

Addiction, Theodicy, and the Theology of Sacred Brokenness: Hermeneutic Medicine with Contemporary Addiction Theology

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Abstract

This essay proposes a comprehensive theological framework for understanding addiction through the integration of contemporary addiction theology with Jewish mystical concepts, particularly the kabbalistic doctrines of tzimtzum (divine contraction), Shekhinah consciousness, and the vav ketia (broken vav) as paradigm for sacred brokenness. Drawing upon the work of Walker, Godlaski, and colleagues on the Augustinian underpinnings of Alcoholics Anonymous; Hopson and Moses on Pauline paradox in addiction treatment; Messer on neuroscience and theological determinism; Morgan and Jordan on pastoral theology of addiction; and Chen on existential suffering in recovery, this study demonstrates how these diverse theological approaches find synthesis in a mystical framework that transcends conventional theodicy. The essay argues that addiction represents not merely a medical disorder or moral failing, but a profound theological crisis of divine presence and absence that requires what we term 'hermeneutic medicine'—an approach to healing that treats the addicted person as a sacred text requiring interpretive engagement rather than mere diagnostic intervention. Through examination of therapeutic tzimtzum, the dialectic of divine concealment and revelation, and the phenomenology of suffering as sacred witness, this work offers healthcare practitioners and pastoral theologians a framework for understanding recovery as participation in cosmic tikkun (repair), wherein the brokenness of addiction becomes the very site of redemptive encounter.

Keywords: Addiction Theology, Theodicy, Tzimtzum, Shekhinah, Hermeneutic Medicine, Sacred Brokenness, Twelve-Step Spirituality, Kabbalistic Psychology, Therapeutic Presence, Recovery Theology

Introduction

The Theological Crisis of Addiction

Contemporary addiction treatment exists at a peculiar crossroads where scientific materialism encounters irreducible spiritual claims. The persistence of spiritually-grounded recovery programs—most notably Alcoholics Anonymous and its derivatives—within an increasingly medicalized treatment landscape presents what Walker, Godlaski, and Shyrook term a 'philosophical analysis' demanding serious theological engagement [1]. This essay proposes that the integration of Jewish mystical theology, particularly the kabbalistic framework developed in my previous work on tzimtzum, Shekhinah consciousness, and hermeneutic medicine, offers resources for resolving apparent contradictions between scientific and spiritual approaches to addiction while deepening both [2-5].

The theological problem of addiction intersects directly with classical theodicy—the attempt to reconcile divine goodness with the existence of suffering and evil. As Morgan and Jordan observe, addiction and recovery have been 'often considered in the context of pastoral theology and theodicy, particularly concerning suffering' [6]. Yet conventional theodicy, with its attempts at rational explanation, frequently fails both addicted persons and their caregivers. What is needed is not another theory explaining why addiction exists, but rather a framework

for transforming the therapeutic encounter into what I have elsewhere termed 'sacred space'—a locus where divine presence manifests precisely through apparent absence [7].

This essay develops in five major movements. First, we examine the theological anthropology underlying contemporary addiction treatment, particularly the Augustinian framework identified by Walker et al. and its limitations. Second, we explore how Pauline paradox, as developed by Hopson and Moses, provides transition toward a more dialectical understanding. Third, we engage Messer's work on neuroscience, determinism, and sin to address the apparent conflict between medical and moral models. Fourth, we synthesize these perspectives through the kabbalistic framework of tzimtzum, demonstrating how divine contraction provides a paradigm for understanding both the etiology of addiction and the phenomenology of recovery. Finally, we develop practical implications for what Chen terms 'the meaning of suffering' in recovery through my concept of hermeneutic medicine—an approach that transforms the clinical encounter into a site of sacred witness and redemptive presence [8].

Augustinian Foundations and their Discontents

The Twelve Steps as Augustinian Soteriology

Walker, Godlaski, and Shyrook's critical analysis reveals that 'the underlying philosophy of the 12 steps, despite claims of universality, is rooted in Augustinian Christianity, which focuses on salvation under conditions of original sin' [1]. This insight demands careful examination, for it exposes both the power and limitation of dominant recovery paradigms. The Augustinian

framework positions the addicted person as fundamentally corrupted by sin, requiring external grace for restoration. Step One's admission of powerlessness over alcohol finds its theological correlate in Augustine's doctrine of total depravity; the Higher Power of Steps Two and Three echoes the Augustinian emphasis on divine sovereignty in salvation.

The practical effectiveness of this framework for many individuals cannot be dismissed. Waters, in his analysis of Augustine's concept of order in addiction treatment, notes how 'historical concept pairs related to order and disorder make it commonsensical to subject marginalized populations... to punishment as a form of reform' [9]. Yet this ordering function, while therapeutically useful for some, carries significant theological and anthropological costs. The Augustinian model positions addiction as disorder requiring external reordering—a fundamentally hierarchical relationship between the addicted person (disordered) and the recovery community or Higher Power (source of order).

More troubling is the observation that 'those with an addiction who follow Calvinist thought may feel cursed or designated for damnation, reflecting a theological perspective on suffering potentially related to theodicy' [1]. This deterministic strand within Augustinian Christianity creates particular difficulties for addiction theology. If addiction represents predestined damnation, recovery becomes impossible by definition; if it represents the effects of original sin common to all humanity, the specificity of addictive suffering is obscured. Neither position adequately addresses the lived experience of addicted persons or provides resources for transformative engagement.

Beyond Order and Disorder: Toward a Dialectical Framework

The limitations of the Augustinian order-disorder binary become apparent when we consider the phenomenology of addictive experience. Hood's analysis of treatment programs notes that 'scientific medicine functions as a cultural metaphor or "theodicy" that explains life and makes untoward events meaningful' [10]. This observation reveals that both religious and medical frameworks serve similar meaning-making functions—both attempt to impose narrative coherence on the chaos of addictive suffering. Yet neither framework adequately addresses what we might call the 'abyss' dimension of addiction—the encounter with radical non-meaning that characterizes the depths of addictive despair.

My theological framework proposes that authentic engagement with addiction requires what I have termed the 'dialectic of being and non-being' (yesh and ayin) [11]. Drawing on kabbalistic sources, particularly the Zohar and later Hasidic developments, this dialectic recognizes that divine presence manifests not only in order and structure but equally in disorder and dissolution. The Ein Sof—the Infinite One—transcends all polarities, including the polarity of order and disorder. Addiction, from this perspective, represents not simply disorder requiring external correction, but a profound encounter with the ayin dimension of existence—the 'no-thing' that underlies all phenomena.

This reframing has significant implications for treatment. Rather than positioning the addicted person as fundamentally disordered and requiring external reordering, the dialectical approach recognizes addiction as an encounter with primordial depths that, while terrifying and destructive, also carries potential for profound transformation. The chaos of addiction is not simply evil to be eliminated but contains within itself—if properly engaged—resources for redemptive encounter. This understanding aligns with what Hart and Singh, drawing on

Viktor Frankl, identify as the recognition that 'suffering can be a catalyst for a more fulfilling life if people find meaning and purpose in their suffering' [12].

Pauline Paradox and the Theology of Finitude Treasure in Earthen Vessels

Hopson and Moses's application of Pauline theology to addiction treatment provides crucial resources for moving beyond Augustinian limitations. Their analysis of 2 Corinthians 4:6-12 suggests that 'the desire to escape human finitude underlies the addictive problem' [13]. This insight shifts focus from sin as moral failure to finitude as existential condition—a move with profound implications for both etiology and treatment. Paul's image of 'treasure in earthen vessels' offers a theological anthropology that honors both human limitation and divine presence within that limitation.

The Pauline framework contrasts what Hopson and Moses call 'an errant "glory theology" that insisted on transcendent experiences without suffering and limitation' with Paul's recognition that authentic spiritual experience necessarily includes encounter with finitude [13]. This critique resonates powerfully with contemporary addiction dynamics. The addicted person's pursuit of chemically-induced transcendence represents precisely the 'glory theology' Paul opposes—the attempt to achieve transcendent states while bypassing the painful work of embodied existence. Recovery, from this perspective, involves not the elimination of the desire for transcendence but its redirection toward what we might call 'immanent transcendence'—the discovery of the sacred within, rather than beyond, finite existence.

This Pauline insight finds remarkable parallel in the kabbalistic concept of *dirah betachtonim*—the divine desire to dwell specifically in the 'lower worlds' of material existence [14]. The Lubavitcher Rebbe's development of this concept emphasizes that divine presence seeks manifestation not in transcendent realms but precisely in the most mundane and even degraded aspects of material life. The earthen vessel is not merely a container for heavenly treasure but the preferred locus of divine indwelling. Applied to addiction, this framework suggests that the broken vessel of the addicted person is not disqualified from divine presence but may paradoxically become its privileged dwelling place.

The Paradox of Strength in Weakness

Paul's proclamation that 'when I am weak, then I am strong' (2 Cor 12:10) offers what may be the most radical theological resource for addiction recovery. This paradox directly challenges the shame-based narratives that typically surround addiction. Rather than positioning weakness as obstacle to be overcome, Paul presents weakness itself as the site where divine power manifests most fully. The admission of powerlessness in Step One, when understood through this Pauline lens, becomes not merely honest acknowledgment of defeat but active participation in a divine economy where weakness is the condition for genuine strength.

My theological framework develops this Pauline paradox through the concept of the *vav ketia*—the 'broken vav' that appears in the Hebrew word *shalom* (peace) in Numbers 25:12, where God grants Phineas a 'covenant of peace' [15]. The scribal tradition requiring this letter to be written with a visible break in its stem presents a remarkable theological image: peace itself—wholeness itself—contains brokenness as constitutive element. The *vav ketia* becomes a hermeneutical key for understanding how meaning emerges from acknowledged limitation, how

wholeness manifests not despite but through brokenness [1].

Applied to addiction recovery, the *vav ketia* suggests that the goal is not the elimination of brokenness but its transformation into sacred structure. The recovering person does not become ‘whole’ in the sense of restored to pre-addictive condition; rather, the very breaks and scars of addictive experience become integrated into a new wholeness that contains—and in some sense requires—acknowledged limitation. This understanding resonates with the common recovery wisdom that ‘character defects’ are not simply eliminated but transformed into sources of strength and compassion. The wound becomes the site of wisdom; the break in the letter becomes the condition for genuine peace.

Neuroscience, Determinism, and the Will’s Bondage

The Neurobiology of Compromised Will

Messer’s exploration of ‘the relationship between theological themes like sin, grace, and divine providence, and neuroethical questions about freedom and moral responsibility’ provides essential resources for integrating scientific and theological perspectives [16]. His analysis interprets addiction ‘as an extreme instance of the common human condition of the will’s bondage to sin’ while engaging seriously with ‘neurobiological factors influencing addiction and self-control.’ This dual engagement—taking both sin and neurobiology seriously—offers a model for the kind of integrated thinking that addiction demands.

Contemporary neuroscience has demonstrated beyond reasonable doubt that addiction involves measurable changes in brain structure and function, particularly in reward pathways, prefrontal cortex, and stress response systems. The ‘hijacked brain’ model, while potentially reductive, captures something essential about the phenomenology of advanced addiction—the experience of being compelled toward behaviors one consciously rejects. Yet this neurobiological determinism, if accepted uncritically, threatens to eliminate the moral dimension that both traditional theology and lived recovery experience affirm. The recovering person typically experiences their journey as involving genuine choice and moral transformation, not merely chemical recalibration.

The theological tradition of the ‘will’s bondage’—from Paul through Augustine to Luther—provides resources for holding this tension. The bondage metaphor acknowledges genuine constraint on freedom while preserving the category of will and thus of moral agency. The addicted person is not simply a malfunctioning machine but a moral agent whose will has become bound—enslaved—to powers beyond conscious control. This bondage is real, not merely imagined; yet it is bondage of a will, not elimination of will altogether. The goal of recovery is thus liberation of the will, not creation of will where none existed.

Tzimtzum and the Space of Freedom

The kabbalistic doctrine of *tzimtzum*—divine contraction—offers a uniquely productive framework for understanding both the bondage and liberation of will. According to this teaching, developed primarily by Isaac Luria and later elaborated in Hasidic thought, the creation of finite existence required the Infinite to ‘contract’ itself, creating a conceptual ‘space’ (*chala*) where finite beings with genuine freedom could exist [17]. Without *tzimtzum*, infinite divine presence would overwhelm all possible finite existence; finite freedom requires divine self-limitation.

I have developed this concept as ‘therapeutic *tzimtzum*’ to describe the clinical stance required for genuine healing

encounter [18]. The physician or therapist must similarly ‘contract’—withdraw from the temptation to impose meaning, to control outcomes, to fill all space with professional expertise—to create space where the patient’s own healing wisdom can emerge. This contraction is not absence but a particular mode of presence: presence-in-withdrawal, availability through restraint. The therapeutic space thus created becomes, in my terminology, a contemporary locus of the Shekhinah—the indwelling divine presence that accompanies Israel even into exile [7].

Applied to the neuroscience-theology dialogue, *tzimtzum* suggests that neurobiological determination and moral freedom are not simply competing explanations but reflect the fundamental structure of finite existence. The brain’s constraint of behavior represents a kind of ‘material *tzimtzum*’—the contraction of infinite possibility into particular neural pathways. Yet within this constraint, genuine choice remains possible, just as within the *chala* created by divine *tzimtzum*, genuine creaturely freedom operates. The addicted person’s liberation does not require escape from neurobiological reality but transformation of their relationship to that reality—what we might call ‘redemption within constraint.’

The Shekhinah in Exile: Divine Presence in Addictive Suffering

The Indwelling Presence

The rabbinic and kabbalistic concept of the Shekhinah—God’s indwelling presence—provides perhaps the most profound resource for addiction theology. The Talmudic teaching that ‘wherever Israel was exiled, the Shekhinah was exiled with them’ (Megillah 29a) establishes a revolutionary theological principle: divine presence does not abandon those in spiritual exile but accompanies them into the depths of their displacement [19]. The Zohar elaborates this into a complex mythology where the Shekhinah herself suffers in exile, longing for reunion with the transcendent divine masculine aspect (*Tiferet*) from which she has been separated.

This framework transforms how we understand divine presence in addiction. The addicted person in the depths of active addiction is not abandoned by God; rather, the Shekhinah accompanies them even into the most degraded circumstances. The ‘rock bottom’ experience so often described in recovery narratives may represent, from this theological perspective, not the point of maximal divine absence but paradoxically the site of most intimate divine presence. When all other supports have collapsed, when the ego’s defensive structures have been stripped away, the hidden presence of the Shekhinah may become accessible in ways impossible during ‘normal’ functioning.

My work on ‘The Pain of the Shekhinah’ develops this concept by examining how the Shekhinah’s exile constitutes not merely a theological metaphor but the structural condition of embodied existence [20]. The primordial wound of *tzimtzum*—the divine self-limitation that makes creation possible—births both world and evil through an originary incision in the Infinite. The Shekhinah, as the feminine hypostasis of this wound, descends into material exile where her pain becomes the site of redemptive encounter. The addicted person’s suffering, understood through this framework, participates in the cosmic suffering of the Shekhinah herself.

The Higher Power Dialectic

One of my recent essays specifically addresses how *tzimtzum* ‘illuminates the struggle between these seemingly contradictory aspects of the divine—the objective, transcendental “Higher Power” versus the subjective, personal “My-Higher Power”—

and how this tension manifests in contemporary religious experience and the implications for the 12 step program of recovery from addiction' [21]. The twelve-step formulation of 'a Power greater than ourselves' (Step Two) and 'God as we understood Him' (Step Three) embodies precisely this dialectic between transcendent otherness and intimate accessibility.

The kabbalistic framework resolves this apparent contradiction through the distinction between Ein Sof (the Infinite beyond all attributes) and the Shekhinah (divine presence accessible in lived experience). The 'Higher Power' of Step Two corresponds to the Ein Sof aspect—utterly transcendent, beyond all human conception, genuinely 'greater than ourselves' in ways that exceed any particular religious formulation. Yet this same Infinite expresses itself through the Shekhinah as intimate indwelling presence—the 'God as we understood Him' of Step Three. Both aspects are essential: the transcendent Higher Power prevents recovery from collapsing into mere self-improvement; the accessible personal God enables actual relationship with divine reality.

This dialectic explains why twelve-step programs can serve adherents of diverse religious traditions (and some with no explicit religious tradition) while remaining genuinely spiritual rather than merely psychological. The program does not require allegiance to a particular conception of God but does require engagement with genuine transcendence—something truly beyond the isolated self. At the same time, this transcendence must become personally accessible, intimately known, capable of being 'turned over to' in the language of Step Three. The kabbalistic framework demonstrates that these apparently contradictory requirements represent the fundamental structure of authentic relationship with the divine.

Suffering, Meaning, and Existential Transformation

Primary and Secondary Suffering

Chen's examination of 'the meaning of suffering in drug addiction and recovery by drawing on perspectives from existentialism, Buddhism, and the 12-Step program' provides crucial phenomenological precision [8]. His distinction between 'primary suffering' (suffering as cause of addiction) and 'secondary suffering' (suffering as motivation for recovery) illuminates the complex role that suffering plays throughout the addictive process. This distinction resonates with the existentialist recognition that suffering itself does not determine meaning; rather, meaning emerges through the stance one takes toward suffering.

Hart and Singh's application of Viktor Frankl's logotherapy to addiction recovery develops this existentialist insight further, demonstrating that 'suffering can be a catalyst for a more fulfilling life if people find meaning and purpose in their suffering' [12]. Their 'Existential Positive Psychology' framework 'acknowledges the value and dignity in illness and the process of healing from suffering' [12]. This positive reframing of suffering aligns with the recovery wisdom that addiction itself, while destructive, can become the occasion for profound personal transformation—the 'gift of desperation' that makes genuine change possible.

My essay 'Chosen to Suffer' develops a theological correlate to this existentialist insight, proposing that 'patients are not passive recipients of misfortune but active bearers of sacred messages' [22]. Drawing on Frankl, Heschel, and Levinas, I argue that 'in the absence of traditional prophets and healers, the modern patient becomes a vessel of divine communication.' The addicted person, from this perspective, is not simply suffering pointlessly

but carrying a message—perhaps for themselves, perhaps for their community, perhaps for the cosmos itself—that requires interpretation rather than mere elimination.

The Hermeneutics of Suffering

In 'The Hermeneutics of Suffering,' I critically examine 'the theological reframing of suffering as sacred calling, positioning it within broader philosophical and literary traditions of meaning-making in the face of human affliction' [23]. Drawing upon Viktor Frankl's logotherapy, Carl Jung's analytical psychology, Simone Weil's mystical philosophy of affliction, and Paul Celan's poetics of trauma, this analysis explores 'both the transformative potential and inherent dangers of sacralizing medical suffering.' The goal is not naïve positive reframing but what I term 'hermeneutics of suffering'—interpretive engagement that 'honors both the search for meaning and the acknowledgment of meaninglessness as equally valid responses to human affliction.'

This hermeneutical approach resists both the temptation to impose meaning prematurely (which can violate the sufferer's experience) and the nihilistic conclusion that suffering is simply meaningless (which abandons the sufferer to despair). Instead, it creates space for meaning to emerge—or not emerge—through sustained engagement with the suffering itself. The therapist or pastoral caregiver does not provide meaning but accompanies the sufferer in the search for meaning, holding the possibility of meaning open without forcing its appearance.

This stance requires what I have termed 'therapeutic tzimtzum'—the contraction of the helper's interpretive authority to create space for the sufferer's own hermeneutical emergence [18]. The physician or therapist who arrives with ready explanations for the patient's suffering, however well-intentioned, may actually obstruct the healing process by foreclosing the patient's own search for meaning. Conversely, the helper who can tolerate not-knowing, who can remain present to suffering without imposing interpretation, creates the conditions where authentic meaning—meaning owned by the sufferer rather than provided by the helper—may emerge.

Hermeneutic Medicine and the Patient as Sacred Text

Beyond Biomedical Reductionism

My development of 'hermeneutic medicine' proposes that 'patients should be treated as "sacred texts" requiring interpretive engagement rather than merely diagnostic intervention' [24]. This approach challenges the biomedical model that dominates contemporary healthcare, which tends to treat patients as biological systems requiring technical repair. While acknowledging the essential contributions of biomedical science, hermeneutic medicine insists that human beings are not merely biological systems but meaning-making creatures whose suffering carries interpretive depth that purely technical approaches cannot access.

The metaphor of 'patient as sacred text' draws on the Jewish tradition of textual interpretation, which approaches Scripture not as dead document but as living Word continuously yielding new meaning through engaged reading. The midrashic tradition holds that Torah contains 'seventy faces'—multiple valid interpretations—and that each new reader brings forth meanings that were always present but previously hidden. Applied to clinical encounter, this framework suggests that each patient presents a text requiring interpretive engagement: their symptoms, history, narrative, and presence contain meanings that cannot be extracted through purely technical analysis but require the kind of attentive reading traditionally applied to

sacred literature.

For addiction specifically, hermeneutic medicine transforms the clinical encounter from problem-solving to interpretation. The addicted person is not simply presenting a problem (addiction) to be solved through appropriate intervention (treatment) but offering a complex text that requires reading. Why this person? Why this substance? Why this moment? These questions cannot be answered through diagnostic protocols alone but require the kind of patient, attentive engagement that characterizes genuine textual interpretation. The clinician becomes not technician but reader, bringing interpretive skill to an encounter with irreducible mystery.

The Therapeutic Space as Divine Dwelling

My essay ‘The Lost Princess in the Healing Room’ develops the concept of ‘Shekhinah consciousness as a transformative framework for understanding therapeutic encounters’ [25]. Drawing on Rebbe Nachman of Breslov’s mystical allegory alongside the Shekhinah theology developed above, this work explores ‘how divine presence manifests through absence in clinical settings.’ The therapeutic space becomes what I term a ‘contemporary locus of divine indwelling, where the dynamics of concealment and revelation converge in the physician-patient encounter.’

Rebbe Nachman’s tale of the Lost Princess presents a narrative of exile and redemption that parallels both addiction and recovery. The princess (representing the Shekhinah/soul) has been captured and imprisoned in a distant castle; the viceroy (representing the seeker) must undertake an arduous journey through multiple obstacles to achieve her rescue. The tale contains failures as well as progress, setbacks as well as advances—a realistic portrayal of the non-linear path that characterizes both spiritual development and addiction recovery. Yet throughout the journey, the princess remains present, even in her captivity, as the organizing telos of the entire quest.

Applied to clinical practice, this framework suggests that the therapeutic space itself can become a site where exile begins to reverse—where the exiled Shekhinah/soul begins its return journey. The therapist who can maintain ‘Shekhinah consciousness’—awareness of divine presence even within apparent absence—creates conditions where healing becomes possible not merely as restoration of function but as redemption of exile. Recovery becomes participation in the cosmic drama of tikkun, the repair of divine fracture that extends from primordial tzimtzum through human history to the eschatological restoration.

Integrating the Twelve Steps with Mystical Tradition

Mesilat Yesharim and the Path of Recovery

My work ‘Spiritual Pathways to Healing: An Integration of Alcoholics Anonymous’s Twelve Steps and Ramchal’s Mesilat Yesharim in Contemporary Therapeutic Practice’ demonstrates direct correspondence between the structure of twelve-step recovery and classical Jewish spiritual development [26]. Rabbi Moshe Chaim Luzzatto’s eighteenth-century ethical treatise presents a ladder of spiritual advancement from basic caution (zehirut) through enthusiasm (zerizut), cleanliness (nekiyut), separation (perishut), purity (taharah), piety (chasidut), humility (anavah), fear of sin (yirat chet), and ultimately holiness (kedushah). Each rung prepares for the next, creating a systematic path of spiritual transformation.

The twelve steps, while emerging from a different religious context, present a remarkably similar structure. Steps One through

Three establish the foundational recognition of powerlessness and need for transcendent assistance (corresponding to zehirut and zerizut—awareness and activation). Steps Four through Seven engage the work of moral inventory and character transformation (corresponding to nekiyut through taharah—cleansing and purification). Steps Eight through Ten address interpersonal repair and ongoing vigilance (corresponding to perishut and chasidut—separation from harm and active goodness). Steps Eleven and Twelve aim toward sustained spiritual practice and service to others (corresponding to anavah through kedushah—humility leading to holiness).

This integration demonstrates that the twelve steps, despite their origin in Protestant Christianity, embody structures of spiritual development found across traditions. The universality claimed by AA is thus not merely rhetorical accommodation but reflects genuine commonality in the phenomenology of spiritual transformation. At the same time, mapping the steps onto a classical Jewish framework provides recovering Jews (and others interested in Jewish approaches) specific resources for deepening their engagement with recovery as authentic spiritual path rather than mere behavior modification.

Teshuvah and the Structure of Return

The Jewish concept of teshuvah (repentance/return) provides additional framework for understanding recovery. Unlike the Christian concept of metanoia (change of mind) that often emphasizes cognitive transformation, teshuvah emphasizes return—specifically, return to an original state of connection with the divine that has been obscured but never completely severed. The addicted person in recovery is thus not becoming someone new but returning to who they always already were beneath the distortions of active addiction.

This understanding has profound implications for the shame dynamics that characterize both addiction and early recovery. If recovery involves becoming someone fundamentally different from who one was in addiction, the addictive past becomes source of lasting shame—a shameful history that must somehow be overcome or forgotten. But if recovery involves return to one’s essential self, the addictive past becomes instead the story of exile and return—certainly painful, but also potentially meaningful as the path through which one discovered (or rediscovered) one’s authentic identity.

The Hasidic tradition elaborates this through the concept of the baal teshuvah (master of return), who is said to stand in a place where even the tzaddik gamur (completely righteous person) cannot stand. The one who has been far and returned possesses a quality of relationship with the divine that is unavailable to one who has never strayed. Applied to addiction, this suggests that the recovering person is not merely restored to ‘normal’ functioning but potentially achieves a depth of spiritual realization unavailable through any other path. The darkness of addiction becomes, paradoxically, the condition for a particular kind of light.

Theodicy Revisited: Beyond Rational Explanation

The Failure of Explanation

My essay ‘Theodicy Revisited: Beyond Rational Explanation Toward Therapeutic Presence in Clinical Practice’ directly challenges ‘the predominant rational approach to theodicy by proposing a therapeutic model grounded in Chassidic theology of “perpetual prayer”’ [27]. Drawing on the Degel Machaneh Ephraim’s interpretation of unfulfilled prayer, I argue that ‘both theodicy and therapeutic practice are fundamentally misconceived when oriented toward rational explanation and

problem resolution. Instead... profound healing occurs through sustained presence within unanswered questions, transforming the clinical encounter from an explanatory exercise into a space of relational holding.'

Classical theodicy attempts to explain why a good God permits evil and suffering. Various solutions have been proposed: free will theodicy (suffering results from human freedom), soul-making theodicy (suffering enables spiritual development), eschatological theodicy (suffering will be redeemed in future divine judgment), and others. Each solution carries partial validity but none ultimately satisfies—particularly for those in acute suffering. The addicted person in the grip of active addiction, or their family members watching helplessly, typically finds no consolation in explanations. 'Why?' remains unanswered regardless of how sophisticated the theological framework.

The approach I propose shifts from explanation to presence. Rather than answering the question of suffering, the therapeutic encounter holds the question open while maintaining relational connection. This is not abandonment of the sufferer to meaninglessness but rather accompaniment within the question itself. The therapist or pastoral caregiver who can tolerate radical uncertainty—who can remain present without needing to explain—creates conditions where suffering may be transformed even without being explained. This approach acknowledges 'that therapeutic efficacy may lie not in providing answers but in creating conditions for what I term "sacred uncertainty"' [27].

Hester Panim and Divine Concealment

The biblical concept of *hester panim* (hiding of the divine face) provides theological resources for understanding divine absence that do not reduce to simple punishment or abandonment. In Deuteronomy 31:17-18, God announces that in response to Israel's unfaithfulness, 'I will hide my face from them.' Yet as subsequent Jewish tradition elaborated, this hiding is not simple absence but a particular mode of presence—presence-in-concealment that paradoxically enables a deeper form of relationship.

My essay on the Lubavitcher Rebbe's teachings examines 'divine concealment (*hester panim*) and redemption (*geulah*) as a viable framework for post-Holocaust theology' [28]. The Rebbe's remarkable teaching that *hester panim* is itself a form of divine presence—that the hiding of the face is not absence of face but presence of hiding face—transforms how we understand suffering in relation to God. God is not absent in addiction's darkest moments but present in a mode of concealment that, if recognized, reveals deeper dimensions of divine care.

This framework resonates powerfully with twelve-step experience. Many recovering persons report that their 'Higher Power' was present even during active addiction, though unrecognized at the time. In retrospect, events that seemed random or even malevolent reveal themselves as guided—the arrest that led to treatment, the crisis that broke through denial, the relationship that offered new possibility. This retrospective recognition suggests not that God intervened at those moments but rather that God was always present in concealed form, and recovery involves learning to perceive the hidden face.

Recovery as Tikkun: Participating in Cosmic Repair The Cosmic Dimension of Personal Healing

The kabbalistic concept of *tikkun* (repair/rectification) positions individual healing within cosmic context. According to Lurianic teaching, the primordial *tzimtzum* and subsequent 'breaking of the vessels' (*shevirat hakelam*) scattered divine sparks throughout

creation [29]. These sparks remain trapped within the 'husks' (*kelipot*) of material existence, awaiting liberation through human action. Every act of ethical behavior, every moment of prayer, every instance of repair—and by extension, every act of recovery—contributes to the cosmic process of gathering the scattered light.

Applied to addiction, this framework suggests that recovery is not merely personal restoration but participation in universal redemption. The addicted person who achieves sobriety and begins to repair damaged relationships is not simply fixing their individual life but contributing to the *tikkun* of creation itself. The Hasidic teaching that every soul descends into embodiment with specific sparks to elevate suggests that perhaps the recovering person's unique contribution to *tikkun* can only be made through the path that leads through addiction and recovery—that the sparks they are destined to redeem are accessible only through that particular journey.

This cosmic framing provides significance to recovery that purely individualistic frameworks cannot offer. The recovering person is not merely getting better for themselves or even for their immediate community but serving a universal purpose. The suffering of addiction and the work of recovery become meaningful not just personally but cosmically—part of the divine drama of exile and return that encompasses all reality. This expanded frame can provide motivation during difficult periods of recovery, when purely personal reasons for staying sober may seem insufficient.

Service and the Twelfth Step

The Twelfth Step of Alcoholics Anonymous commits the recovering person to 'carry this message to alcoholics, and to practice these principles in all our affairs.' This commitment to service represents not merely program requirement but the natural flowering of authentic recovery. The *tikkun* framework illuminates why: having experienced the liberation of divine sparks within their own soul, the recovering person becomes agent of liberation for others. The light they have accessed through their journey is not private possession but gift to be shared—participation in the ongoing work of cosmic repair.

Hood's observation that both religious and secular treatment programs 'employ similar techniques of ideological persuasion (mutual witnessing), social control (discourse deprivation), and demand a zero-tolerance, abstinent lifestyle to transform clients' can be understood more generously through the *tikkun* lens. The mutual witnessing of twelve-step meetings represents not ideological manipulation but authentic sharing of redemptive experience; the 'abstinent lifestyle' is not external control but the discipline necessary for continued participation in cosmic repair. When recovery is understood as *tikkun*, program structures appear less as control mechanisms and more as enabling conditions for sacred work [10].

The sponsorship relationship central to twelve-step culture embodies this dimension particularly clearly. The sponsor who shares their experience with a newcomer is not simply providing information or modeling behavior but transmitting light—passing on the divine spark that was kindled in their own recovery to kindle another. This understanding elevates sponsorship from helpful technique to sacred service, and explains the depth of commitment that characterizes the best sponsorship relationships.

Toward Embodied Therapeutic Practice The Physician as Witness

My essay ‘Suffering in the Therapeutic Space: Job’s Dialogue with Suffering in Contemporary Medical Practice’ develops practical implications of this theological framework [30]. Drawing on the Book of Job, I demonstrate how each of Job’s friends represents a different inadequate response to suffering: Eliphaz relies on personal experience without openness to novelty; Bildad appeals to tradition without attending to present reality; Zophar offers systematic theology without relational presence. ‘Each of these approaches has its medical parallel. The physician who relies exclusively on clinical experience without openness to the genuinely novel aspects of each patient’s situation mirrors Eliphaz’s limitations.’

The alternative model—exemplified by God’s response to Job from the whirlwind—does not explain suffering but transforms the sufferer’s relationship to it through overwhelming presence. The clinician who can embody this kind of presence—not explaining, not fixing, but being present with—offers something that purely technical medicine cannot. This is not rejection of medical science but its completion: the technical interventions of modern medicine require a relational context that technical training alone cannot provide.

My concept of the physician-as-tzaddik develops this further [31]. In Hasidic tradition, the tzaddik (righteous one) serves as conduit between higher and lower worlds, bringing divine blessing downward and elevating human aspiration upward. The physician who can occupy this mediating position—grounded in medical science yet open to sacred dimension—becomes agent of healing that transcends mere symptom management. This does not require explicit religious commitment but rather a particular quality of presence that acknowledges mystery while exercising skill.

Embodied Theology in Clinical Practice

My essay ‘The Wellsprings of Embodied Wisdom’ traces ‘the conception of wisdom (chochmah) as arising from bodily organs other than the brain—particularly the kidneys, heart, and viscera—across biblical, rabbinic, Kabbalistic, and contemporary theological frameworks’ [32]. This work challenges the Cartesian dualism that continues to dominate medical education and practice, proposing instead an embodied epistemology where ‘the body itself is a knowing subject, capable of generating revelation from its hidden depths.’

For addiction treatment specifically, this embodied framework has profound implications. Addiction is fundamentally an embodied phenomenon—not merely mental craving but visceral compulsion rooted in neurophysiology. Yet recovery also involves embodied transformation: new patterns of behavior, new responses to triggering situations, new ways of being in the body. An approach that treats addiction as purely cognitive problem (change your thinking) or purely behavioral problem (change your actions) misses the embodied integration that authentic recovery requires.

The biblical teaching that ‘the kidneys give counsel’ (kelayot yo’atzot) suggests somatic wisdom that precedes and underlies conscious deliberation. The recovering person learns to attend to bodily signals that warn of impending relapse—the embodied wisdom that knows danger before the mind has formulated it. Treatment approaches that cultivate this embodied awareness—mindfulness practices, somatic therapies, body-based spiritual disciplines—honor the biblical anthropology that locates wisdom in the flesh rather than abstracting it to disembodied cognition.

Conclusion

Sacred Brokenness and the Future of Addiction Theology

This essay has proposed that the theological problem of addiction requires neither retreat to pre-scientific spiritualism nor reduction to post-theological materialism but rather integration through a framework capable of honoring both scientific and spiritual dimensions. The kabbalistic concepts of tzimtzum, Shekhinah consciousness, and tikkun provide such a framework—not because they are ‘correct’ in some absolute sense, but because they offer conceptual resources adequate to the complexity of addictive experience.

The theology of sacred brokenness centered on the *vav ketia* offers what may be the most important single insight for addiction theology: wholeness includes rather than excludes brokenness. The recovering person does not ‘overcome’ their addiction in the sense of leaving it behind; rather, the experience of addiction and recovery becomes integrated into a new wholeness that could not have existed without that particular journey. The break in the letter is not flaw to be corrected but the very form through which peace (*shalom*) is written.

Walker, Godlaski, and their colleagues are correct that the twelve steps embody Augustinian assumptions—but the tradition is broader than Augustine. The Pauline paradox developed by Hopson and Moses points toward dialectical possibilities that the Augustinian emphasis on order and disorder forecloses. Messer’s engagement with neuroscience and the will’s bondage demonstrates that ancient theological categories retain explanatory power when appropriately updated. Morgan and Jordan’s call for pastoral theology of addiction finds response in the Shekhinah theology that positions divine presence precisely within exile. Chen’s existentialist analysis of suffering’s meaning receives deepened grounding in the hermeneutics of sacred text. Hood’s recognition that even secular treatment functions as ‘theodicy’ suggests that the question is not whether addiction treatment will be theological but which theology will inform it.

The framework proposed here offers resources for clinicians, pastoral caregivers, and recovering persons themselves. For clinicians, it suggests that technical competence, while necessary, is not sufficient—that the therapeutic encounter requires hermeneutical skill and sacred presence. For pastoral caregivers, it provides specifically theological content that can inform spiritual care without imposing sectarian requirements. For recovering persons, it offers understanding of their journey as meaningful participation in cosmic repair rather than mere management of personal defect.

The work of integration is never complete. Each generation must re-engage the perennial questions through the particular circumstances of its moment. Contemporary addiction presents new substances, new patterns of use, new social contexts, new treatment technologies—and requires continuous theological reflection to maintain meaningful response. Yet the fundamental structure remains: finite creatures seeking transcendence through inadequate means, requiring liberation that lies beyond their individual capacity, discovering through surrender to power greater than themselves a wholeness that incorporates rather than eliminates their brokenness. This structure, ancient as human religion, finds contemporary expression in the recovery rooms and treatment centers of our time—and calls forth the theological reflection this essay has attempted.

In the end, addiction theology points toward the same mystery that all authentic theology approaches: the presence of the infinite within the finite, the sacred within the broken, the possibility

of transformation where transformation seemed impossible. The addicted person who achieves recovery demonstrates this possibility in embodied form—living testimony that exile can reverse, that sparks can be gathered, that the Shekhinah returns from exile through the most unlikely vessels. This testimony, offered in meeting rooms and clinical encounters around the world, constitutes perhaps the most powerful contemporary witness to the reality of redemption. The theological task is to provide language adequate to this witness—language that honors both the darkness of addiction and the light of recovery, the scientific precision of modern medicine and the irreducible mystery of healing, the brokenness that characterizes finite existence and the wholeness toward which creation strains. Such language, this essay has argued, is available in the mystical tradition of tzimtzum, Shekhinah, and tikkun—a tradition that awaits fuller appropriation by all who seek to understand and serve the sacred work of recovery [33-40].

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