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NYÍREGYHÁZA

Religious addiction

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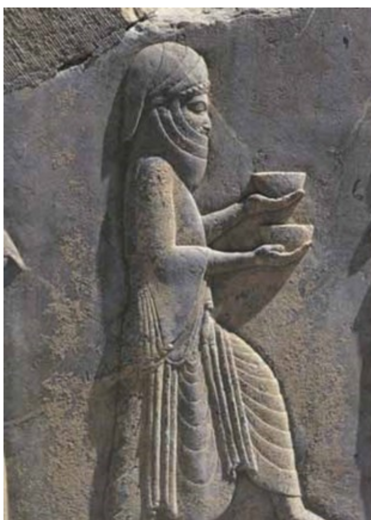
INFO	ABSTRACT
Melinda Imriné Csákányos szabkermelinda@gmail.com **Keywords** religious addiction, spirituality, religion, behavioural addiction, abuse, prevention, healing	Talking about religious addiction in today's age is both a timely and taboo subject. Religion has been a part of human life since ancient times. It is perhaps one of the most exciting and complex areas in research behavioural addictions together with its negative and positive sides. However, when we talk about religious addiction, in addition to the dysfunctional operation of the individual, the dysfunctional operation of the given religious group also appears. I try to explore the topic from several aspects, emphasizing the clarification of the concept and functions of religion, going around its positive and negative effects, and also presenting the methods of its therapeutic nature for young people.
Kulcsszavak vallásfüggőség, spiritualitás, vallás, viselkedési addikció, bántalmazás, prevenció, gyógyulás	**Vallásfüggőség:** Vallásfüggőségről beszélni a mai korban egyszerre időszerű és tabuizált téma. A vallás ősidőktől fogva az emberi élet része. A viselkedési addikciók kutatásában talán az egyik legizgalmasabb és legösszetettebb terület a maga negatív és pozitív oldalaival. Azonban, amikor vallásfüggőségről beszélünk ott az egyén diszfunkcionális működése mellett megjelenik az adott vallási csoport diszfunkcionális működése is. A témát igyekszem több oldalról körbejárni, hangsúlyt fektetve a vallás fogalmának és funkcióinak tisztázására, körbe járva annak pozitív és negatív hatásait, illetve bemutatni a fiatalokra gyakorolt terápiás jellegének módszereit is.

Introduction

Addiction is rarely thought of as a social issue by an average person. However, it always plays a huge role in thinking about a topic, to what extent a given community or nation interprets dependency as a general physical/mental problem (Kapitány 2019: 18-19). Such an interpretation is well observed even in the first pages of the Scripture. The Old Testament records excessive alcohol consumption in about 130 cases, while in the New Testament, where the Savior's teaching already appears, the prohibition of alcohol appears much more likely, despite the fact that wine appears for example as a festive drink, part of certain ceremonies, as a cultic adjunct (2019: 19). According to Máté Kapitány (2019: 19), a Hungarian specialist in alcohololology, in the Middle Ages, the recognition and the social response to it can be observed as replacing the poor quality water and avoiding various infectious diseases, alcohol consumption was almost automatically accepted. In the ancient Egyptian, Greek, and Hebrew worlds, it was natural for the society to entrust the treatment of individuals with abnormal behaviour primarily to priests in the hope of positive change (Horváth és Szabó 2012: 12). In the ancient Persian Empire, the Zoroastrian religion was the official religion (550-330 BC). The sacred book of Zoroastrian priests “Vandidad” contains not only the history of medicine, but also hygienic descriptions and regulations for the practice of medicine. This manuscript reports that the doctors of the age were: surgeons, doctors who helped with herbs, and doctors who healed with holy words (they were the Zoroastrian priests) (Arman Zargaran and Alireza Mehdizadeh and author colleagues 2012). The latter was highly favoured, and historical records also show that the first psychiatrists also emerged from them.

Figure 1: Zoroastrian priest in the statue of Persopolis (500 BC)



Source: Arman Zargaran and Alireza Mehdizadeh et al. 2012

The place of healing was the temple among the ancient people. Religious help, which was still a source of healing at the time, has now come into a whole new light with the advent of religious addiction. In this study, I try to investigate this phenomenon.

Religion and spirituality

In order to understand the issue, it is important to start by discussing the topic of religion, since the subject of religious addiction is the religion itself. Therefore, it is important to define the concept of religion. The clarification of the concept can really be interpreted by presenting spirituality if we take a closer look at these two concepts and the relationship between them. One of the peculiarities of Western sciences is that it makes no distinction between religion and spirituality (Stanislav 2003: 461 - 484). The subject is often seen as "a primitive superstition interpreted as a consequence of illiteracy or clinical psychopathology" (Stanislav 2003: 461 - 484). Nevertheless, there are researchers who highlight the different importance of these two concepts in their research findings. One such example is the neurotheological research of V. Ramachandran, an Indian American neuroscientist, about an area called "God-Spot" which is the location of measurable activity in the temporal lobe that is responsible for the formation of visions (Imriné Csákányos 2007: 17). Studies have shown that as soon as one hears about a spiritual subject, the "Spirituality" part of the brain shown in the picture presents strong activity. According to some perceptions, Ramachandran did not gain much popularity among researchers with this statement, as most scientists do not consider God to be a reasonable object of scientific inquiry (Babusa and Bartha 2005: 103-130). However, people have been preoccupied with the relationship between epilepsy and spiritual receptivity for thousands of years. Numerous studies have shown that individuals with a temporal lobe area prone to epileptic seizures showed greater openness to experiencing spirituality than usual12 (Hyde 2010: 45-46). This phenomenon has been associated with a gradually increasing activity in the temporal lobe. In a study published in 2000, Zohar and Marshall highlighted the importance of the temporal lobe being closely linked to the limbic system, which is the emotional and memory centre of the brain (Hyde 2010: 45-46). A part of the limbic system is the hippocampus, which records memories and experiences. When the emotional centre of the brain is stimulated, the temporal lobe becomes active, which has strong emotional effects. Marshall and Zohar claim that the spiritual experience itself lasts only a short time, but the hippocampus has a deep and powerful effect on the rest of the individual's life (Bryson 2015: 45-46). Based on this theory, Ramachandran repeatedly raises the question of whether the conversion of Saul (Paul the Apostle) is not a manifestation of this process. In addition to all this, Marshall and Zohar emphasize that these

biological processes do not deny the existence of God or the possibility of communication with Him (Bryson 2015: 45-46).

Figure 2: Schematic map of "God spot"

Source: Babusa and Bartha 2005: 108

What we mean by religion is not so easy to formulate, as there is no generally accepted definition and concept for it that would mean the same thing to everyone. Secondly, we must not forget that the definition always conceals the worldview of a given age, the collective mentality and identity of social groups. To clarify the concept, we quote thoughts on religion from German theologian professor Theissen: "*Religion is a cultural sign system which promises that by conforming to an ultimate reality, life can be won*." (Theissen 2001: 17.) The first half of the formulation describes the essence of religion, while the second half of the thought indicates its purpose (the gain of life). That is, religion promises to help the individual and the community in sustaining life and setting a goal. Furthermore, the professor also talks about the fact that religion has so-called psychological and social, that is community functions.

Psychological functions of religion – Theissen mentions three main areas here:

1. *Cognitive function* – religion helps to maintain faith in the hidden order of things, and it always provokes again, „ *when it proclaims that the influence of a very different world is breaking into our world"*. (Theissen 2001: 26) (In the Scripture, prophecies and visions are also such an inflow of revelations.)

2. *Emotional function* – religion surrounds people with protection in their fears, insecurities, and the question of sin. At the same time, provocation can also be observed, which manifests itself mostly in situations pushing the boundaries. For example, when the questions of martyrdom and asceticism appear. People experience the emotional aspect of how they encounter the love of God and their fear of the underworld on their own (Theissen 2001: 26).
3. *Pragmatic function* – through behaviour patterns, people legitimize life forms. It is possible to pragmatically deal with something over which we otherwise have no power, thus overcoming the uncertainty of our own actions (Theissen 2001: 26).

Social functions of religion – the social function of religion prevails in two main areas.

1. *Socialization of the individual* – Theissen describes the impact of religion on the individual as follows: *„the individual accepts the values and norms of society through religion so he can be a 'loyal resident' of the historically continent 'world' in which he lives... Religion is often able to save individuals who would otherwise 'lose' society as a result of their crises.* (Theissen 2001: 28)*"* That is, the role of religion is much more than a simple aid in the socialization of the individual. According to the Theissen idea mentioned above, for some people in crisis, religion is a retaining force that retains and promotes integration into society.
2. *Regulation of conflicts between groups* – here the focus is on groups that are always different in some way. This difference can often cause conflict. In these contentious situations, the visible functions of religion appear, such as the regulation and mitigation of conflict, and in some cases the sharpening of conflict. The direction the conflict takes is determined by the fundamental values of religion (Theissen 2001: 28). After listing these important functions, Theissen also draws our attention to the fact that ***it would be a huge mistake to look at religion only from this point of view from now on.*** This is because religion is much more than thinking, emotion or action, or stabilizing them in some form. Moreover, religion was not even born to overcome crises. "Gains of life" can also take other forms in a person's life. For example, when someone is able to stand up and start again after a severe trauma or concussion (Theissen 2001: 29).

The word spiritual comes from the Latin word spiritus, which means breath, that is, life (Bryson 2015: 2.). It is a driving force that inspires man to find God "as a source of infinite intellect" (Bryson 2015: 2.). So, if we put the two concepts, religion and spirituality next to each other, it becomes clear that while the two concepts belong together, there is a difference between them at the same time. Rather, religion is a

belief system pointing in the direction of a God, containing rules and fulfilling social functions, the Theissen's "gain of life". Spirituality, on the other hand, is an inner connection to God that helps man to become "full" (Taylor 2001: 295). By being connected through this "breath," man becomes fit for self-discovery and development. I believe that when we talk about religious addiction, we can only interpret the concept correctly - as a behavioural disorder - if we interpret these two concepts together and yet separately, because it becomes much more visible that it is not the desire for God that causes the source of confusion, but the way in which connection with God takes place through religion.

Briefly about the nature of addictions

On addiction in general, it is very difficult to determine which is the specific point or event in an individual that triggered the process of dependency. According to today's scientific research, it cannot be linked to a single cause, but there are several factors that contribute to the development of addictive behaviour. I will discuss these factors separately later.

Zsolt Demetrovics, a psychologist/addictologist, points out as an important principle when examining addictions that a distinction should be made between everyday vocabulary and clinical vocabulary.

„… in everyday usage, it means nothing more than this close connection. Within the terminology in addictology, however, addiction always refers to such a behaviour that necessarily has negative consequences…. The clinical practice, addictology, on the other hand, only talks about addiction if there is a problem, if the given behaviour really affects - in a negative, harmful way - my work, my studies, my sleep, my health, my romantic relationship, my relationship with children." (Révai 2016: 16)

As long as a passion does not cause an imbalance in an individual's life as mentioned above, we are not talking about dependency from an addictive point of view. The question of what addiction is in clinical terminology is much more complex than this, as the word "addiction" does not appear in the diagnostic book for mental disorders, DSM-5 (Révai 2016: 17). This book contains and describes all the mental disorders present today, but we cannot find addiction as a specific disease within it. In terminology, we can read about "behavioural disorder" and "substance use disorder" (Révai 2016: 17). Based on these, addictions belong to two major groups in terms of their type: on the one hand, the group of chemical addictions (e.g., use of chemicals), and on the other hand, the group of behavioural addictions (gambling, work addiction, sex addiction…) (Imriné Csákányos 2007: 4.). Religious addiction, which is the subject of my research, is one of the behavioural addictions.

Whatever group of addictions we are talking about, they have common characteristics.

Common characteristics of addictions (Imriné Csákányos 2007: 4.):

- Continuous urge to perform a particular behaviour based on a particular rite.
- The internal tension increases during the behavioural process.
- At the end of the behavioural process and in the subsequent transition phase, a large, rapid tension drop is experienced.
- Eventually, the urge gradually returns after a while.

According to scientists researching ***behavioural addiction***, the first record of behavioural disorder was made in 1500 BC in Egypt. This record mentions Saul, David, and Nebuchadnezzar, known from the Scripture (Taylor 2002: 293). The first modern psychiatric observations on the subject can be found in 18-19. century in accordance with the development of the field, and then in 1917 Freud's writings already included an analysis of obsessive behaviours (Taylor 2002: 293). A medical-psychological understanding of the subject developed in the early twentieth century (Taylor 2002: 293). The excitement about behavioural addiction is manifested in the fact that although no external chemicals get into the body, the symptoms are still similar to chemical addiction. There are behavioural addictions that would not necessarily be automatically called bad, and sometimes even the moral label of "virtue" has been added to it and some of them are still judged as a virtue today. Religious addiction also often falls into this category, since why is it bad for someone to go to church a lot, pray a lot, donate a lot, or just help others in their free time? In a Christian society, this is considered a virtue and an accepted behaviour. Regarding Hungarian society, work addiction has a similar judgment (Révai, 2016: 44-45). Work and the decent wealth that comes with it, are all virtues. While the "diabolical" appearance of a substance (e.g., drug) in a chemical addiction obscures many important little details from the human eye, the mechanisms of behavioural addictions shed light on the importance of "why?" questions (Révai 2016: 45). Why do I do what I do? People with behavioural addiction do not act over and over again because they enjoy it, but to avoid a situation that causes pain or conflict (Révai 2016: 45).

Nature and development of religious addiction

The issue of religious addiction is an extremely complex and complicated topic, which is a multi-element behavioural addiction. It includes the presence of God, the dysfunctional individual, and a dysfunctional church system at the same time (Vanderheyden 1999: 294). Its diversity is also reflected in its formal appearance.

Cheryl Zerbe Taylor mentions the following ***four types*** in the study of "Religious Addiction: Obsession with Spirituality" (Taylor 2002: 296):

1. ***Compulsory religious activity:*** the addicted person fights for the graces of God while a constant guilt nourishes this state from within.
2. ***Laziness:*** these individuals seek to leave the responsibility for their lives in God's hands. In times of conflict or difficulty, their motto is: "God will solve it!" (Taylor 2002: 296)
3. ***Focusing on their own needs***: they centre around themselves in everything to such an extent that God has no place in their lives beside their own desires.
4. ***Mountaintop - experience"***: these people are merely looking for intoxication, magic, experience in religion.

Definitions for determining religious addiction are similarly diverse. The following definitions are from people who are recognized researchers in the field.
„ *Using God, a church or belief system as an escape from reality, in an attempt to find or elevate a sense of self-worth or well-being*." (Booth) (dr. Kovács 2015: 732)
„*A person who is religiously addicted chooses consciously or unconsciously to avoid pain and feel good by finding a sense of esteem through rigid practices and service within a spiritual setting."* (Linn) (Vanderheyden 1999: 294)
„*…it is a process we use to escape from and get control over a painful reality in our lives, especially painful feelings. It is a process designed to escape the truth of who we are*." (Linn) (Vanderheyden 1999: 297)

Of the above formulations, I believe Vanderheydenl's definition provides the most comprehensive picture of the subject. Like all addictions, religious addiction has traceable stages, too (Vanderheyden 1999: 298). The ***initial stage*** could be called the "mood-enhancing" stage (Vanderheyden 1999: 299), where an individual's life moves in a positive direction. Pikó - Kovács authors write about this stage as where reading the Scriptures and going to church bring a sense of reassurance to the individuals and they also reduce feelings of worthlessness. While the practice of religion becomes more and more frequent, the relationships and other roles of the individual become more and more complicated (Kovács Eszter 2015: 733). In the ***second stage***, the symptoms of the first stage intensify. While the level of compulsion is increasing, missed occasions create deep guilt. Religion is equal to the island of peace for the individual, while becoming increasingly isolated from the external environment. Within the religious community, the individual finds the people (leaders) he can rely on as a "crutch" (Vanderheyden 1999: 299). This brings protection and system into the individual's life in order to achieve growth. This "crutching" becomes pathological when the individual is unable to let go of this crutch, for two reasons: First and foremost, this is the only way he can avoid having

to face his own life. The other reason is that the persons on whom he relied on will not let him go, thus preventing him from being "a disciple surpassed his master" (Vanderheyden 1999: 299). The ***last stage*** is characterized by disintegration and loss of control (Kovács Eszter 2015: 733). At this stage, the individual's ideas about religion become extreme and deviant. Religious addiction is a dependence that frees a religious person from other dependencies by keeping the person aware that he is on the right track. Yet all that happens is to avoid confronting his own life and replace any other addictions he may have (smoking, alcohol, drugs) with religious addiction (Vanderheyden 1999: 299). Father Leo Booth, who can be called an expert on the subject, summarized the ***symptoms of religious addiction*** very well, which I quote from Vanderheydenl's study below :

- Inability to think or question authority (Vanderheyden 1999: 299-300).
- Black-and-white thinking (Vanderheyden 1999: 299-300).
- Shame-based belief: "You are not good enough!" (Vanderheyden 1999: 299-300)
- Magical thinking that God will fix you (Vanderheyden 1999: 299-300).
- Rigid, obsessive adherence to rules (Vanderheyden 1999: 299-300).
- Compulsive religious acts extreme financial contributions (Vanderheyden 1999: 299-300).
- Compulsive overeating or excessive fasting (Vanderheyden 1999: 299-300).
- Psychosomatic illness: sleeplessness, back pains, headaches, hypertension (Vanderheyden 1999: 299-300).
- Manipulating, misusing and ***abusing*** with the Scripture (Vanderheyden 1999: 299-300).

A few words are definitely worth devoting to the last symptom marked, as this is a special part of religious addiction, when the individual is abused. When it comes to abuse, research shows that religion plays an extremely positive role in helping child abuse or abused people (*Novšak* 2014: 32). Consequently, it is very difficult to understand that religion can also be applied to abusive behaviour. Actors of religious abuse may include pastors, counsellors, professionals, and others who, through their actions, harm the God-man relationship of the abused individual. These individuals use religion to legalize their own behaviour while destroying the self-image, mental health, and physical existence of the abused person through their abuse. They awaken guilt in the abused person by trying to secure their own self-righteousness (*Novšak* 2014: 32). Religious abuses can be very different. Perhaps sexual abuse is what we hear more and more about in Hungary, especially within the Catholic Church. However, we should not ignore the fact that according to the 2011 census (CSO) data on the religious distribution of Hungary, the majority of the population declared

themselves to be Catholic, so overrepresentation is natural https://www.ksh.hu/nepszamlalas/vallas.

Behaviours identified as religious abuse may, according to one study, be as follows:

- sexual abuse within a religious place or institution by a priest or priests (*Novšak* 2014: 33),
- literal or distorted interpretation of the Scripture (a child is bad because he has evil spirits within) (*Novšak* 2014: 33),
- the pastor can also become a victim if the congregation mocks and humiliates him (*Novšak* 2014: 33),
- enforced spirituality (this is particularly common in cults) (*Novšak* 2014: 33),
- religious authority abuses its power (*Novšak* 2014: 33).

Religion thus entails a kind of duality, as can be seen in the study of Samuel R. Weber and Kenneth I. Pargament, who examined the ***positive and negative effects of religion***. Research has shown that religion has many positive effects. For example, greater mental well-being, lower rates of depression and suicide. They cope better with difficult situations and illnesses. They also have better social relationships. Religion can also have *negative effects*. E.g., The condition of psychotic patients may deteriorate if the patient incorporates spirituality into his delusions (*Novšak* 2014: 33). Spiritual struggles are much more stressful, and negative religious struggles can lead to suicide. It can potentially drive a medical decision in a negative direction because of a person's religion not to accept treatment. People with delusions may experience less support than others.

Religiously addicted people often find their identity outside themselves, which in most cases stems from their damaged self-identity. People suffering from religious addiction seek to dull the pain of their own real life through religion. With the crutch of religion, they feel they can sort out and control their lives, but deep down there is no growth because the great encounter with God is missing. Their lives do not become free, but captive to their own ideas and compulsions. Obsession always involves a kind of fixation, where a freezing of the personality takes place (Vanderheyden 1999: 301). They are characterised by low self-esteem and a desire to belong. These individuals have very often suffered some form of abuse in the past, which can be passed on to their children based on the behavioural patterns of individuals with religious addiction.

Adult symptoms in children of religiously dependent individuals

Children who grow up as the children of religiously dependent parents not only share the addictive life, but they can, and often do, perpetuate a pattern of dysfunctional

behaviour. Taylor's study summarises the symptoms in 12 points which are typical of adults who have grown up like this.

1. As a result of black and white thinking, they do not know what is “normal” (Taylor 2002: 306).
2. Because they are taught from birth that they are worthless to God, they find it difficult to carry out a plan in their lives (Taylor 2002: 307).
3. They have been taught that in order to survive they must always keep things secret, hence their lying personality (Taylor 2002: 307).
4. They have difficulties to find role models because most of the time they had to live up to unattainable, perfect saints (Taylor 2002: 307).
5. They do not go out to have fun because everything that can happen there is a sin (Taylor 2002: 307).
6. It is difficult for them to have intimate relations because they have been taught that man is depraved and sinful (Taylor 2002: 307).
7. Because they have been taught that everything must always be right, they tend to overreact to situations where everything is not right (Taylor 2002: 307).
8. Because they have grown up needing constant affirmation from the church and God, they have a greater need for feedback as adults (Taylor 2002: 307).
9. Often these adults feel more special than other people, because this is what religion has offered them throughout their childhood. This thinking makes their social integration more difficult (Taylor 2002: 307).
10. They have been taught by religion that they are “super-responsible” for making sure that everyone knows this religion, so they often disrespect the feelings of others.
11. They were taught to be loyal at all times, even if the person does not deserve loyalty (Taylor 2002: 307).
12. They were taught as children not to think and not to ask questions. So as adults they often make decisions without thinking.

In general, addictions tend to have a more vulnerable group of people who are more prone to fall into the trap of a particular addiction. In the case of religious addiction, Taylor's study classifies the following types of people: a.) Adults raised in the above-mentioned religiously dependent families. b.) Those who have grown up in dysfunctional families. c.) The elderly who have become lonely, sick, and therefore willing to pay extreme amounts of money to support missions in order to receive healing from God. d.) Marginalized minorities who are vulnerable and feel a sense of belonging where they can finally “get a sense of power and control.” (Taylor 2002: 302), e.) Young people are a vulnerable group as well, as they are in a period of searching for identity.

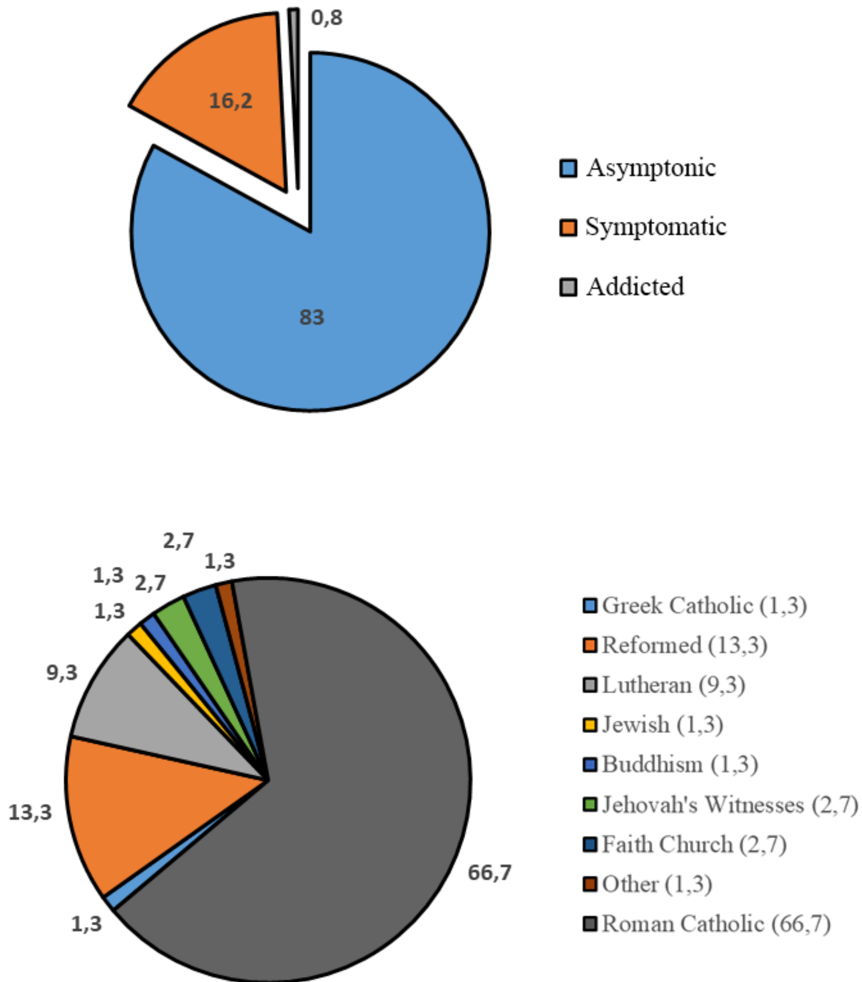
In our country, one major survey was conducted on religious addiction in 2010 among secondary school students. Considering the above risk factors, I do not think it is a coincidence that Eszter Kovács and Bettina Pikó chose this age group as the subject of their research.

Szeged Youth Survey 2010.

The authors, Kovács and Pikó, set up the study with the aim of assessing whether religious addiction is present in the lives of adolescents in Hungary, whether it is associated with other addictions (Kovács 2015: 731), and whether it has an impact on the psychological well-being of adolescents. In the followings, I will present the methodology and results of the research ondary school students in Szeged in the autumn of 2010. The 700 questionnaires received a response rate of 93.7%. The group of adolescents surveyed was randomly selected. The distribution by type of school was as follows. Secondary school students accounted for 21.6%, vocational secondary school students for 63.4%, while vocational school students accounted for 16% (Kovács 2015: 733). The average age was between 16 and 21 years and the gender distribution was as follows: 49.2% of girls and 50.8% of boys (Kovács 2015: 733). The variables used in the survey were the followings: ***religious affiliation*** (current community and denomination), ***religious activity*** (how often do you participate and what are the types of occasions?), ***importance of religion and its value.*** Response was measured on a 7-point scale. The importance of the role of religion in their lives was assessed in a survey based on the research of Barry and Nelson (Kovács 2015: 734). This section explored the importance of confessing their faith, religion and relationships. A questionnaire commonly used to assess behavioural addictions was used to assess religious addiction. This questionnaire part of the research consisted of 6 sections, measured on a 5-point scale. Responses were rated as follows: 0-12 points - ***asymptomatic*** (no symptoms), 13-23 points - ***symptomatic*** (at risk), 24 points and above - ***addiction.*** They used the Well-Being Scale to survey spiritual well-being, which measures existential and religious well-being (dr. Kovács 2015: 734). In terms of health - behaviour, the last three months of drug use and current alcohol consumption, smoking, marijuana/amphetamine usage were assessed. In relation to mental health, the presence of depression, life satisfaction and level of optimism were assessed (Kovács 2015: 734). The incoming results were processed using SPSS 20.0. The most important part of the ***results*** is that 0.8% of the participating young people could be described as religiously addictive, 16.2% were at risk and 83% were completely asymptomatic. In addition, the denominational affiliation of the 0.8% who could be described as religiously

addicted was investigated. The two figures below show these rates, which are taken from the study (Kovács 2015: 736).

Figure 3.: Percentage of religious addiction's groups



Source: Kovács 2015:736

The results also showed that regular alcohol drinkers were less likely to be addicted to religion, while amphetamine users scored much higher on the scale (Kovács 2015: 738). The next striking finding was that those in the at-risk group for religious addiction had lower levels of aggression, while scales for depression, optimism and life satisfaction did not show significant differences between the at-risk and non-at-risk groups. In their summary of research, the authors assess the data as "low levels of religiosity among young people today" (dr. Kovács 2015: 738). At the same time, they also acknowledge that research on religious addiction in Hungary is still very

much in its infancy. At the same time, they highlight that much more emphasis should be placed on prevention, which does not exclude religion itself. “Consequently, finding an appropriate level of optimal religiosity/spirituality could be the goal in the socialisation process of adolescents.” (dr. Kovács 2015: 739)

Healing opportunities

For religious addiction, as for other addictions as well, it is very difficult to get on the road to recovery, because most of the time recovery starts with leaving the community, which leaves the person with a sense of emptiness (Imriné Csákányos 2019: 62). This emptiness must be addressed. Otherwise, this inner emptiness can lead to bitterness and isolation, where one is left alone with questions and pain. Very often, addicted people in this situation look to their helpers for guidance and advice in this situation (Imriné Csákányos 2019: 62). Which is very difficult, for example, from a pastor's point of view, because the question immediately arises: where is the line between helping and possible redirection, between ethical and unethical, between Christian and professional help? In his study, Taylor points out that, in this case as well, the first step to recovery for the addicted person is to be ready to admit his addiction (Taylor 2002: 308). Although religious addiction is a behavioural addiction, it takes an extraordinary toll on the health of the body. Therefore, part of recovery must include physical recovery, which involves a lot of rest and physical activity (Taylor 2002: 308). Religiously addicted people are prone to high levels of obesity due to poor eating habits (Taylor 2002: 308). Reducing caffeine and sugar intake is recommended as part of the therapy to avoid mood swings (Taylor 2002: 308). The mental recovery of the addicted person is a longer process that requires continuous monitoring. Taylor also confirms what Pikó-Kovács authors conclude at the end of their study, that religion is not bad, it is simply that the person has reached a dysfunctional limit from a religious perspective (Taylor 2002: 308). In order to change this, the help of the right professionals is needed (psychologist, addictologist, theologian...). An important part of therapy is to sort out the disordered thinking of the addicted person towards reality-based thinking. Similar therapies are also recommended in Hungary, highlighting the importance of exploratory psychotherapy, supporting the individual journey, and family therapy is also mentioned as an essential element in collaboration with the family (2017 https://kharapisztisz.blog.hu/2017/11/10/vallasfuggoseg). Finally, I think it is important to talk about the future beliefs of the addictive person. Not only does the religious addict need to recover physically and mentally, but it is also important to sort out his relationship with God. A pastor can be of much more help than other professionals. It is very difficult for a person who has recovered from religious addiction to be able to get back in touch with God, to trust Him again. If the person

does get help with this, Taylor says there could be dramatic changes in the following areas. Firstly, he learns to trust God again, and with it, a reduced burden of control happens in his life (Taylor 2002: 314). Secondly, faith in God gradually helps him to trust others (Taylor 2002: 314). Thirdly, the first and second changes bring about that the person learns to trust himself (Taylor 2002: 314).

Summary

In the research of the religiously addicted person, it can be said that the addict uses religion to find an identity for himself outside of himself. This religiously dependent identity endows the dependent person with virtues and self-confidence that help him to avoid facing his own inner pain. Religion as an object of addiction is by no means harmful in itself, as countless studies have shown that, in addition to its negative effects, religion has a greater number of positive effects, which have an impact on society as a whole through the individual. In my view, understanding religious addiction is almost impossible without understanding religion as a concept and the notion of spirituality associated with it. While these two concepts are closely related, it is the very dysfunctional presence of religion against the "existence of spirituality" that is the source of addiction. So, we can speak of dysfunctional religion where the balance between the two is upset. The typical stages of behavioural addictions are also evident in case of religious addiction, as well as the groups who are at risk for religious addiction. Regarding the therapy of addiction, I believe that the science of psychology/psychiatry and theology should work together to develop the therapy. In the process of cooperation, it could be possible for psychiatric professionals, with the help of theology, to better understand the values of the religiously addicted person without exceeding their importance (Weber 2014.), while pastors could also be helped by the science of psychiatry to help the individual in his full reality, so that the individual is not given a destructive false identity through religion, but rather healing and restoration.

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