

*Victims and Sinners*, by Linda A. Mercadante

reviewed by [Lloyd H. Steffen](#) in the [July 29, 1998](#) issue

*By Linda A. Mercadante, Victims and Sinners: Spiritual Roots of Addiction and Recovery. (Westminster John Knox, 220 pp.)*

The religious nature of Alcoholics Anonymous and the 12-Step program it initiated is not always noted, since AA understands alcohol addiction as a disease. This medical approach turns the afflicted into victims. It has the advantage of protecting the sufferer from the punitive judgments of moralists who think the disorder is purely voluntary. But the disease model of alcohol addiction has been discredited by social science and medical research, and the idea that applying a moral model to addictive behaviors necessarily condemns the addicted as weak-willed or bad people deserves to be discredited.

If neither the disease theory nor moralism is adequate for understanding addictive drinking, are there other alternatives? Linda A. Mercadante attempts to answer that question. A professor of theology at Methodist Theological School in Delaware, Ohio, Mercadante presents an explicitly Christian theological reflection on the AA philosophy and program. She argues that “theology can make a contribution by offering alternative views that avoid both excessive blame and excessive victimization.” Faith can involve people in the reordering experience of grace, open new relational possibilities and foster social involvements lacking in 12-Step recovery programs.

The Oxford Group, an evangelical Christian organization founded in the early 1900s, provided Bill Wilson with the theological foundations and the inspirational model for AA. Mercadante examines the way the addiction-recovery movement has both borrowed from and resisted theology’s sin-conversion motif. This resistance led to the “successful spread of the addiction-recovery paradigm to cover an ever-expanding range of human dysfunction.” The historical background is perhaps the most important part of this book.

Mercadante notes AA’s gender bias and criticizes the way it makes alcohol abuse a problem of “too much self-will.” This perspective overlooks the kind of sin and self-

distortion that can arise from what she calls “inordinate self-loss.” She notes that recovery has entered the church through the small-group phenomenon and she cautions against an uncritical acceptance of the small-group format.

Despite the book’s many virtues, it has a fundamental weakness: it is not at the forefront of the discussion about alcohol abuse, which no longer focuses on the privatized world of recovery but on alcohol as a public health issue with serious social-justice ramifications. Research shows that advertising for alcoholic beverages is directed to the poor, to racial minorities and to college students. Zoning rules for the sale of alcohol tend to follow racial lines in urban areas.

Though an occasional church leader has engaged in civil disobedience in an effort to, say, ban liquor-advertising billboards from low-income areas, the church does not yet see alcohol as a social-justice issue. The medical community, however, is beginning to do so. At a recent conference sponsored by the American Medical Association, Griffith Edwards raised a question that repeats one of Mercadante’s chapter headings: “Who is responsible?” Mercadante addresses personal responsibility through a theological analysis of sin and free will. Edwards’s response was simpler and clearer: the central problem, he said, is ethical--a position Aristotle took 2500 years ago.

As more people become concerned about the undue influence of the alcohol industry on politics and on community health, churches will have to do more than open their basements to AA meetings. The church must not only stand for a vision of justice. It must confront the effects of big money on social and political policy. Committing itself to address alcohol abuse in new ways, it must work to create a more humane and less destructive social environment.