# Beyond Abstinence: Recovery as Christian Formation—A Wesleyan-Holiness Account of Grace, Agency, and Ecclesial Responsibility

Kyle Hetrick
Independent Researcher, United States
ORCID: 0009–0007–2233–1272
Email: hetrick.ke@gmail.com

## Abstract

This article asks how Wesleyan-Holiness theology can account for sustained recovery without spiritualizing substance use disorder or reducing recovery to abstinence and clinical stabilization. Using Richard Osmer's four practical-theological tasks, it places addiction medicine and recovery research in disciplined dialogue with Scripture and Wesleyan accounts of grace, formation, and holy love. The article's distinct contribution is to join conversations that usually remain separate: constrained agency, responsible grace, formative practice, and bounded ecclesial care. It argues that sustained recovery, considered theologically, is a grace-enabled reformation of agency within truthful, accountable, and sustaining community. Agency is treated as real but graded and socially conditioned; prevenient grace is not equated with willpower or a clinical mechanism. The means of grace are distinguished from treatment and recovery supports, and sanctification from symptom-free stability. After addressing objections concerning severe impairment, blame, the brain-disease model, and enabling, the article proposes accountability without disposability as an ecclesial norm: churches should tell the truth, protect those at risk, refer beyond their competence, preserve appropriate belonging, and never confuse forgiveness with automatic reconciliation, restored trust, or reinstatement.

**Keywords:** substance use disorder; recovery; Wesleyan-Holiness theology; responsible grace; practical theology; means of grace; ecclesial accountability

## 1. Introduction

Recovery is never only a change in substance use. It is also a contested account of what a human life is for, what freedom remains under compulsion, and what persons may rightly expect from the communities that receive them. Clinical care, public policy, mutual-help fellowships, families, and churches approach these questions with different competencies and ends. Their accounts overlap, but they are not interchangeable. Christian theology therefore has a

constructive task: to honor the embodied realities of substance use disorder while speaking truthfully of grace, responsibility, formation, and belonging.

Two reductions make that task urgent. The first reduces recovery to stabilization: abstinence or remission, medical safety, treatment adherence, housing, employment, and rule compliance. These gains can be lifesaving, yet as a complete horizon they can make restored usefulness the measure of restored life. The second treats addiction chiefly as a moral or spiritual failure to be overcome by surrender, decision, or discipline. That account may preserve responsibility but ignore impaired control, trauma, co-occurring illness, environmental constraint, and continuing care. In ministry, the two reductions can converge: people are welcomed while progress is visible and quietly discarded when it is not.

Several bodies of scholarship illuminate this problem. Christopher Cook interprets addiction through the divided self in conversation with Christian ethics; Kent Dunnington retrieves the language of habit and virtue; Hanna Pickard develops a clinical ethic of responsibility without blame. Andrew Kim describes recovery as grace-enabled participation in newness of life, while Justin Chu holds compromised agency and moral responsibility together within a biopsychosocial theology of addiction and a constructive account of the church's role. These works displace the binary of sovereign choice and erased agency.[1]

Within Wesleyan studies, Randy Maddox's responsible grace clarifies the priority of divine action and the reality of human participation, while Dean Blevins shows how the means of grace form an ecology of Christian praxis. Elizabeth Raigan Vowell Miskelly's Restoration offers the closest explicitly Wesleyan predecessor: it adapts the societies, classes, and bands into an intentional, relational, and accountable recovery model. Recovery-capital and whole-person research, from another discipline, explains how resources, identities, and environments support change.[2]

---

1 Christopher C. H. Cook, *Alcohol, Addiction and Christian Ethics* (Cambridge: Cambridge University Press, 2006), 1–8, 127–70; Kent Dunnington, *Addiction and Virtue*: Beyond the Models of Disease and Choice (Downers Grove, IL: IVP Academic, 2011), 42–71; Hanna Pickard, "Responsibility without Blame for Addiction," *Neuroethics* 10, no. 1 (2017): 169–80, https://doi.org/10.1007/s12152-016-9295-2; Andrew Kim, "Newness of Life and Grace-Enabled Recovery from Addiction," *Journal of Moral Theology* 10, special issue 1 (2021): 124–42, https://jmt.scholasticahq.com/article/24531-newness-of-life-and-grace-enabled-recovery-from-addiction; Justin Chu, "A Theology of Addiction and the Opioid Epidemic," *Dignitas* 28, nos. 1–2 (2021): 8–13, https://www.cbhd.org/dignitas-articles/a-theology-of-addiction-and-the-opioid-epidemic.

2 Randy L. Maddox, "Responsible Grace: The Systematic Perspective of Wesleyan Theology," *Wesleyan Theological Journal* 19, no. 2 (1984): 7–22; Dean G. Blevins, "The Means of Grace: Toward a Wesleyan Praxis of Spiritual Formation," *Wesleyan Theological Journal* 32, no. 1 (1997): 69–83; Elizabeth Raigan Vowell Miskelly, *Restoration*: A Wesleyan Model of Recovery

The gap is therefore not the absence of Christian or Wesleyan reflection on recovery. It is the need for a single practical-theological construction that relates graded agency without blame, Wesleyan responsible grace, clinical and recovery-capital evidence, formative practices, and bounded ecclesial restoration while keeping their competencies distinct. Kim does not offer a Wesleyan account; Chu's construction is primarily Reformed and oriented to addiction as sin amid the opioid epidemic; Miskelly develops a concrete Wesleyan ministry model rather than this article's account of agency, clinical limits, sanctification, safeguarding, and reinstatement. The present synthesis builds on rather than displaces those contributions.[3]

This article asks: How can Wesleyan-Holiness theology provide a responsible account of sustained recovery that neither spiritualizes addiction nor reduces recovery to abstinence and clinical stabilization? It argues that sustained recovery, considered theologically, is a grace-enabled reformation of agency within truthful, accountable, and sustaining community. Its contribution is a fourfold synthesis: agency remains meaningful under real constraint; grace enables response without becoming willpower; practices form desire without functioning as treatment; and churches sustain belonging while protecting people, roles, and shared spaces. Within that synthesis, accountability without disposability is this article's distinctive conceptual formulation for the church's obligation to join truthful responsibility and durable, bounded care. This is a Christian account of recovery's human end, not a claim that only Christians truly recover.

The clinical scope requires precision. Substance use disorder is the primary domain; addiction is used as medical and theological shorthand for severe, persistent patterns of substance use marked by impaired control and harm, not for every strong habit or for behavioral addictions. Abstinence means no use of a specified substance. Remission refers to the absence of diagnostic symptoms across a stated period, while harm reduction names strategies that reduce death, disease, and other harms whether or not abstinence is immediate. Recovery is broader and contested: it may include remission, reduced use, improved functioning, health, purpose, and community. Alcohol-

(DMin thesis, Duke University, 2018), 3–5, https://dukespace.lib.duke.edu/items/18552fa4-c773-4505-94b3-dfd00664d65e; William Cloud and Robert Granfield, "Conceptualizing Recovery Capital: Expansion of a Theoretical Construct," *Substance Use & Misuse* 43, nos. 12–13 (2008): 1971–86, https://doi.org/10.1080/10826080802289762.

3 Kim, "Newness of Life," 124–42; Chu, "Theology of Addiction," 8–13; Miskelly, *Restoration*, 3–5.

specific evidence, including Alcoholics Anonymous research, is identified as such and is not generalized to opioids or other substances.[4]

Methodologically, the argument adapts Richard Osmer's four tasks of practical theology. The descriptive-empirical task asks what is occurring and is served here by published clinical and recovery research rather than new participant data. The interpretive task asks why and draws on neuroscience, habit, social ecology, and constrained agency. The normative task asks what ought to occur and is governed by Scripture read through a Wesleyan-Holiness grammar of grace and holy love. The pragmatic task asks how churches might respond and yields practices of formation, referral, safeguarding, and restoration. These tasks form an interpretive spiral, not a hierarchy in which one discipline silently rules the others. Clinical literature describes impairment, outcomes, supports, and risks; it does not establish a theology of grace. Theology names divine action and ecclesial ends; it does not diagnose or prescribe.[5]

The biblical use is doctrinal-practical rather than a comprehensive biblical theology of addiction. Philippians 2 frames grace-enabled action; the Wesleyan means of grace and General Rules supply a formative grammar; Galatians 6, Luke 17, 1 Corinthians 5, 2 Corinthians 2, and Romans 12 guide restoration, correction, forgiveness, and protection. This is not an empirical study: no participant stories or program data are used, and no claim is made about the comparative effectiveness of treatments or ministries.

## 2. The Thin Horizon of Stabilization

In substance use disorder, stabilization is not a minor achievement. Abstinence, freedom from heavy use, medical safety, treatment engagement, secure housing, and reliable income may mark the difference between danger and the possibility of a future. They protect life, reduce harm, restore ordinary responsibilities, and create room in which longer change can occur. Any

4 American Society of Addiction Medicine, "Definition of Addiction," adopted September 15, 2019, https://www.asam.org/quality-care/definition-of-addiction; National Institute on Alcohol Abuse and Alcoholism, "NIAAA Recovery Research Definitions," accessed August 9, 2026, https://www.niaaa.nih.gov/research/niaaa-recovery-from-alcohol-use-disorder/definitions; Substance Abuse and Mental Health Services Administration, "About Recovery," last updated November 25, 2024, https://www.samhsa.gov/substance-use/recovery/about; National Institute on Alcohol Abuse and Alcoholism, "Incorporating Harm Reduction into Alcohol Use Disorder Treatment and Recovery," 2023, https://www.niaaa.nih.gov/news-events/spectrum/volume-15-issue-3-fall-2023/incorporating-harm-reduction-alcohol-use-disorder-treatment-and-recovery.

5 Richard R. Osmer, *Practical Theology*: An Introduction (Grand Rapids: Eerdmans, 2008), 4, 10–17; Richard R. Osmer, "*Practical Theology*: A Current International Perspective," *HTS Teologiese Studies/Theological Studies* 67, no. 2 (2011): art. 1058, https://doi.org/10.4102/hts.v67i2.1058.

theology that treats these gains as merely external or insufficiently spiritual would fail to honor both embodied life and the difficult work by which recovery is sustained.

Yet definitions of recovery serve different purposes. The National Institute on Alcohol Abuse and Alcoholism defines recovery from alcohol use disorder for research through the pursuit of remission and cessation from heavy drinking; it does not require abstinence in every case. It also recognizes fulfillment of basic needs and improvements in health, relationships, spirituality, quality of life, and well-being. These operational criteria make findings more comparable; they do not offer a complete account of flourishing or individualized pastoral direction. For some people, particularly when any use carries high medical, relational, legal, or covenantal risk, abstinence may be the safest and most sustainable goal. For others, evidence-based care may initially or durably pursue cessation of heavy drinking, reduced use, and reduced harm. Goals should therefore be individualized, clinically informed, and never imposed by theology alone.[6]

The Betty Ford Institute consensus panel made a related expansion by describing recovery as a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship. Its language is imperfect and reflects a particular moment in the field, but its threefold structure is instructive. Sobriety is not discarded; it is placed within a life that also concerns health, responsibility, and participation in the common good. Recovery begins to name not only what a person has ceased doing but also the kind of life that becomes possible.[7]

SAMHSA's broader framework similarly describes recovery as a process of change and organizes its supports around health, home, purpose, and community. These dimensions expose the limits of a single-outcome account. A person may meet a substance-use benchmark while remaining isolated, unhoused, exploited, without meaningful work or service, or unable to imagine a future. Conversely, growth in belonging, purpose, and health may be morally and clinically significant even while stability remains fragile. The framework is a public-health

6 Brett T. Hagman, Daniel Falk, Raye Litten, and George F. Koob, "Defining Recovery From Alcohol Use Disorder: Development of an NIAAA Research Definition," *American Journal of Psychiatry* 179, no. 11 (2022): 807–13, https://doi.org/10.1176/appi.ajp.21090963; National Institute on Alcohol Abuse and Alcoholism, "NIAAA Recovery Research Definitions," accessed August 9, 2026, https://www.niaaa.nih.gov/research/niaaa-recovery-from-alcohol-use-disorder/definitions.

7 Betty Ford Institute Consensus Panel, "What Is Recovery? A Working Definition from the Betty Ford Institute," *Journal of Substance Abuse Treatment* 33, no. 3 (2007): 221–28, https://doi.org/10.1016/j.jsat.2007.06.001.

account rather than a theological anthropology, but it rightly refuses to reduce recovery to one observable behavior.[8]

Whole-person recovery scholarship presses the point further by locating change within dynamic relationships among individual behavior, family and peer networks, treatment access, neighborhoods, social conditions, and policy. Housing, transportation, safety, trustworthy relationships, and credible opportunities are therefore not rewards added after the 'real' work of recovery. They help constitute the practical world in which recovery can be chosen and sustained. Such an ecological account does not dissolve personal action into circumstance; it shows why action is never exercised in a social vacuum.[9]

Programs and institutions nevertheless need thresholds. Clinicians must assess risk and outcomes; housing programs must protect residents; employers require dependable conduct; ministries need boundaries; researchers need measures. The problem arises when these proximate goods become a final verdict on the person. Compliance can then be mistaken for formation, productivity for worth, and visible stability for restored life. Those who succeed appear deserving; those who struggle become failures to be managed or removed.

Christian theology must ask a further question: toward what human good are sobriety, reduced harm, remission, and stability ordered? A Wesleyan-Holiness answer points toward holy love—truthful relation to God, renewed love of neighbor, responsible participation, and belonging that is neither earned by usefulness nor erased by failure. This wider horizon does not prescribe one clinical goal for every person, loosen necessary covenants, or romanticize recurrence. It explains why safety, abstinence, housing, work, and treatment matter: they serve an embodied life capable of response, communion, repair, and service.

That claim, however, immediately raises the question of agency. If recovery involves meaningful response, how can the church speak of responsibility without ignoring compulsion, trauma, illness, and unequal conditions? If recovery depends upon relationships and structures, how can

8 Substance Abuse and Mental Health Services Administration, "About Recovery," last updated November 25, 2024, accessed August 9, 2026, https://www.samhsa.gov/substance-use/recovery/about.

9 Katie Witkiewitz and Jalie A. Tucker, "Whole Person Recovery from Substance Use Disorder: A Call for Research Examining a Dynamic Behavioral Ecological Model of Contexts Supportive of Recovery," *Addiction Research & Theory* 33, no. 1 (2025): 1–12, https://doi.org/10.1080/16066359.2024.2329580.

it avoid treating the person as passive? Moving beyond stabilization therefore requires an account neither of sovereign willpower nor of erased freedom, but of agency under constraint.

## 3. Agency Under Constraint

Addiction is often discussed as though only two accounts were available. Either the person is choosing freely and should simply stop, or a disease has removed choice and therefore responsibility. Both descriptions capture something important, but neither is adequate by itself. Substance use disorder is medically serious, and its effects on motivation, judgment, stress, and self-control cannot be reduced to bad character. Yet recovery also ordinarily involves decisions, practices, relationships, and forms of accountability. The conceptual task is therefore not to choose between agency and constraint, but to describe agency under constraint.

Medical accounts clarify the reality of constraint. The American Society of Addiction Medicine defines addiction as a treatable chronic disease arising through interactions among brain circuits, genetics, environment, and life experience. McLellan and his colleagues helped establish the chronic-care logic behind this definition by comparing drug dependence with diabetes, hypertension, and asthma. Their central implication was practical: a condition marked by recurrence and uneven adherence should receive continuing treatment and monitoring, not an acute intervention followed by moral verdict. This analogy does not make addiction identical to those illnesses. It does, however, expose the inadequacy of treating recurrence as proof that treatment was pointless or that the person is beyond care.[10]

Neuroscience makes the pressure on agency more concrete. Volkow, Koob, and McLellan describe changes across reward, stress, conditioned-response, and executive-control systems. Ordinary rewards may lose salience, drug cues and negative affect may gain force, and inhibition, planning, and self-regulation may weaken. A revised brain-disease account emphasizes both neurobiological constraint and the brain's continuing capacity for behavior change. Critics counter that neuroplasticity also characterizes ordinary learning and that disease language can become deterministic or obscure heterogeneity. This article does not adjudicate that

10 American Society of Addiction Medicine, "Definition of Addiction," adopted September 15, 2019, https://www.asam.org/quality-care/definition-of-addiction; A. Thomas McLellan, David C. Lewis, Charles P. O'Brien, and Herbert D. Kleber, "Drug Dependence, a Chronic Medical Illness: Implications for Treatment, Insurance, and Outcomes Evaluation," *JAMA* 284, no. 13 (2000): 1689–95, https://doi.org/10.1001/jama.284.13.1689.

dispute. It uses neuroscience to establish serious impairment while refusing the stronger claim that biology determines every action or supplies a complete anthropology.[11]

Narrowed agency is not necessarily absent agency. Treatment itself often depends upon whatever capacities for reflection, trust, choice, and action remain. Hanna Pickard argues that people with addiction can be responsive to reasons and incentives in at least some circumstances, and that recovery frequently requires mobilizing rather than denying this capacity. Her point is not that everyone always possesses the same options or degree of control. It is that choice and responsibility come in degrees. Trauma, poverty, psychological distress, habitual coping, social isolation, and limited access to alternatives can sharply reduce what a person can do without making every response impossible.[12]

Kent Dunnington's account of addiction as habit helps explain this middle ground. Habit is neither an external force wholly unrelated to the self nor a sequence of fresh, unconstrained choices. It is a formed disposition that carries action with increasing ease in one direction and makes contrary action costly. An addicted person may judge one course to be good while passion, bodily state, and established patterns pull action elsewhere. Change remains possible, but it usually requires more than one sincere decision; it requires sustained counter-practices, supportive conditions, and time. The language of habit must not replace diagnosis, but it clarifies why agency can be real, impaired, and capable of formation all at once.[13]

Cook's account of the divided self broadens the theological conversation beyond habit alone. Drawing on Paul and Augustine, he treats addiction as a conflict of desire and will that is at once biological, social, psychological, moral, and spiritual. His account is especially useful because it refuses simplistic moralism without excluding ethical judgment or the need for grace. Dunnington and Cook therefore contribute different emphases—formed habit and divided

11 Nora D. Volkow, George F. Koob, and A. Thomas McLellan, "Neurobiologic Advances from the Brain Disease Model of Addiction," *New England Journal of Medicine* 374, no. 4 (2016): 363–71, https://doi.org/10.1056/NEJMra1511480; Markus Heilig et al., "Addiction as a Brain Disease Revised: Why It Still Matters, and the Need for Consilience," *Neuropsychopharmacology* 46, no. 10 (2021): 1715–23, https://doi.org/10.1038/s41386-020-00950-y; Marc Lewis, "Addiction and the Brain: Development, Not Disease," *Neuroethics* 10, no. 1 (2017): 7–18, https://doi.org/10.1007/s12152-016-9293-4.

12 Hanna Pickard, "Responsibility without Blame for Addiction," *Neuroethics* 10, no. 1 (2017): 172–77, https://doi.org/10.1007/s12152-016-9295-2.

13 Dunnington, *Addiction and Virtue*, 42–45, 63–71.

willing—that converge on the same conclusion: neither the disease/choice binary nor a single sincere decision adequately describes the person or the work of recovery.[14]

Responsibility under these conditions should be prospective before it is punitive. The central question is not, 'How much condemnation does this failure deserve?' but, 'What truthful response is possible now, and what conditions would make that response more possible?' Pickard calls this responsibility without blame: harmful actions can be named, consequences faced, and commitments renewed without contempt, humiliation, or withdrawal of care. This distinction is essential for recovery ministry. Denying agency can leave a person passive, while blame can deepen shame and isolation. Accountability serves recovery only when it calls forth action while preserving dignity and the possibility of return.[15]

Agency is also social. Witkiewitz and Tucker's dynamic behavioral ecological model locates recovery within changing relationships among personal behavior, immediate settings, neighborhoods, social determinants, and policy. A stable home, access to treatment, supportive peers, meaningful work, safer routines, and communities that offer credible alternatives do not act instead of the person. They alter the practical world within which choices are made and sustained. Conversely, environments saturated with cues, instability, exclusion, or despair can constrict the same capacity. Recovery is therefore neither an autonomous achievement nor something that happens to a passive patient. It is a responsive process enacted within conditions that can cultivate or corrode freedom.[16]

### 3.1 Objections to Agency Under Constraint

A first objection is that even graded responsibility may ask too much of people during withdrawal, intoxication, psychosis, acute trauma, or severe compulsion. The objection is decisive against any uniform demand. Agency under constraint must be capacity-specific and time-indexed: the responsible response possible today may be no more than remaining in a safe setting, accepting transport, or allowing others to act. In an emergency, protection and clinical

14 Cook, *Alcohol, Addiction and Christian Ethics*, 1–8, 127–70; Dunnington, *Addiction and Virtue*, 42–71.
15 Pickard, "Responsibility without Blame," 175–78.
16 Witkiewitz and Tucker, "Whole Person Recovery," 1–12.

care precede moral exhortation. The account preserves responsibility by refusing to demand capacities that are not present.

A second objection is that responsibility without blame weakens moral seriousness. Pickard's distinction, however, does not forbid judgment, consequences, restitution, or protection. It rejects hostile affect, contempt, and punitive suffering as instruments of change. The church may name deception, violence, broken commitments, and neglect while asking what repair and safeguards are now required. Moral language becomes weaker, not stronger, when every failure is collapsed into a verdict on character or faith.[17]

A third objection comes from both sides of the brain-disease debate. To critics, this account may concede too much to medicalization; to defenders, it may restore a disguised moral model. The answer is consilience without reduction. Neurobiology, learning, incentives, relationships, and social conditions can all be causally relevant. Theology then asks a different question: how should persons and communities act truthfully within that layered reality? Agency under constraint is not a rival diagnosis. It is an ethical-theological description calibrated to variable capacities and open to continuing scientific correction.[18]

This account establishes the theological question that follows. If human response is meaningful but wounded, variable, and dependent, Christian theology needs a grammar that neither glorifies willpower nor mistakes constraint for destiny. A Wesleyan account of responsible grace can provide that grammar: God's action precedes, enables, accompanies, and sustains human response without rendering that response unnecessary. The next section will argue that grace does not erase the conditions described here. It makes possible a truthful account of action within them, while directing recovery beyond restored control toward renewed love of God and neighbor.

## 4. Responsible Grace and the Recovery of Response

The account of agency under constraint leaves Christian theology with a precise task. If addiction can narrow attention, desire, judgment, and self-command without making the person a

17 Pickard, "Responsibility without Blame for Addiction," 175–78.

18 Heilig et al., "Addiction as a Brain Disease Revised," 1715–23; Lewis, "Addiction and the Brain," 7–18; Nick Heather, "Q: Is Addiction a Brain Disease or a Moral Failing? A: Neither," *Neuroethics* 10, no. 1 (2017): 115–24, https://doi.org/10.1007/s12152-016-9289-0.

passive object, then neither autonomous willpower nor determinism can explain recovery. A Wesleyan account begins elsewhere: with God's action before, within, and beyond every faithful human response. Grace does not wait for an unimpaired person to initiate change. It meets persons whose capacities are wounded and calls forth a response that remains genuinely theirs without becoming the ground of their salvation.

Philippians 2:12–13 supplies the controlling grammar, first as an ecclesial and soteriological claim. Paul's exhortation to 'work out your own salvation' addresses a congregation called to embody Christ's self-emptying mind, and it is joined, not opposed, to the affirmation that God is already at work among them 'both to will and to work for his good pleasure.' The text is not about recovery. Applied analogically, however, its grammar disciplines Christian speech about response: human action is neither an independent achievement nor an optional appearance after God has done the real work. The church is called to obedient participation because God's gracious agency precedes and sustains it.[19]

John Wesley makes this conjunction explicit in 'On Working Out Our Own Salvation.' God's work, he argues, removes every basis for merit because even the first good desire and the power that carries it toward action are received. Yet divine priority does not cancel response. Wesley states the connection in two movements: God works; therefore human beings can work, and God works; therefore they must work. He locates the beginning of salvation in preventing grace: the first desire to please God, the first light concerning God's will, and the first conviction of sin. Response is thus real, but it is awakened and accompanied by mercy rather than produced from an untouched reservoir of natural freedom.[20]

Randy Maddox names this pattern 'responsible grace.' Salvation remains God's gift; persons cannot heal or save themselves. But grace is personal and transformative rather than coercive. It enables response and summons persons into responsible participation. Maddox's formulation protects both sides of the claim: without grace, responsibility collapses into moralism; without response, grace is distorted into passivity. Responsible grace is therefore not a compromise that

19 Phil. 2:12–13 (ESV). See John Wesley, "On Working Out Our Own Salvation," Sermon 85, in *The Works of John Wesley*, vol. 3, *Sermons I*I, ed. Albert C. Outler (Nashville: Abingdon, 1986), 199–209, esp. 199–203.

20 Wesley, "On Working Out Our Own Salvation," 203–9. Wesley's full-text sermon is also available through the Wesley Center Online, https://wesley.nnu.edu/john-wesley/the-sermons-of-john-wesley-1872-edition/sermon-85-on-working-out-our-own-salvation/.

divides the work between God and the person. It is an asymmetrical relation in which God's initiative creates and sustains the possibility of creaturely action.[21]

Responsible grace is an influential interpretive synthesis, not a formula that ends debate within Wesleyan studies. Later reflection has tested Maddox's historical judgments and his relation to accounts that place stronger emphasis on God's work alone at decisive moments of salvation. The present argument uses the concept modestly: not to measure how much freedom remains, but to preserve the priority of grace and the non-meritorious reality of response. This limited use is sufficient for recovery without making one modern synthesis identical to Wesley's own vocabulary.[22]

Applied to recovery, this doctrine must remain modest. Prevenient grace is not a clinical mechanism, and it does not erase neurobiological change, trauma, withdrawal, co-occurring illness, poverty, or restricted access to care. Nor does it mean that every person possesses the same practical options at a given moment. Its theological force is different: no condition of impairment authorizes the church to pronounce a person unreachable, and no act of response can be credited to self-sufficient resolve. Grace-enabled response may take the form of telling the truth, accepting treatment, taking prescribed medication, asking for protection, making restitution, submitting to a boundary, or returning after failure. These acts do not purchase grace. They are ways a person may answer grace amid constraint.

This application faces an important objection: naming treatment-seeking, medication, confession, or restitution as possible responses to grace could baptize ordinary clinical behavior and imply that non-Christian recovery is theologically deficient. The inference does not follow. Prevenient grace is not an observable causal variable, and no particular behavior proves its presence. The doctrine governs Christian interpretation by forbidding despair and self-congratulation; it does not authorize the church to claim ownership of recovery, rank recoveries by religious content, or translate clinical outcomes into evidence of sanctification.

This distinction also clarifies repentance. Repentance is not humiliation imposed to prove sincerity, nor is it the claim that every symptom is a discrete moral choice. It is a truthful turning

21 Maddox, "Responsible Grace," 12–16.

22 Geordan Hammond, "Reflecting on 'Responsible Grace' after Twenty-Five Years," *Wesleyan Theological Journal* 56, no. 1 (2021): 138–46.

toward God and neighbor that can include confession, lament, responsibility for harm, and consent to forms of help that make a different life more possible. Wesley's sequence excludes boasting while refusing quietism: one acts because God is acting, and one acts in dependence upon God's continuing work. For recovery ministry, accountability is therefore most faithful when it identifies the next responsible response without pretending that shame can manufacture freedom.[23]

The end of this response is also larger than behavioral control. In 'The Scripture Way of Salvation,' Wesley describes salvation as God's present and continuing work from the first dawning of grace toward glory. Sanctification is not merely the suspension of prohibited conduct but renewal in holy love: growing love of God and neighbor expressed in inward and outward holiness. This gives Christian recovery a horizon beyond restored usefulness. Abstinence, safety, and stability are serious goods, often indispensable ones, but none is a sufficient index of holiness. Abstinence does not prove sanctification, and a recurrence of use cannot by itself prove the absence of faith or grace.[24]

Responsible grace therefore recovers response without idealizing freedom. It permits the church to speak of agency, repentance, obedience, and growth while honoring the realities that make action difficult and uneven. It also relocates ecclesial responsibility. If grace calls forth response, Christian communities should cultivate conditions in which truthful response is safer and more sustainable: belonging without denial, boundaries without contempt, referral without abandonment, and patience without passivity. The question is not only whether a person will respond, but whether the community's practices make faithful response more imaginable, supported, and durable.

That question leads from doctrine to formation. Wesley did not imagine growth in grace as a sequence of isolated decisions. Prayer, Scripture, the Lord's Supper, works of mercy, accountable fellowship, and ordinary obedience formed a shared pattern of receptivity and action. Placing these practices alongside recovery research clarifies how communities can support impaired but meaningful agency without recasting discipleship as treatment.

---

23 Wesley, "On Working Out Our Own Salvation," 205–9.

24 John Wesley, "The Scripture Way of Salvation," Sermon 43, in *The Works of John Wesley*, vol. 2, *Sermons II*, ed. Albert C. Outler (Nashville: Abingdon, 1985), 153–69, esp. 156–60.

## 5. Practices, Desire, and Sustaining Community

Responsible grace becomes durable not through a sequence of heroic decisions but through a life organized around practices, relationships, and places. A person may make a truthful response in one moment and still lack the habits, material stability, trustworthy companions, or forms of hope needed to sustain it. Wesleyan theology therefore moves from enabled response to formation: grace calls forth action, and communities help give that action a repeatable social and embodied form.

Wesley's account of the means of grace supplies a necessary theological discipline. He defines them as outward signs, words, or actions appointed as ordinary channels of preventing, justifying, and sanctifying grace, naming prayer, the searching of Scripture, and the Lord's Supper as chief examples. Yet he denies that these practices possess intrinsic power or merit. Separated from the Spirit and from growth in the knowledge and love of God, outward observance can become empty or even conceal an unchanged heart. Practices matter, then, as sites of receptive participation in God's action, not as techniques that mechanically produce holiness.[25]

Early Methodism gave this participation a differentiated communal pattern. Societies were the broad association of those seeking salvation; classes were smaller, regular structures of pastoral oversight and disciplined care; bands gathered a narrower, voluntary fellowship of believers for candid confession, prayer, and searching accountability. These were related institutions, not interchangeable names. The General Rules ordered society life through doing no harm, doing good, and attending upon the ordinances, while class and band practices intensified attention to conduct and the state of the soul. Miskelly's recovery model is therefore a contemporary adaptation of Methodist forms, not a claim that Wesley created an eighteenth-century treatment program. Their relevance lies in refusing private formation: people learn truthful speech, service, repair, and watchfulness through distinct but connected practices carried with others over time.[26]

---

25 John Wesley, "The Means of Grace," Sermon 16, in *The Works of John Wesley*, vol. 1, *Sermons I*, ed. Albert C. Outler (Nashville: Abingdon, 1984), 376–97, esp. 381–83 (II.1–5), https://wesley.nnu.edu/john-wesley/the-sermons-of-john-wesley-1872-edition/sermon-16-the-means-of-grace/.

26 John Wesley, "The Nature, Design, and General Rules of the United Societies," in *The Works of John Wesley*, vol. 9, *The Methodist Societies: History, Nature, and Design*, ed. Rupert E. Davies (Nashville: Abingdon, 1989), 69–75; Wesley, "A Plain Account of the People Called Methodists," in *The Works of John Wesley*, vol. 9, *The Methodist Societies: History, Nature, and Design*, 261–62; Wesley, "Rules of the Band-Societies," in *The Works of John Wesley*, vol. 9, *The Methodist Societies: History, Nature, and Design*, 77–78; Miskelly, *Restoration*, 3–5.

Blevins strengthens this formative account by describing Wesley's instituted and prudential means as an interdependent ecology. Scripture, prayer, Communion, Christian conference, works of mercy, and contextual practices are not isolated technologies; they receive their coherence from God's action and the end of holy love. Prudential means vary with person, culture, and circumstance, while their use must resist spiritual pride and works-righteousness. This Wesleyan-Holiness development supports contextual recovery ministry, but it also sets a limit: a useful recovery practice does not become a means of grace merely because it produces a desired outcome.[27]

This account also clarifies what it means for desire to be formed. Recovery cannot depend on suppressing every disordered desire through willpower, and sanctification cannot be measured by the absence of struggle. Repeated prayer, Scripture, Communion, confession, works of mercy, and Christian fellowship can school attention toward God and neighbor, provide language for truth and hope, and locate the self within a story larger than craving or shame. Their theological end is holy love. Any benefit they offer to stability remains secondary and cannot be advertised as a promised clinical effect.

Because these practices are communal, they also redistribute the burden of vigilance. James 5:16 joins confession and prayer; Hebrews 10:24–25 joins perseverance to the community's deliberate encouragement toward love and good works. Confession can interrupt secrecy without making indiscriminate disclosure a condition of belonging. Encouragement can name danger without reducing a person to risk. Communion receives participants as dependent upon the same mercy, while works of mercy create roles in which people contribute rather than remain permanent objects of care. Formation is sustained not only by being watched, but by learning to watch over one another in love.

Recovery research describes a different but complementary field. Recovery capital names the personal and social resources people can draw upon to initiate and maintain change; its negative form also names conditions that obstruct recovery. Later work has emphasized that the construct requires better definition and measurement, while whole-person models locate recovery within changing relations among health, housing, opportunity, community, and environment. This

27 Blevins, "The Means of Grace," 71–83.

evidence resists the fiction that perseverance is merely an interior possession. A church may contribute relationships, practical help, meaning, and opportunities for service, but it should neither claim control over recovery outcomes nor blame persons for resources they have been denied.[28]

Research on mutual-help groups makes some of these social processes more concrete. Rudolf Moos identifies bonding, goal direction, structure, norms, role models, rewarding alternatives to substance use, coping skills, and self-efficacy as probable active ingredients. A Cochrane review of twenty-seven studies involving 10,565 participants found strong evidence that manualized Alcoholics Anonymous and Twelve-Step Facilitation interventions improved continuous abstinence from alcohol more than some established treatments, while often performing comparably on other alcohol-related outcomes. These findings justify taking mutual aid seriously; they do not establish that every group is safe, that findings for alcohol generalize to all substances, or that ecclesial practices are treatments.[29]

Social-identity research adds that belonging can change which norms, relationships, and futures become imaginable. Qualitative research has described recovery through both the restoration of valued identities and the development of a new recovery identity. Christian community can deepen this account only by resisting a permanent hierarchy between helpers and those being helped. The person in recovery is not merely a recipient of support or a problem to manage, but a bearer of gifts called to worship, friendship, responsibility, and service. Belonging becomes formative when participation is real and dignity does not depend on flawless performance.[30]

Durable belonging can itself be corrupted. A community enables harm when belonging becomes immunity from truth, when material help removes every consequence, or when a valued story of redemption silences those who remain at risk. Formative belonging therefore requires differentiated access, shared discernment, and the freedom to say no. It promises that a person

---

28 Cloud and Granfield, “Conceptualizing Recovery Capital,” 1971–86; David Best and Emily A. Hennessy, “The Science of Recovery Capital: Where Do We Go from Here?” *Addiction* 117, no. 4 (2022): 1139–45, https://doi.org/10.1111/add.15732; Witkiewitz and Tucker, “Whole Person Recovery,” 1–12.

29 Rudolf H. Moos, “Active Ingredients of Substance Use-Focused Self-Help Groups,” *Addiction* 103, no. 3 (2008): 387–96; John F. Kelly, Keith Humphreys, and Marica Ferri, “Alcoholics Anonymous and Other 12-Step Programs for Alcohol Use Disorder,” *Cochrane Database of Systematic Reviews*, no. 3 (2020): CD012880.

30 Genevieve A. Dingle, Tegan Cruwys, and Daniel Frings, “Social Identities as Pathways into and out of Addiction,” *Frontiers in Psychology* 6 (2015): 1795, https://doi.org/10.3389/fpsyg.2015.01795.

will not be reduced to failure; it does not promise unrestricted housing, money, leadership, or contact. The distinction anticipates the ecclesial norm developed below.

Means of grace and recovery supports remain distinct even when they converge in lived experience. The first name practices through which Christians receive and answer God's grace; the second name resources and social processes associated with sustaining recovery. Churches can cultivate both while partnering with clinicians and mutual-help communities whose competencies differ from their own. This layered ecology supports response without turning formation into cure and raises the next question: how can sanctification guide hope without making clinical status a measure of holiness?

## 6. Sanctification Without Spiritualizing Addiction

Sanctification gives recovery a Christian horizon, but it becomes dangerous when used as a clinical scorecard. Wesleyan holiness names the Spirit's renewal of persons in love of God and neighbor; it does not name immunity from illness, craving, trauma, impaired judgment, or continuing care. Abstinence may protect life, preserve relationships, and embody a serious covenant, but it is not interchangeable with holiness. A person may be abstinent while governed by pride or contempt, and a person in clinical instability may still be reaching truthfully toward God and help.

Confusing these categories turns holiness into a visible status hierarchy, invites concealed struggle, and tempts communities to claim causal knowledge they do not possess. Yet distinguishing them does not empty sanctification of behavioral meaning. Holy love calls persons toward honesty, non-harm, mercy, and responsible participation without guaranteeing a predictable clinical course.

The Wesleyan-Holiness tradition sharpens this point by identifying sanctification with holy love rather than a single visible condition. Al Truesdale describes holy love as a theological center that refuses to separate the worth of the person from accountability before God and neighbor. Recent Wesleyan-Holiness scholarship continues to examine whether perfect love and sanctification should be treated as synonymous and emphasizes that sanctification is expressed in Christian community as outward-facing social holiness. In the present construction, entire

sanctification names a grace-given orientation of the whole person toward perfect love, not clinical invulnerability or the end of every struggle. In recovery ministry, this grammar holds together dignity and moral seriousness: the person is never disposable, and conduct is never inconsequential.[31]

This distinction is especially important after a return to use. Such a recurrence is not spiritually neutral: it may place life at risk, conceal deception, violate commitments, or injure neighbors. Yet its meaning cannot be read from the event alone. Current addiction guidance treats recurrence as a reason to resume, modify, or intensify treatment, and warns that shame can drive people out of care and into greater danger. Christian communities should therefore reject both sentimentality and condemnation. The first minimizes harm; the second converts a clinical crisis into a verdict on the person's faith, worth, or future.[32]

Terminology matters here. Relapse is common in clinical literature, but it can be heard pastorally as the loss of all previous progress. This article therefore usually speaks of recurrence or return to use: an event or period requiring fresh assessment, not a total identity. The wording must not minimize overdose risk, especially after reduced tolerance, or conceal the consequences of conduct during use. It simply prevents one episode from carrying a theological judgment that clinical guidance does not warrant.[33]

Wesley's account of the repentance of believers supplies a better grammar for return. Repentance and faith remain necessary throughout growth in grace: repentance tells the truth about what remains disordered and what has been done, while faith receives mercy and power from Christ rather than manufacturing worthiness through remorse. Applied carefully, this means that

---

31 Al Truesdale, "Holy Love vs. Eternal Hell: The Wesleyan Options," *Wesleyan Theological Journal* 36, no. 1 (2001): 102–19, esp. 102–7, https://wesley.nnu.edu/fileadmin/imported_site/wesleyjournal/2001-wtj-36-1.pdf; Priscilla Pope-Levison, "Are Perfect Love & Sanctification Synonymous? Iva Durham Vennard's Reinterpretation of J. A. Wood's Perfect Love," *Wesleyan Theological Journal* 56, no. 2 (2021): 121–36; Lauren Palmer, "Social Holiness for the Sake of the World: John Wesley in Dialogue with N. T. Wright Regarding Sanctification Expressed in Christian Community" (paper presented at the 15th Oxford Institute of Methodist Theological Studies, 2024), 1–2, 9–18, https://oxford-institute.org/wp-content/uploads/2025/01/2024-06-palmer.pdf.

32 National Institute on Drug Abuse, "Treatment and Recovery," *Drugs, Brains, and Behavior: The Science of Addiction*, July 2020, accessed August 9, 2026, https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery; American Society of Addiction Medicine, *Engagement and Retention of Nonabstinent Patients in Substance Use Treatment: Clinical Consideration for Addiction Treatment Providers* (Rockville, MD: American Society of Addiction Medicine, October 2024), 2–3, 10, https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/guidelines/asam_engagement-and-retention-of-nonabstinent-patients_final_082624.pdf.

33 National Institute on Drug Abuse, "Treatment and Recovery"; National Institute on Drug Abuse, "Understanding Drug Use and Addiction DrugFacts," June 2018, accessed August 9, 2026, https://nida.nih.gov/publications/drugfacts/understanding-drug-use-addiction.

repentance after recurrence should name particular realities—use, concealment, harm, neglected safeguards—without pretending that every symptom maps neatly onto a separate chosen sin. Its fruits may include renewed treatment, honest disclosure, restitution, changed access to money or substances, and acceptance of necessary limits.[34]

Medication reveals the same boundary. Methadone, buprenorphine, and naltrexone are approved treatments for opioid use disorder; evidence summarized by the National Institute on Drug Abuse associates methadone and buprenorphine treatment with lower risks of death and overdose. Taking prescribed medication neither sanctifies a person nor disqualifies that person from recovery. Churches may encourage honesty, adherence, and safe medical oversight, but they exceed their vocation when they overrule competent clinicians or portray physiological dependence on a prescribed medicine as proof of spiritual bondage. Receiving appropriate care can itself be an act of humble, responsible participation.[35]

Trauma and co-occurring mental or physical conditions also complicate spiritual interpretation. Depression, anxiety, pain, brain injury, and other conditions can affect attention, participation, and treatment retention. Contemporary clinical standards therefore call for integrated assessment and coordinated care rather than treating these concerns as distractions from addiction treatment. Prayer, confession, worship, and pastoral counsel can accompany such care, but they must not be used to diagnose illness or imply that persistent symptoms reveal weak faith. The church serves holiness here by telling the truth about its competence and helping people reach care it cannot provide.[36]

Sanctification without spiritualization thus holds hope and humility together. Christians may expect grace to transform desire, character, relationships, and action, while refusing to promise that spiritual maturity will produce a predictable clinical course. The appropriate evidence of holy love is not symptomless performance but a life increasingly oriented toward truth, God, and neighbor—including the willingness to seek help, repair harm, submit to safeguards, and begin

34 John Wesley, “The Repentance of Believers,” Sermon 14, II.6 and III.1–2, in *The Works of John Wesley*, vol. 1, *Sermons I*, ed. Albert C. Outler (Nashville: Abingdon, 1984), 349–51, https://wesley.nnu.edu/john-wesley/the-sermons-of-john-wesley-1872-edition/sermon-14-the-repentance-of-believers/.

35 National Institute on Drug Abuse, “Medications for Opioid Use Disorder,” March 20, 2025, accessed August 9, 2026, https://nida.nih.gov/research-topics/medications-opioid-use-disorder.

36 American Society of Addiction Medicine, Engagement and Retention of Nonabstinent Patients, 18–19.

again. That conclusion presses the ecclesial question forward: what forms of accountability protect persons and communities without making failure the basis for abandonment?

## 7. Ecclesial Responsibility: Accountability Without Disposability

If recovery is a grace-enabled reformation of agency, ecclesial responsibility cannot end with encouragement. Churches shape the conditions under which truth can be spoken, help received, harm interrupted, and belonging preserved. Accountability without disposability names this article's distinctive conceptual proposal for that vocation: the community calls persons toward truthful and proportionate responsibility while refusing contempt, neglect, or reduction of anyone to the worst thing that person has done.

### 7.1 Restoration, Forgiveness, and Trust

Galatians 6:1–2 holds restoration, gentleness, self-watchfulness, and shared burden-bearing together. Luke 17:3–4 joins rebuke, repentance, and repeated forgiveness; Romans 12:19–21 forbids personal vengeance and commands active good. Paul's correspondence with Corinth adds a communal dimension. First Corinthians 5 requires action when harmful conduct is publicly tolerated, while 2 Corinthians 2:5–8—whether or not it concerns the same offender—warns that discipline must not become overwhelming sorrow and calls the community to reaffirm love. No single passage supplies a modern policy, but together they rule out both permissiveness and punitive abandonment.[37]

Wesley's General Rules give this responsibility a disciplined form. Doing no harm requires attention not only to substance use but also to deception, coercion, exploitation, enabling, stigma, and unsafe ministry practices. Doing good includes practical assistance, referral, patient friendship, and opportunities for meaningful service. Attending upon the ordinances of God situates both restraint and mercy within worship and grace. The pattern is neither permissive nor

37 James D. G. Dunn, *The Epistle to the Galatians* (Peabody, MA: Hendrickson, 1993), 319–20; Joel B. Green, *The Gospel of Luke*, New International Commentary on the New Testament (Grand Rapids: Eerdmans, 1997), 610; Brian S. Rosner, "Temple and Holiness in 1 Corinthians 5," *Tyndale Bulletin* 42, no. 1 (1991): 137–45, https://doi.org/10.53751/001c.30500; David R. Hall, "Pauline Church Discipline," *Tyndale Bulletin* 20 (1969): 15–17, https://doi.org/10.53751/001c.30673. Hall surveys and contests the common view that the offender in 2 Corinthians 2 is not the person disciplined in 1 Corinthians 5.

punitive: conduct matters, admonition is possible, and participation is ordered toward salvation rather than social respectability.[38]

Christian forgiveness is not amnesia, coerced emotional closure, or the suspension of justice. L. Gregory Jones places forgiveness within practices of repentance, truth, accountability, punishment, and the hope of communion, while warning against both cheap and impossibly heroic accounts. Traditions differ over whether forgiveness of an unrepentant offender is always commanded; this article need not settle that dispute to establish a pastoral minimum. No harmed person should be forced to declare forgiveness, resume contact, or surrender protection. Reconciliation is relational and therefore cannot be achieved unilaterally; trust grows through truthful conduct over time; reinstatement restores access to authority, money, confidential information, housing, or vulnerable people. None follows automatically from an announcement of repentance or forgiveness.[39]

### 7.2 Safeguarding, Boundaries, and Durable Belonging

Consequences should therefore be proportionate, explained, and connected to their protective or formative purpose. A return to use may require a new clinical assessment, a safety plan, changed transportation or financial arrangements, temporary withdrawal from a ministry role, or a different setting. Violence, predation, diversion of medication, distribution of substances, or access that endangers others requires firmer action. Boundaries should be communicated before crisis when possible, reviewed by more than one leader, and never improvised as humiliation. Responsibility without blame is not the absence of consequences; it is the refusal to make suffering, anger, or exclusion their hidden purpose.[40]

Long-term accompaniment also requires competence boundaries. Pastors and peers can pray, listen, confess hope, assist with transportation, support treatment adherence, and help repair practical damage. They should not diagnose, prescribe, promise cure, or make continued pastoral care depend on clinical success. Guidance written for treatment programs offers a useful, limited analogy: retain and reengage people whenever safely possible, but protect others and arrange an

38 Wesley, “Nature, Design, and General Rules,” 69–75.
39 L. Gregory Jones, *Embodying Forgiveness: A Theological Analysis* (Grand Rapids: Eerdmans, 1995), 3–8, 163–278.
40 Pickard, “Responsibility without Blame,” 175–78.

appropriate transition when a person's presence poses serious risk. The church is not a treatment program, yet it should likewise distinguish removal from a setting or role from abandonment of the person.[41]

The objection that such belonging enables recurrence is serious only if belonging is confused with unrestricted access or rescue from consequences. Accountability without disposability may require separation from a residence, group, ministry, or relationship; it may also require reporting, restitution, or a permanent bar from particular roles. Its claim is narrower and more demanding: the church should identify whatever safe forms of pastoral contact, worship, referral, and neighborly regard remain possible. Where direct contact would burden a harmed person, care must be provided through other people and spaces.

Churches should embody these distinctions in a transparent restoration pathway rather than rely on private pastoral discretion. The process should identify the conduct and harm at issue, immediate safeguards, applicable legal, civil, and denominational reporting and notification duties, needed clinical or legal referral, roles that must pause, persons responsible for review, and the evidence and time required before reconsideration. Because duties vary by jurisdiction, role, alleged conduct, and the age or vulnerability of the affected person, churches should obtain competent guidance rather than assume one universal rule. Confidentiality should limit disclosure to what care, law, and safety require; it must not become secrecy that protects an institution or leader. Church safeguarding policies and specialist guidance assign reports to trained receivers or safeguarding teams rather than one charismatic advocate. Shared review protects against both favoritism and punishment disguised as discernment.[42]

This distinction makes durable belonging concrete. Someone may be unable to lead, handle funds, live in church-provided housing, or attend a particular group while still being welcomed to worship, offered pastoral contact, connected to care, and received as a neighbor rather than a cautionary tale. Where contact itself would burden or endanger another person, belonging may need to be sustained through different people or spaces. Restoration is not a single ceremony but a patient process of truth, repair, discernment, and renewed participation.

---

41 American Society of Addiction Medicine, Engagement and Retention, 4, 20–24.

42 Anglican Church in North America, "Safeguarding in Our Churches," accessed August 9, 2026; GRACE, "Safeguarding Initiative," accessed August 9, 2026. Full URLs appear in the bibliography.

Ecclesial responsibility is therefore measured not by the absence of disorder but by the quality of the community's response to it. Churches become communities of responsible grace when they tell the truth without contempt, protect without discarding, refer without withdrawing, and make return possible without pretending that every role or relationship can be restored on the same timetable. Accountability then serves holy love: it guards neighbors, calls forth agency, and preserves the person's future within the mercy of God.

## 8. Conclusion: Communities of Responsible Grace

To move beyond abstinence is not to move away from it. Abstinence may protect life, restore trust, and express a necessary personal or communal covenant. Reduced harm, remission, housing, employment, treatment engagement, medication, and compliance with protective boundaries are likewise serious goods. None, separately or together, can bear the full theological meaning of recovery. They are ordered toward a life capable of truth, communion, responsibility, repair, service, and love. Beyond therefore means more than, not instead of.

The article's scholarly contribution has been to connect four conversations normally conducted apart. Clinical and recovery research describes constraint, recurrence, resources, and outcomes. Accounts of habit, divided willing, and responsibility without blame clarify moral agency. Wesleyan responsible grace and the means of grace name divine priority, responsive participation, and formation. Ecclesial ethics translates those claims into bounded practices of belonging, discipline, safeguarding, and return. Osmer's four tasks make the movement among these disciplines visible and prevent any one from silently performing work for which it is not competent.

The conceptual center is agency under constraint. Substance use disorder can narrow attention, desire, judgment, and self-command without rendering every action involuntary or every person unreachable. Agency is graded, socially conditioned, and variable across moments. Wesleyan responsible grace gives theological form to this middle position: grace precedes, awakens, and sustains response, while response remains meaningful without becoming meritorious or sovereign. The practical question is not how much blame failure deserves, but what faithful response is possible now and what conditions make it safer and more durable.

The means of grace and recovery supports can cooperate without being equated. Prayer, Scripture, Communion, confession, works of mercy, and accountable fellowship are practices of receptive participation in grace; treatment, mutual aid, stable housing, and trustworthy relationships are distinct supports within the same lived ecology. Their cooperation protects access to competent care, while their distinction prevents the church from advertising discipleship as cure.

Sanctification supplies the end of holy love without becoming a measure of symptom control. Recurrence can be dangerous and harmful, requiring intensified care, restitution, and firmer safeguards, but it is not a reliable verdict on faith or grace. Christian accountability serves holiness when it strengthens truthful return rather than converting failure into identity.

For churches and Christian recovery ministries, accountability without disposability is not a softer alternative to discipline but a more exacting form of it. It distinguishes forgiveness, reconciliation, trust, and reinstatement; protects those at risk; shares consequential decisions; obeys reporting duties; refers beyond ecclesial competence; and sustains safe forms of belonging when a role, residence, group, or relationship cannot be restored. Protection and consequence must not silently become contempt and abandonment.

The church’s faithfulness in recovery is not finally measured by dramatic success stories. It is measured by whether people encounter a community in which grace makes truthful response possible, responsibility serves repair, and failure does not erase personhood or future. Such a community cannot promise immunity from recurrence or remove the need for long-term care. It can embody a more durable hope: no one is reduced to usefulness, no one is abandoned to compulsion, and no one stands beyond the reach of the God whose grace restores agency toward holy love.

## Author Biography

Kyle Hetrick is an independent researcher and a Salvation Army Corps Mission Associate whose work explores practical theology, Christian formation, recovery, and public discipleship. The views expressed are his own.

## Declarations

**Author contribution:** The author conceived, researched, wrote, revised, and approved the manuscript.

**Funding:** This research received no external funding.

**Competing interests:** The author serves on the Faith • Civilization • Theology Editorial Advisory Board. This relationship was disclosed to the Editor-in-Chief, and the author did not participate in reviewer selection, peer review, or the editorial decision concerning this manuscript.

**Ethics and data availability:** This constructive practical-theological study used no human participants, identifiable participant accounts, unpublished program data, or newly generated datasets.

**Originality and prior dissemination:** This manuscript is original, has not been published, and is not under consideration elsewhere. It develops a concern related to the author's earlier FCT essay, "The Disposable Society and the God Who Restores," but presents a distinct research question, argument, method, and source base.

**Use of generative artificial intelligence:** This article was conceived and directed by the author, who assumes full responsibility for its content. Generative AI was used in a supporting role during drafting and revision, particularly to assist with organization, clarity, editorial refinement, and identifying matters requiring further review. The author reviewed and approved the final language, independently verified all sources and quotations, and retained final authority over the argument, theological interpretation, judgments, and conclusions.

## Bibliography

American Society of Addiction Medicine. Engagement and Retention of Nonabstinent Patients in Substance Use Treatment: Clinical Consideration for Addiction Treatment Providers. Rockville, MD: American Society of Addiction Medicine, October 2024. https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/guidelines/asam_engagement-and-retention-of-nonabstinent-patients_final_082624.pdf.

American Society of Addiction Medicine. "Definition of Addiction." Adopted September 15, 2019. Accessed August 9, 2026. https://www.asam.org/quality-care/definition-of-addiction.

Anglican Church in North America. "Safeguarding in Our Churches." Accessed August 9, 2026. https://anglicanchurch.net/safeguarding-in-our-churches/.

Best, David, and Emily A. Hennessy. "The Science of Recovery Capital: Where Do We Go from Here?" *Addiction* 117, no. 4 (2022): 1139–45. https://doi.org/10.1111/add.15732.

Betty Ford Institute Consensus Panel. "What Is Recovery? A Working Definition from the Betty Ford Institute." *Journal of Substance Abuse Treatment* 33, no. 3 (2007): 221–28. https://doi.org/10.1016/j.jsat.2007.06.001.

Blevins, Dean G. "The Means of Grace: Toward a Wesleyan Praxis of Spiritual Formation." *Wesleyan Theological Journal* 32, no. 1 (1997): 69–83. https://wesley.nnu.edu/fileadmin/imported_site/wesleyjournal/1997-wtj-32-1.pdf.

Chu, Justin. "A Theology of Addiction and the Opioid Epidemic." *Dignitas* 28, nos. 1–2 (2021): 8–13. https://www.cbhd.org/dignitas-articles/a-theology-of-addiction-and-the-opioid-epidemic.

Cloud, William, and Robert Granfield. "Conceptualizing Recovery Capital: Expansion of a Theoretical Construct." *Substance Use & Misuse* 43, nos. 12–13 (2008): 1971–86. https://doi.org/10.1080/10826080802289762.

Cook, Christopher C. H. *Alcohol, Addiction and Christian Ethics*. Cambridge: Cambridge University Press, 2006.

Dingle, Genevieve A., Tegan Cruwys, and Daniel Frings. "Social Identities as Pathways into and out of Addiction." *Frontiers in Psychology* 6 (2015): 1795. https://doi.org/10.3389/fpsyg.2015.01795.

Dunn, James D. G. *The Epistle to the Galatians*. Peabody, MA: Hendrickson, 1993.

Dunnington, Kent. *Addiction and Virtue: Beyond the Models of Disease and Choice*. Downers Grove, IL: IVP Academic, 2011.

GRACE. "Safeguarding Initiative." Accessed August 9, 2026. https://www.netgrace.org/safeguarding-initiative.

Green, Joel B. *The Gospel of Luke*. New International Commentary on the New Testament. Grand Rapids: Eerdmans, 1997.

Hagman, Brett T., Daniel Falk, Raye Litten, and George F. Koob. "Defining Recovery From Alcohol Use Disorder: Development of an NIAAA Research Definition." *American Journal of Psychiatry* 179, no. 11 (2022): 807–13. https://doi.org/10.1176/appi.ajp.21090963.

Hall, David R. "Pauline Church Discipline." *Tyndale Bulletin* 20 (1969): 3–26. https://doi.org/10.53751/001c.30673.

Hammond, Geordan. “Reflecting on ‘Responsible Grace’ after Twenty-Five Years.” *Wesleyan Theological Journal* 56, no. 1 (2021): 138–46.

Heather, Nick. “Q: Is Addiction a Brain Disease or a Moral Failing? A: Neither.” *Neuroethics* 10, no. 1 (2017): 115–24. https://doi.org/10.1007/s12152-016-9289-0.

Heilig, Markus, James MacKillop, Diana Martinez, Jürgen Rehm, Lorenzo Leggio, and Louk J. M. J. Vanderschuren. “Addiction as a Brain Disease Revised: Why It Still Matters, and the Need for Consilience.” *Neuropsychopharmacology* 46, no. 10 (2021): 1715–23. https://doi.org/10.1038/s41386-020-00950-y.

Jones, L. Gregory. *Embodying Forgiveness: A Theological Analysis*. Grand Rapids: Eerdmans, 1995.

Kelly, John F., Keith Humphreys, and Marica Ferri. “Alcoholics Anonymous and Other 12-Step Programs for Alcohol Use Disorder.” *Cochrane Database of Systematic Reviews*, no. 3 (2020): CD012880. https://doi.org/10.1002/14651858.CD012880.pub2.

Kim, Andrew. “Newness of Life and Grace-Enabled Recovery from Addiction.” *Journal of Moral Theology* 10, special issue 1 (2021): 124–42. https://jmt.scholasticahq.com/article/24531-newness-of-life-and-grace-enabled-recovery-from-addiction.

Lewis, Marc. “Addiction and the Brain: Development, Not Disease.” *Neuroethics* 10, no. 1 (2017): 7–18. https://doi.org/10.1007/s12152-016-9293-4.

Maddox, Randy L. “Responsible Grace: The Systematic Perspective of Wesleyan Theology.” *Wesleyan Theological Journal* 19, no. 2 (1984): 7–22. https://divinity.duke.edu/sites/default/files/documents/14_Responsible_Grace.pdf.

McLellan, A. Thomas, David C. Lewis, Charles P. O’Brien, and Herbert D. Kleber. “Drug Dependence, a Chronic Medical Illness: Implications for Treatment, Insurance, and Outcomes Evaluation.” *JAMA* 284, no. 13 (2000): 1689–95. https://doi.org/10.1001/jama.284.13.1689.

Miskelly, Elizabeth Raigan Vowell. Restoration: A Wesleyan Model of Recovery. D.Min. thesis, Duke University, 2018. https://dukespace.lib.duke.edu/items/18552fa4-c773-4505-94b3-dfd00664d65e.

Moos, Rudolf H. “Active Ingredients of Substance Use-Focused Self-Help Groups.” *Addiction* 103, no. 3 (2008): 387–96. https://doi.org/10.1111/j.1360-0443.2007.02111.x.

National Institute on Alcohol Abuse and Alcoholism. “Incorporating Harm Reduction into Alcohol Use Disorder Treatment and Recovery.” 2023. Accessed August 9, 2026. https://www.niaaa.nih.gov/news-events/spectrum/volume-15-issue-3-fall-2023/incorporating-harm-reduction-alcohol-use-disorder-treatment-and-recovery.

National Institute on Alcohol Abuse and Alcoholism. “NIAAA Recovery Research Definitions.” Accessed August 9, 2026. https://www.niaaa.nih.gov/research/niaaa-recovery-from-alcohol-use-disorder/definitions.

National Institute on Drug Abuse. “Medications for Opioid Use Disorder.” March 20, 2025. Accessed August 9, 2026. https://nida.nih.gov/research-topics/medications-opioid-use-disorder.

National Institute on Drug Abuse. “Treatment and Recovery.” *Drugs, Brains, and Behavior: The Science of Addiction*. July 2020. Accessed August 9, 2026. https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery.

National Institute on Drug Abuse. “Understanding Drug Use and Addiction DrugFacts.” June 2018. Accessed August 9, 2026. https://nida.nih.gov/publications/drugfacts/understanding-drug-use-addiction.

Osmer, Richard R. *Practical Theology: An Introduction*. Grand Rapids: Eerdmans, 2008.

Osmer, Richard R. "Practical Theology: A Current International Perspective." *HTS Teologiese Studies/Theological Studies* 67, no. 2 (2011): art. 1058. https://doi.org/10.4102/hts.v67i2.1058.

Palmer, Lauren. "Social Holiness for the Sake of the World: John Wesley in Dialogue with N. T. Wright Regarding Sanctification Expressed in Christian Community." Paper presented at the 15th Oxford Institute of Methodist Theological Studies, 2024. https://oxford-institute.org/wp-content/uploads/2025/01/2024-06-palmer.pdf.

Pickard, Hanna. "Responsibility without Blame for Addiction." *Neuroethics* 10, no. 1 (2017): 169–80. https://doi.org/10.1007/s12152-016-9295-2.

Pope-Levison, Priscilla. "Are Perfect Love & Sanctification Synonymous? Iva Durham Vennard's Reinterpretation of J. A. Wood's Perfect Love." *Wesleyan Theological Journal* 56, no. 2 (2021): 121–36.

Rosner, Brian S. "Temple and Holiness in 1 Corinthians 5." *Tyndale Bulletin* 42, no. 1 (1991): 137–45. https://doi.org/10.53751/001c.30500.

Substance Abuse and Mental Health Services Administration. "About Recovery." Last updated November 25, 2024. Accessed August 9, 2026. https://www.samhsa.gov/substance-use/recovery/about.

Truesdale, Al. "Holy Love vs. Eternal Hell: The Wesleyan Options." Wesleyan Theological Journal 36, no. 1 (2001): 102–19. https://wesley.nnu.edu/fileadmin/imported_site/wesleyjournal/2001-wtj-36-1.pdf.

Volkow, Nora D., George F. Koob, and A. Thomas McLellan. "Neurobiologic Advances from the Brain Disease Model of Addiction." *New England Journal of Medicine* 374, no. 4 (2016): 363–71. https://doi.org/10.1056/NEJMra1511480.

Wesley, John. "A Plain Account of the People Called Methodists." In *The Works of John Wesley*, vol. 9, *The Methodist Societies: History, Nature, and Design*, edited by Rupert E. Davies, 254–80. Nashville: Abingdon, 1989.

Wesley, John. "On Working Out Our Own Salvation." Sermon 85. In *The Works of John Wesley*, vol. 3, *Sermons III*, edited by Albert C. Outler, 199–209. Nashville: Abingdon, 1986.

Wesley, John. "Rules of the Band-Societies." In *The Works of John Wesley*, vol. 9, *The Methodist Societies: History, Nature, and Design*, edited by Rupert E. Davies, 77–80. Nashville: Abingdon, 1989.

Wesley, John. "The Means of Grace." Sermon 16. In *The Works of John Wesley*, vol. 1, *Sermons I*, edited by Albert C. Outler, 376–97. Nashville: Abingdon, 1984.

Wesley, John. "The Nature, Design, and General Rules of the United Societies." In *The Works of John Wesley*, vol. 9, *The Methodist Societies: History, Nature, and Design*, edited by Rupert E. Davies, 69–75. Nashville: Abingdon, 1989.

Wesley, John. "The Repentance of Believers." Sermon 14. In *The Works of John Wesley*, vol. 1, *Sermons I*, edited by Albert C. Outler, 335–52. Nashville: Abingdon, 1984.

Wesley, John. "The Scripture Way of Salvation." Sermon 43. In *The Works of John Wesley*, vol. 2, *Sermons II*, edited by Albert C. Outler, 153–69. Nashville: Abingdon, 1985.

Witkiewitz, Katie, and Jalie A. Tucker. "Whole Person Recovery from Substance Use Disorder: A Call for Research Examining a Dynamic Behavioral Ecological Model of Contexts Supportive of

Recovery.” *Addiction Research & Theory* 33, no. 1 (2025): 1–12. https://doi.org/10.1080/16066359.2024.2329580.