Integral Recovery: A Brief Overview

By John Dupuy

I began my journey of developing an Integral approach to the treatment of alcohol and drug addiction in early 2003, when I encountered Ken Wilber's AQAL model for the first time. Prior to that, I had spent many years working with addicts and their families and trying to develop better treatment models. The industry I had been working in was the therapeutic wilderness industry in the U.S., where adolescents and adults are taken into the wilderness for an average of 2 months to achieve specific therapeutic aims. The data collected by most of the leading programs indicated that fully 85-90% of clients' primary presenting issues involved drugs and alcohol. While some of our students were passing through a time of rebellion and drug and alcohol abuse, many were clinically dependent on these substances. It became clear to me that I needed to find a better way of dealing with these issues, or I should hang up my backpack and find another line of work.

The problem was that in our industry, as well as in other types of treatment facilities, the healers, the doctors, and therapists were not trained in the treatment of addiction, which by some accounts is number one health problem in the U.S.! What most often passed for a recovery "expert" was someone who used to be an addict and had managed to stop using, usually under the auspices of Alcoholics Anonymous, or another similar twelve-step program. Being a recovering addict is a useful perspective, but it no more qualifies one to be a recovery expert than having a baby makes one an obstetrician. AA has traditionally had little use for "experts" and the experts have had little use for opinionated amateurs. In this divide, the field of addiction treatment had languished for decades.

The most basic knowledge of addiction seemed to be unknown to our physicians. A typical example of this is the prescribing of pain medication. This can be extremely dangerous for the chemically dependent and can lead to relapse and even death. But this is seldom taken into account, and shows the lack of education and knowledge regarding the disease. (Alternative ways of dealing with pain should be explored, and if narcotics must be used it should only be done with the greatest care, supervision, and control of the substance.) Into this dark valley, with somewhat fundamentalist-religious AA on one side, and ignorant medicine on the other, we rode.[1]

What I did was attempt to fashion myself into the expert on addiction that I was failing to find. In this quest, I also designed and implemented a wilderness program that became known as Passages to Recovery, a program designed for adult addicts, using extended wilderness journeys (usually lasting around eight weeks), the Twelve Steps, meditation, individual and group therapy, sweat lodges, and Vision Quest, with some nutritional supplementation. It was highly effective, and we had some successes, but it still wasn't enough. Most of my students said it was the spiritual aspect of the program that was the most powerful for them, but as often happens in treatment, once students left the protective supportive container of the program, the light would fade, the old behaviors would reemerge, and relapse would happen. Those who couldn't or wouldn't fit into the traditional AA model of get a sponsor, attend AA meetings, and work the Twelve Steps were most at risk. And even those who did "work the program" were on very

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[1] That is not to say that AA and similar Twelve Step programs have not saved millions of lives. I believe that Bill Wilson was one of the great pioneers in this field and truly heroic in his efforts. But as near as we can tell, AA works about 15% of the time. And that is simply not good enough.

shaky ground. Sober living environments were helpful, if available, but these are certainly not fool-proof and often drug use resumes without the staff knowing.

And so it went… with our prisons full to overflowing, with 80% of the inmates there on drug and alcohol related charges. In the year 2006, it was estimated that 260 billon dollars were spent on treatment in the U.S. alone. It was also estimated that only 10% of those who needed treatment were receiving it. And for those who were receiving treatment it was being effective maybe 15 to 20% of the time!

It is enough to make one despair. But I've kept going nonetheless. My big breakthrough came in 2003, when I rediscovered the work of Ken Wilber. I found him through the website www.integralnaked.org, which contained a 40-page PDF file by Ken, "Introduction to Integral Theory & Practice: IOS Basic and the AQAL Map." I immediately had one of those vision-logic experiences in which I saw the whole thing clearly in my mind's eye: not only did I understand the AQAL map, but I understood the disease of addiction in a way that I never had before, even after years of having worked with hundreds of addicts and their families. This experience not only revolutionized my understanding of addiction, but it also started my on the path of being a dedicated Integral Life Practitioner, knowing intuitively that if this thing, Integral Recovery, were to proceed, it would have to unfold in a totally Integral way, based and grounded in real practice. What follows is a very brief synopsis of Integral Recovery and what we have learned so far.

To cover the following quickly, I will assume that the reader has a basic understanding of the AQAL map as developed by Ken Wilber and Integral Institute. If the reader does not she can visit the website www.integralrecovery.com, go to the Library section, and download the paper on Integral Recovery in its German translation.

Basically, we use the *four quadrants* as a diagnostic tool and as a map for the healing and restorative work that needs to be done in these four basic dimensions: I, We, It, and Its. For example, in the Upper-Right quadrant (It) there will often be great damage and harm done to the brain and physical body of the addict. Therefore, we will need to apply therapeutic restorative measures to help heal and balance the damage done by the disease. This includes exercise, nutritional supplements, a healthy diet, yoga, body-work, and binaural brain-entrainment enhanced meditation (e.g., Holosync). In the Upper-Left quadrant (I), there will be lots of mental chaos, anger, anxiety, depression, hatred of others, hatred of self, and so forth. These internal experiences will need to be addressed, both as symptoms and causative factors, through such practices as individual therapy, group therapy, meditation, shadow work, trauma work, and cognitive learning about the disease of addiction and the Integral map. In the Lower-Left quadrant (We), there is normally devastation in almost all of the patient's relationships, due to the negative behaviors caused by the progression of the disease. In this dimension, there will need to be family therapy, couples therapy, and amends-making to restore the shredded social fabric as much as possible. In the Lower-Right quadrant (Its), there are often legal, financial, and other systems-related problems that must be addressed.

All 4 quadrants are interrelated, irreducible, and inseparable. One cannot do damage in one quadrant without harming the other three. Conversely, any good that is done in any of the quadrants will help lift up and heal all the others. Therefore, all 4 quadrants will have to be dealt with as part of an overall Integral Treatment program. Again, since the disease affects and infects all 4 quadrants, any treatment program that does not effectively address the Integral whole will be partial and ultimately ineffective.

If the AQAL map were nothing but the four quadrants, that will still be enough to facilitate a revolution in the approach to addiction treatment, healing many major fractures and fissures. But as the advertisements in the U.S. breathlessly tell us, "Wait—there's more!" A lot more.

The *lines* element of the AQAL map show us exactly what major parts of the self system need to be exercised and developed to achieve sobriety and optimal health. An Integral Life Practice (or Integral Recovery Practice) becomes the vehicle to achieve these goals by focusing on the four essential lines (or "core modules") of body, mind, heart, and soul. An Integral Treatment center is ultimately a *training* center: a place where the student or patient learns how to practice, and establishes the discipline and momentum to implement an ILP in their own life. Their practice thus becomes the axis on which their life begins to turn and function again.

There is an old joke I use frequently in my teaching. An out-of-towner is in New York City and asks a local, "How do I get to Carnegie Hall?" The local replies, "Practice!" The mantra and rallying cry for Integral Recovery is likewise "Practice! Practice! Practice!" The Master, according to George Leonard in his book *Mastery,* is simply the one who stays on the path, the one who sticks with his practice. For Integral Recovery, relapse actually occurs as soon one stops practicing, long before any drug is ingested. Just as the disease of addiction is chronic and life-long, so must practice be a life-long commitment. That means exercise, nutrition, meditation, shadow-work, emotional releasing work, and continued study and learning. Obviously, this is a prescription for success and happiness, for anyone, not just the addict. But for the addict, it is a survival imperative, not just a lifestyle choice. Because of this, I can foresee a future when our Integrally recovering addicts will be pioneers and leaders on the cutting-edge of human consciousness evolution**. Indeed, for Integral theory to get off the drawing board and serve**

as a true psychoactive catalyst, moving us from a cognitive second-tier to an embodied third-tier level of development, we need to get off our couches and get onto our cushions and into the gym and practice as if the future depended on our personally taking responsibility for our growth and development.

Using *developmental stages*, as articulated by the AQAL map, introduces an evolutionary perspective that takes recovery from a flatland one-size-fits-all modality into a much more nuanced engagement, helping us reach people where they live. Obviously, Spiral Dynamics and Ken Wilber's own developmental map are beyond the scope of this brief article. But simply put, we can observe that as the disease of addiction progresses, the addict slides from whatever altitude they had reached before its onset—for example, ethno-centric or world-centric—and regresses to a very unhealthy ego-centric stage where the only thing that matters is the addict self and staying high. At that stage, the addict is willing to do almost anything to secure the continued supply of the addictive substance. The locus of control in the addict moves from the more highly developed neo-cortex to the base reptilian brain stem. The overpowering cravings for the drug are interpreted in the brain of the addict as necessary for survival itself. All other higher human values and aspirations are suppressed, and we are left with the addict who has lost control of his life and is the slave of his overpowering master: the cravings for the desired substance. It is the law of the jungle again, and 100,000 years of human moral development are surrendered to the cravings.

Having developmental maps to use to chart this descent into hell, along with the way out, is a revolutionary new perspective to add to the recovering addict's journey to wholeness. It shows them where they have gone and why they got there, and the territory they must travel as they emerge from the darkness of the disease. How is this accomplished? By healing and

balancing the four quadrants of their lives and working the four essential lines—body, mind, heart, and soul—in a life-long Integral Recovery Practice.

Soon after the work of healing and transformation has begun, the truth that "I am an addict" becomes "I have an addiction," as the former controlling *addict self* is transcended by a higher-level emergent *healthy self*. The controlling addict subject is *transcended and included*, such that the addiction becomes another object in awareness that must be skillfully managed. Somewhere in this process of transcending and including, the goal of Integral Recovery transforms beyond simple sobriety into a quest to become one's best and truest self. The goal of practice is no longer mere survival and stopping the progression of the disease, but self-actualization in the relative world and Self-realization in the timeless present.

Both *structures* and *states* are important. For states training, we employ such methods as Genpo Roshi's Big Mind training and Holosync binaural brain entrainment technology. Our students soon learn how to enter states of deep meditation and contemplation, and how to release negative emotions, past traumas, and negative narrative stories they have formed about themselves, others, and reality. All the while, they are also developing the ability to abide in the ever-present Witness. Through states training, our students also learn to have access to creativity and problem solving. Thus, problems that might previously have seemed unsolvable are resolved from a higher altitude and different perspective.

Finally, we incorporate types: firstly masculine and feminine, and then various other typologies such as the Enneagram or Meyers-Briggs. There is a tremendous amount that could be said here, but suffice it to say that by incorporating types into our Integral Recovery model we allow for greater sensitivity and skillfulness in our approach. For example, one feminist critique of AA says that AA was designed for successful upper-middle-class white men, and its emphasis

on ego-deflation is not so useful when dealing with other types of addicts. The street prostitute, who is also an addict, will often require much more ego rebuilding and support than ego deflation. Also, by using other typologies such as the Enneagram, we can be much more skillful in accessing and treating the various ego-defenses and blind spots, as well as being aware of the various healthy coping strategies and inherent strengths of the various types.

In short what Integral Recovery (and the AQAL map) allows us to do is to cover all the essential bases, so that no stone will be left unturned in the service our patients and their quest for healing and health. I have great hope for this application of Integral Theory and its potential for addressing this human catastrophe, as well as the potential of Integral Recovery to bring the Integral approach to a much broader audience.

For a much more detailed treatment of this subject see my paper on Integral Recovery (in German translation as well) at our website www.IntegralRecovery.com.