "… I think that there are

a number of guys who are ministers who are ministers who are more interested in building their own kingdom than they are the kingdom of God." Participant 1 continued by stating, "In my mind, to some distorted understandings of what a minister's role is. I think a lot of times, I'm really going far here, I think there's some narcissism among ministers. And it's about building self, building kingdom, and not so much about Christ. And that's a danger." Participant 1 concluded by stating, "I think that sometimes this whole idea of calling, as some people understand it, is a pretty special thing in the minds of people. This idea that I have a special calling, therefore I'm a special person, I have a special relationship with God that nobody else does, therefore it entitles me to X, Y, and Z, whatever that is that I think I'm entitled to…" Participant 1 continued by discussing how he had observed ministers who neglected their roles as husbands and fathers in favor of their role as a minister, causing harm within their family relationships.

Summary

By identifying these three major themes found within the interviews of the research participants, the results hopefully shed light on the concept of religious addiction and some of the potential methods religious addiction may be applied to congregates' lives. This chapter relayed the themes and details from the individual interviews with church leadership. In response to the research questions of this study, three primary themes were identified: (1) Us Against the World, (2) I'm a Failure, and (3) Power and Control. The establishment of these themes resulted in the identification of active potentially religiously addictive behaviors among the congregations of the research participants. In the next chapter, a discussion of the findings, conclusions, implications, and possible future research will be conducted.

CHAPTER 5

DISCUSSION

Introduction

In this chapter, a summary of the results is provided. Additionally, implications for counselors and religious leadership will be presented. Finally, recommendations for future research are discussed.

Summary

The purpose of this research study was to determine the validity of the concepts presented by Booth (1991), Linn, Linn, and Linn (1994), and Minor (2007) regarding the existence of religious addiction. A literature review was conducted, and due to a dearth of information on the topic itself, various aspects of addiction itself was studied, including a history of the concept of addiction, addiction as it was defined by the Diagnostic and Statistical Manuals of Mental Disorders over the years of its various editions, definitions of addiction, and the history of behavioral addiction. The ideology of religious addiction was discussed and contrasted from religious fanatism as well.

To determine the answers to the research questions, a qualitative research study was conducted. Five research participants were interviewed, with each research participant self-identifying as a religious leader for their congregation. All the participants were males who ranged in age from 51 to over 66 years of age. Four of the participants had doctorate degrees, with one having a bachelor's degree. Their experience leading a congregation ranged from 23 to over 40 years. Four of the research participants identified as Caucasian, and one identified as Hispanic. All the research participants held leadership positions within Church of Christ congregations in the Southwestern United States.

Three primary themes emerged from the research questions investigating the concept of

religious addiction: Us Against the World, I'm a Failure, and Power and Control. The first theme focuses on the religious leader's observations of people in their congregations exhibiting potentially religiously addictive behavior in response to a larger world they fear. This theme was split into two subthemes, with one theme fearing for their futures and the futures of their loved ones, and the other fearing being expelled from the religious group into a world that they feared. This behavior was more aligned with a counterculture rather than a subculture and found itself at odds with the world rather than congruent with it.

The second theme focused on the observations of religious leaders of members of their congregations struggling with guilt, shame, and inadequacy. Unlike the first theme which identified the world as the source of the congregants' problems, this theme focused on the congregants seeing their failures as the source of their problems with no path forward to resolve these failures on their own. Instead, the congregants surrender independent thought and submit to the opinions and viewpoints of others in the congregation, often to the point of self-harm.

The third theme focused on how religious leadership observed members of their congregation begin to engage in abuse of their positions of power in the name of their religious practices. Within this theme, religious leaders described their observations of the rigid positions members of their congregations took, which when challenged often resulted in the individual (and possibly those associated with the individual) leaving their congregation entirely. Observations were also shared about members of the religious leadership who also abused their positions of power to the detriment of their loved ones, focusing on serving their own needs rather than the needs of their faith.

Implications for Theory and Practice

For a behavior to be considered addictive, three aspects must be met: that the behavior is

harmful, the behavior escalates over time, and the behavior continues despite harm (World Health Organization, 2022). Through the conducted research study, multiple forms of harm were identified, including harm to personal and familial relationships, harm to the religious community, and financial harm. Escalation was also identified, as religious leaders described how these behaviors caused increasing harm in their congregants' lives and relationships resulting in either interventions by the church or by the abandonment of the church as individuals chose to leave rather than adjust their behaviors. Research participants also identified how they observed members of their congregations engage in these behaviors, even at times against the advice of religious leadership who attempted to intervene on their behalf. With these three criteria being met, this research study demonstrates the validity of the concept of religious addiction as observed by religious leaders evaluating members of their own faith.

The addition of a potentially new form of behavioral addiction both reinforces the concept of process addictions in general, as well as expanding it into new areas. It is important to note that this research is not equating religion itself or religious practices with addiction. Rather, the focus is on how individual congregants manipulate their own religious practices to replace negative emotions within their own lives in a potentially addictive manner rather than fully addressing and resolving the problems and fears they face, often ironically as their religious teachings and community appear to often provide a healthy path for them to follow within their belief systems. With the addition of a new form of behavioral addiction, new considerations should be made by counselors and religious leadership. Special attention may be needed for clients and congregants who have a history of addictive behaviors in their past, to rule of that an individual may be replacing one problem with another. Additionally, counselors and religious leaders should be aware of and challenge individuals who do not seem to be growing spiritually

but appear to be escalating in behaviors that appear religious but result in harm to the individual and others. Additional interventions may be required by religious leadership and counselors to challenge such behaviors; however, caution may also be required as such individuals may abandon the religious community altogether, resulting in a loss of community support and the opportunity to intervene.

Unanticipated Conclusions and Implications

Typically, in a qualitative research study, the study either confirms or refutes what is found in the literature as well as adding to the general body of knowledge on the topic itself. However, due to the dearth of literature on this topic and the lack of peer-reviewed studies, such comparisons are relatively thin within this study. Topics that were included in the literature but were not included in the interviews primarily focused on religious abusers. The primary reason religious abusers were not included in the interviews was to avoid the possibility of labelling anyone a “religious abuser”, and therefore potentially causing harm to a research participant. Within the literature, the role of a religious abuser is often described as going hand in hand with religious addiction, like a drug dealer and a drug addict. Where the drug deal benefits from the sale of their drugs to the drug addict, according to the literature the religious abuser gains power over the religious addict. This power may come in many forms, including financial, social, and personal, and the religious abuser may abuse the religious addict in other ways as their relationship progresses. Another area within some of the literature that was not included in the interviews was the outside role of politics and other forms of social power and how these groups utilized religious addiction to achieve their goals. This topic was also left out of the interviews due to the close relationship such groups would have with religious abuse, and the desire to avoid labelling anyone or any group as such.

Topics that arose during the research study that were not present in the literature included the potential role of religious addiction in religious fanaticism or religious cults. While both religious fanaticism and religious cults have extensive research and literature, the potential role of religious addiction in religious fanaticism or religious cults is not considered. During the interviews with the research participants many equated religiously addictive behaviors with cult behavior, seeing such behaviors as not a part of healthy religion or involved with religion at all. Another topic that arose in the interviews that was not discussed in the literature was the effects of societal culture shifts and the role of religion in society today. Regarding the concept of religious addiction, the research participants' opinions varied, with some seeing the religiously addictive behaviors as the result of individuals struggling with newer social pressures and others seeing the religiously addictive behaviors as the result of changes with the church itself as well as the church's role in society.

Another interesting unintended conclusion noted during the research study was a unique factor shared among all the research participants. During the interviews, it was quickly noted that all the research participants, in addition to being religious leaders, also had professional counseling experience. Four of the five participants were licensed professional counselors, with the fifth currently enrolled in a professional counseling program. This counseling experience was not a noted factor in research participation, nor was it a requirement. However, only religious leaders with professional counseling experience responded to the outreach for research participation. This potential connection was not mentioned in any of the literature, though it undoubtedly affected the research participants' views on the concepts of addiction.

Further Inquiry

The research questions in this study included the observations and perceptions of

religious leaders in response to potentially religiously addictive behaviors within their congregations. The first recommendation for future research would be to conduct this or a similar study among other denominations and faiths. While each denomination and faith will have different practices and beliefs, the focus is not on these specific practices, but the behaviors exhibited by the congregant during the application of their religious practices. The expansion of this study into these different faiths and denominations would allow a firmer establishment of the concept of religious addiction and would add to the focus being on unhealthy behaviors rather than religious practices themselves.

Additionally, during this research study only males were interviewed. This was partially because only men volunteered to be interviewed, however it may also be reflective of gender roles in leadership positions within this denomination. While women are not explicitly prohibited from leadership positions and do hold positions of leadership in private Church of Christ universities, “Churches of Christ seem persuaded to retain an all-male eldership…” (Armour, 2000). To obtain a female perspective, research needs to be conducted within religious denominations that allow women in positions of religious authority.

Finally, additional research on the relationship between religious leadership, professional counseling, and the concept of religious addiction should also be conducted. As previously noted, an unintended observation completed during this research study was the response of volunteers who were professionally trained in both their religious faiths and professional counseling. The potential research topics involving this observation are vast and could include the effects of psychological training on religious views by clergy, determining the views of religious leadership without professional counseling experience, and the broader views on the concepts of addiction within the church.

Conclusion

With the minimal amount of literature about religious addiction, combined with an apparent loss of interest in the topic leading to no new publications within the last 15 years, this study added information to the concept of religious addiction. Specifically, the establishment of religious leaders observing potentially addictive religiously based behaviors was achieved, and themes were identified within the practice of this potentially addictive behavior. This information may be useful to counselors and religious leadership when attempting to help individuals who are struggling within their spiritual practices and avoiding addressing their primary problems. This chapter provided a summary of the results provided, implications for theory and practice, and provided recommendations for future research.

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APPENDICES

Appendix A

Email Script Asking for Participation in the Study

My name is Charles Gill, and I am a doctoral candidate in Counselor Education at Texas Tech University. I am currently seeking religious leaders who would be willing to participate in my dissertation study on the concept of religious addiction. Religious addiction refers to a harmful misuse of religion and its practices, as opposed to using religious practices for spiritual guidance and growth. This study hopes to add information that may later assist counselors in their work with spiritual health.

I obtained your email through a Google search of local Churches of Christ. I am seeking participants who meet the following criteria:

Criteria One	Practicing member of the Church of Christ
Criteria Two	Received professional training or possesses a religious-based degree
Criteria Three	Practices in the southwestern United States geographic area
Criteria Four	Has a minimum of 5 years' experience of leading a congregation or congregations.

Research will be conducted through one online Zoom interview, approximately 30-60 minutes in length. I will schedule the meeting with you at your convenience. With your permission, I would like to record this interview to ensure the accuracy of our discussion. Your participation in this study is completely voluntary, confidential, and great care will be taken to maintain your anonymity in the final study report. Upon completion of the study, you are welcome to contact me if you would like a copy of the findings.

If you are interested in participating, or have any questions about the study or participation, please contact me at charles.gill@ttu.edu.

Thank you for your consideration and support of this research,

Charles Gill, MS, LPC
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Appendix B

Information Sheet

What is this project studying?
This research project is a study on the concept of religious addiction. This study hopes to add information that may later assist counselors in their work with spiritual health. Religious addiction refers to a harmful misuse of religion and its practices, as opposed to healthy practices used for spiritual guidance and growth.

What will I do if I participate?
The online Zoom interview will take approximately 30 minutes to 1 hour to complete. Meetings can be scheduled at a convenient time for you. Your participation is completely voluntary. Questions may be skipped, and you can stop the interview at any time. You will be asked if you wish to review the transcript to provide feedback. If you answer yes, I will ask you to provide your email address. You will be asked if you can be recorded during the interview and all recordings will be stored on the researcher's computer. Transcripts will then be uploaded on a software program that will help the researcher identify themes. The information will be uploaded with a pseudonym, and upon completion of the research, the original recording will be deleted. In addition, after the research has been completed, identifying information such as email address will also be deleted.

May I withdraw participation if I become uncomfortable?
Yes, absolutely. You can stop answering the questions at any time. You can leave any time you wish. Participating is your choice.

How long will participation take?
The interview is expected to take 30 minutes to 1 hour.

How will I benefit from participating?
If you are interested in the findings of the study, please contact me and I will give you a copy of the findings of the study, or a copy of the study if you wish. Possible benefits may include the addition of knowledge regarding spiritual health or the harmful misuse of religious practices.

If I have some questions about this study, to whom may I address my concerns?
The study is being conducted by Dr. Bret Hendricks from the Counselor Education program at Texas Tech University. If you have any questions, you can email him at bret.hendricks@ttu.edu. You may also contact me, Charles Gill, at charles.gill@ttu.edu. Texas Tech University also has a Board that protects the rights of people who participate in research. You can contact the Board at 806-742-2064.

_____ _____
Signature of Participant Date

_____
Printed Name of Participant

Appendix C

Script to Read to Participants Prior to Interview

My name is Charles Gill, and I am a doctoral candidate in the Counselor Education Program at Texas Tech University. I appreciate your decision to participate in this research study. This study focuses on the concept of religious addiction. Currently, there is very little research on this concept and your participation will help us learn more about this idea. This interview will begin with you reading the information sheet and asking me any questions that you may have regarding the information sheet. Next, I will ask you to fill out a short demographic survey. Then, I will ask for your permission to begin recording, at which time I will begin asking you interview questions. Please do not use your real name during the interview, and feel free to skip any questions at any time. Thank you again for the time you are taking out of your busy schedule to participate in this study. Do you have any questions before we move on to the information sheet?

Appendix D

Demographic Survey

Prior to beginning the interview, please fill out the demographic survey below. Please feel free to skip any questions at any time. Please do not list your name. No identifying information will be asked of you throughout this study.

Pseudonym:

Age Range (circle one):

20-25	26-30	31-35	36-40	41-45
46-50	51-55	56-60	61-65	66+

Gender:

Ethnicity:

Highest Degree Obtained:

How long have you been a minister?

What special training did you obtain to become a minister?

Appendix E

Interview Protocol

Following the reading of the information sheet and the completion of the demographic survey, the following questions will be asked with gentle probing questions and follow-up questions as required:

Interview Questions

1. Based off your perceptions, have you ever witnessed a member of your congregation exhibit a strict, rigid, or obsessive adherence to religious rules or guidelines that you believed was excessive or unhealthy?

    a. If so, could you please describe what strict or rigid behaviors you witnessed, and why you felt the behavior was unhealthy.

2. Based off your perceptions, have you ever witnessed a member of your congregation make financial contributions to the church that you believed was excessive or unhealthy for their financial situation?

    a. If so, could you please describe what types of financial contributions you witnessed, and why you felt the behavior was unhealthy.

3. Based off your perceptions, have you ever witnessed a member of your congregation physically harm themselves for religious reasons, such as excessive fasting, refusal to seek or follow medical treatment, or other behaviors?

    a. If so, could you please describe what physical harm occurred that you witnessed, and why you felt the behavior was unhealthy.

4. Based off your perceptions, have you ever witnessed a member of your congregation harm their relationships with family and friends while practicing their faith?

    a. If so, could you please describe what and how the relationships were harmed, and why

you felt the behavior was unhealthy.

5. Based off your perceptions, have you ever witnessed a member of your congregation exhibit what you believe were excessive or compulsive religiously based behaviors, such as compulsive praying, scripture or religious text quoting, or activity participation?

a. If so, could you please describe what compulsive behaviors you witnessed, and why you felt the behavior was unhealthy.

6. Based off your perceptions, have you ever witnessed any form of religiously based behavior that you believe was unhealthy and counterproductive towards the individual's spiritual growth?

a. If so, could you please describe what you witnessed, and why you felt the behavior was unhealthy.

7. Based off your perceptions, do you believe that any of these behaviors that you witnessed increased in their frequency, intensity, or duration?

a. If so, could you please describe what you witnessed, and how you feel the behavior escalated.

8. Based off your perceptions, do you believe that members engaging in these unhealthy behaviors continued to do so despite the harm they appeared to be causing themselves?

a. If so, could you please describe what you witnessed, and what type of harm you believe was inflicted.

Appendix F

Research Diary Rubric

Participant Pseudonym:

Physical Setting and Description:

Activities and Interactions Occurring:

	Conversation Observations	Subtle Factors	Researcher's Own Behavior
Question 1			
Question 2			
Question 3			
Question 4			
Question 5			

Question 6			
Question 7			
Question 8			