

INTEGRAL RECOVERY: A CASE STUDY OF AN AQAL [ALL-QUADRANTS,
ALL-LEVELS, ALL-LINES, ALL-STATES, ALL-TYPES]
APPROACH TO ADDICTION TREATMENT

A Dissertation Presented to
the Faculty of John F. Kennedy University
Psy. D Program

In Partial Fulfillment
of the Requirements for the Degree of
Doctor of Psychology

by
Adam M. Gorman, MA

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This dissertation by Adam M. Gorman has been approved by the committee members, who recommend that it be accepted by the faculty of John F. Kennedy University, Pleasant Hill, California, in partial fulfillment of the requirements for the degree of

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ABSTRACT

INTEGRAL RECOVERY: A CASE STUDY OF AN AQAL [ALL-QUADRANTS, ALL-LEVELS, ALL-LINES, ALL-STATES, ALL-TYPES] APPROACH TO ADDICTION TREATMENT

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Addiction to drugs and alcohol is at an all time high. Billions are being spent annually on this epidemic with minimal success (Califano, 2007). Research indicates that drug and alcohol abuse/addiction is one of the major contributing causes to mental health problems (Fletcher, 2013; Sheff, 2013). The purpose of this inquiry is to understand the experience of one client in Integral Recovery (IR). Using a phenomenological design, the researcher interviewed one client of IR, his mother, and one staff member who regularly worked with the client over the course of three months. After careful analysis of these interviews five key themes related to the IR treatment model emerged: 1) Practices and Structure 2) Obstacles to Recovery 3) Values Integral Recovery 4) Relatedness 5) Optimism. Interview results provided an additional perspective on the experience of an IR client in primary treatment. Future research might consider a longitudinal study with more participants to better understand the success rates of individuals who use IR interventions as their primary means of drug and alcohol treatment.

Dedication

To my Wife Jackie & Son Liam.

Thank you for opening me up to a level of Love I never knew existed.

To my incredible parents.

Without your endless Love and Support this dissertation would never of been possible.

I Love You

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First and foremost I want to thank **John Dupuy** for taking a chance on an 18 year old aspiring field guide with one year of sobriety. My time at Passages to Recovery set me on a course that is culminating in the completion of this doctorate. It has been a joy working with you these past few years. Your huge heart and endless compassion for those who are in the grips of addiction is an inspiration. A deep bow to **Gregory Martin** whose brilliance inspired me to be a therapist. Thank you for being such an amazing model of what a healer is. To my wife **Jackie** who helped settle my anxiety, and reassured me countless times that this project would get done. To my son **Liam** thank you for always reminding me of what's important in life. I pray that "your heart never stops speaking to you." Thank you **Mom** and **Dad** for encouraging me to dream big, and to always follow my heart. To my **Brother Brian** for being the best friend and confidant I could ask for. "Allow me to say it plainly sir I cannot afford to lose you." To **Evelyn and Robert Birnbaum**. I will always count you both as my most cherished guides and mentors. You enriched the last five years more than words can say. To **Alec Peterson** you left us too soon my brother. Your passing has motivated me to do a better job for all those wrestling with addiction. To **Padre Frank Buckley** for helping me push this project over the finish line. Thank you for all your pep talks; they helped more than I ever let on. To **Charlie Hopper** for being an amazing presence and positive force in my life for almost fifteen years. I deeply value our friendship and your unique perspective on the world and look forward to many shared endeavors in the future. To **Mark Forman** and **Alette Coble-Temple** for agreeing to take on this project, and for riding this three year roller coaster with me. To everyone at **Casa Belicosa** for the many nights shared together smoking cigars. I will always count those evenings as the best of times.

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Chapter 1

Introduction

The sway of alcohol over mankind is unquestionably due to its power to stimulate the mystical faculties of human nature, usually crushed to earth by the cold facts and dry criticisms of the sober hour. Sobriety diminishes, discriminates, and says no; drunkenness expands, unites, and says yes.

—William James, *The Varieties of Religious Experience*, 2004

Craving for alcohol [is] the equivalent on a low level of the spiritual thirst of our being for wholeness, expressed in medieval language: the union with God....Alcohol in Latin is “spiritus,” and you use the same word for the highest religious experience as well as for the most depraving poison. The helpful formula therefore is “spiritus contra spiritum.”

-Jung as cited in Alcoholics Anonymous World Services, 1984, p. 20.

A growing number of academic papers and books have been published in the field of Integral Psychotherapy (Forman, 2010; Ingersoll & Zeitler 2010; Marquis, 2007). A subsection of that field is integral drug and alcohol treatment, or Integral Recovery (IR). Since 2007, several papers exploring an all-quadrants all-levels all-lines all-states all-types (AQAL) approach to inpatient drug and alcohol treatment have been published (Dupuy & Morelli, 2007; Du Plessis, 2010, 2012a, 2012b). These studies have focused on the theoretical programmatics of an integrally informed treatment center. No large-scale study of Integral Recovery has been conducted because the industry, as well as the methodology, remains in its infancy. Case study methodology is used in the proposed study to analyze the experience of the Integral Recovery program and the effects on the client’s decision to remain sober. The case study design presents the unique opportunity to “investigate a contemporary design within its real life context, especially when the boundaries between phenomenon and context are not clearly evident” (Yin, 2003, p. 13).

The research on alcoholism treatment is extensive. Alcoholics Anonymous (AA) harm reduction, cognitive behavioral therapy (CBT), and the medical model as a whole have been

subjects of extensive research and theoretical writing. IR expands upon the current foundation of evidence-based research, and includes a variety of integral approaches to provide clients with individualized AQAL treatment plans. John Dupuy is the founder and president of Integral Recovery. Dupuy (Dupuy & Morelli, 2007) borrowed heavily from AA's reliance on a spiritual practice, but expanded on their methods to include interventions guided by the five elements of integral theory: types, lines, levels, and states. Dupuy's primary treatment goal is not to facilitate his clients' progression to the next level of development, but to help them understand that the most effective form of recovery is found in daily practice that can be applied to any of life's challenges.

This exploratory case study will be the first known doctoral dissertation examining the experience of one client who is seeking treatment at a facility utilizing integrally informed drug and alcohol treatment. The case study will follow one client through the course of treatment beginning prior to entrance into the program and continuing until after its completion. The intent of the study is to ascertain the positive and negative first-person experiences the client has of the treatment methods used by IR as well as the perceived benefit of treatment practices such as binaural beat meditation, cranial electrical stimulation (CES), exercise, organic food, Enneagram, and both group and individual therapy. Although limited in scope due to the small number of potential participants, this dissertation serves as the beginning of a body of evidence-based work exploring the effectiveness of Dupuy's (2009) IR program.

Chapter 2

Review of the Literature

Current State of Alcohol and Drug Treatment

According to the 2005 National Household Survey on drug abuse, on any given day 100 million Americans consume illegal drugs (Office of Applied Statistics, 2005). Some scholars and researchers have expressed the opinion that substance abuse is the greatest problem in the United States (DiClemente, 2003). Califano (2007) offered the following statistics:

- 16 to 20 million are addicted to alcohol or abuse it regularly.
- More than 15 million abuse opioids and depressants.
- 1.4 million are dependent on legal prescription pain medication. This is a 33% increase in the past decade (U.S. Department of Health and Human Services, 2010).
- 2.4 million use cocaine and over 600,000 use crack.
- More than 500,000 are methamphetamine addicts.
- One million regularly use Ecstasy and hallucinogens. (p. 5)

Alcohol and other mind-altering substances have been around since before recorded history. America's current relationship with drugs is alarming. Califano (2007) noted, "We have only 4% of the population, we consume over 65% of the world's drugs. One in four Americans will have an alcohol or drug treatment problem in their lifetime" (p. xii). Of those who would qualify for a DSM diagnosis of alcohol or drug dependence only 10% receive treatment. Within this small percentage of the population who are blessed enough to receive a form of treatment, only 30% will successfully remain sober. The total economic cost of alcohol abuse alone has been estimated to be \$148 billion (Simon, Patel, & Sled, 2005). The National Institute of

Alcohol Abuse and Alcoholism (2000) estimated that at any given time 700,000 Americans are in some form of treatment for an alcohol use disorder.

Medical Model

The *APA Dictionary of Psychology* defined the medical model as “The concept that mental and emotional problems are analogous to biological problems; that is, they are detectable, specific, physiological causes (e.g., an abnormal gene or damaged cell) and are amenable to cure or improvement by specific treatment” (Vandenbos 2007, p. 563). Alcoholics Anonymous (AA) is based on the medical model of addiction and advocates that the alcoholic’s condition is chronic, progressive, and fatal if drinking continues. AA contends that total abstinence is the only intervention that will lead to long-term recovery, and asserts that controlled drinking is impossible for an alcoholic.

Integral Recovery shares the medical model. Although IR is open to new advances in drug and alcohol treatment, it postulates that no treatment for alcohol and drug addiction can convert an alcoholic to a controlled drinker.

Alcoholics Anonymous

Alcoholics Anonymous (AA) was founded in 1935 by William Wilson and Robert Smith—two alcoholics who assisted each other in remaining sober. The Oxford Group, a popular Christian group aimed at self-improvement, heavily inspired the programmatic design. AA’s founders believed that alcoholics were more likely to remain sober when they assisted others not to drink. AA is an international program with over 113,000 groups, and various estimates put AA’s current membership totals at between 1.9 and 2.2 million. Demographically, AA is 85.1% White, 5.7% Black, 4.8% Hispanic, 1.6% Native American, and 2.8% Asian. Men make up 67% of the membership and women comprise 33% (AAWS, 2007, p 3).

A 2007 study by Alcoholics Anonymous World Services reported that 33% of members who actively attended AA meetings had over 10 years of sobriety, 12% have five to ten years, 24% have one to five, and 31% have less than a year: the average length of AA members' sobriety is eight years. The rates of members in committed relationships are distributed fairly equally with 35% reporting being married, 34% single, 23% divorced, and 8% listing "other" to describe their current relationship status. After joining AA, 63% of members received outside treatment or counseling from a licensed therapist or a pastoral counselor. Of those who received outside treatment 74% said it was a positive experience, and played an important part in their recovery (AAWS, 2007, p. 6).

A wide variety of researchers both endorse AA as the most effective treatment method, and conversely claims its effectiveness is limited. Studies have found AA to have equal or superior success rates compared to traditional science-based outpatient interventions such as CBT (Morgenstern, Bux, Labouvie, Blanchard, & Morgan, 2002). AA's internal research has indicated that 40% of newcomers who regularly attend meetings for the first year stay sober for a second year. 60% of people who enter AA drop out within the first year (AAWS, 1990, p. 17). Ever-increasing research points to AA as an effective stand-alone treatment, indicating that AA has increased the rates of sobriety for individuals in posttreatment who continue to attend meetings after they leave residential treatment (Cloud et al., 2006). For the purpose of this study, post-treatment refers to the actions individuals take to ensure their sobriety after leaving residential treatment.

AA has been shown to be equal or superior to other primary treatments currently used in the field (Vaillant, 2005). Multiple studies have shown a correlation between the number of AA meetings attended and rates of sobriety (Bond, Kaskutas, & Wesiner, 2003). In a study by

Vaillant (2003), men who achieved abstinence/sobriety attended on average 20 times more meetings than did study participants who were unable to abstain from alcohol. Studies have shown a range of reported success rates for new members entering AA and remaining sober.

In contrast, another body of evidence claims that AA is not an effective means of treating alcoholism. Arthur, Tom, and Glenn (2008) noted that little substantiated data exists to verify or refute AA's reported success rates. However, different sources make claims based upon different ways of interpreting the data and defining success. One of the more contentious results was put out by AA in 1989: it claimed that only 5-10% of new members remained sober for a year (Shumalith & Byrne, 2009, p. 354). This percentage was based on retention rates. When Shumalith and Byrne changed the measure of success, they found that 56% of members who remained in AA for three months were active members at the end of the year Shumalith & Byrne, 2009, p. 354). Members who relapse typically consume less alcohol than individuals who do not attend AA.

In summary, it appears that overwhelming evidence supports the proposition that attendance at AA and other 12-step groups such as NA is a significant factor in long-term sobriety and overall reduction of alcohol consumption. A longitudinal study indicated that rates of long-term sobriety correlated with weekly attendance at AA meetings (Stout, 2006). Stout also indicated that individuals who continued to drink alcohol and attend AA drank less than the participants who continued to drink and attended no meetings. This finding implied that, even with the AA all-or-nothing disease model, regular attendance can lead to reductions in the amount of alcohol and drugs consumed even when members are not actively sober. A three-year study showed that greater attendance at AA or other self-help 12-step programs post-treatment resulted in increased sobriety rates or lower quantities of alcohol consumed during relapse

(National Institute on Alcohol Abuse and Alcoholism, 2000). These findings were equivalent for individuals of different genders, religious affiliations, and mental health disorders (Stout, 2006).

In addition to borrowing from the medical model, AA is a spiritual program and views addiction and relapse as directly related to a lack of connection to a spiritual source; the development of spirituality is thought to have the potential to eliminate the compulsion to use alcohol and drugs (Miller, Andrews, Wilbourne, & Bennet, 1998). Some theorists believe alcoholism and drug addiction is in reality a healthy impulse manifested through unhealthy and destructive acts. In a letter to Bill Wilson, co-founder of AA, Jung (as cited in Kurtz & Ketcham, 2002) stated, "Alcohol was equivalent, on a low level, of the spiritual thirst of our being for wholeness, expressed in medieval language: the union with God" (p. 113).

One way to express this hypothesis is that only when this healthy impulse for union with God gets hijacked by mesolimbic areas of the brain does substance use become pathological (McCauley, 2007). The mesolimbic brain controls survival impulses such as the desire for food, water, safety, and procreation. McCauley contended that the brain of someone who is in active addiction sends signals making the individual believe that obtaining drugs and alcohol is linked to survival. AA attempts to redirect the healthy impulse back to its divine longing for connection with God through prayer and spiritual exploration. If successful a spiritual experience and the support of the community will enable the group member to refrain from using mind-altering substances.

Four-Quadrant Assessment of AA

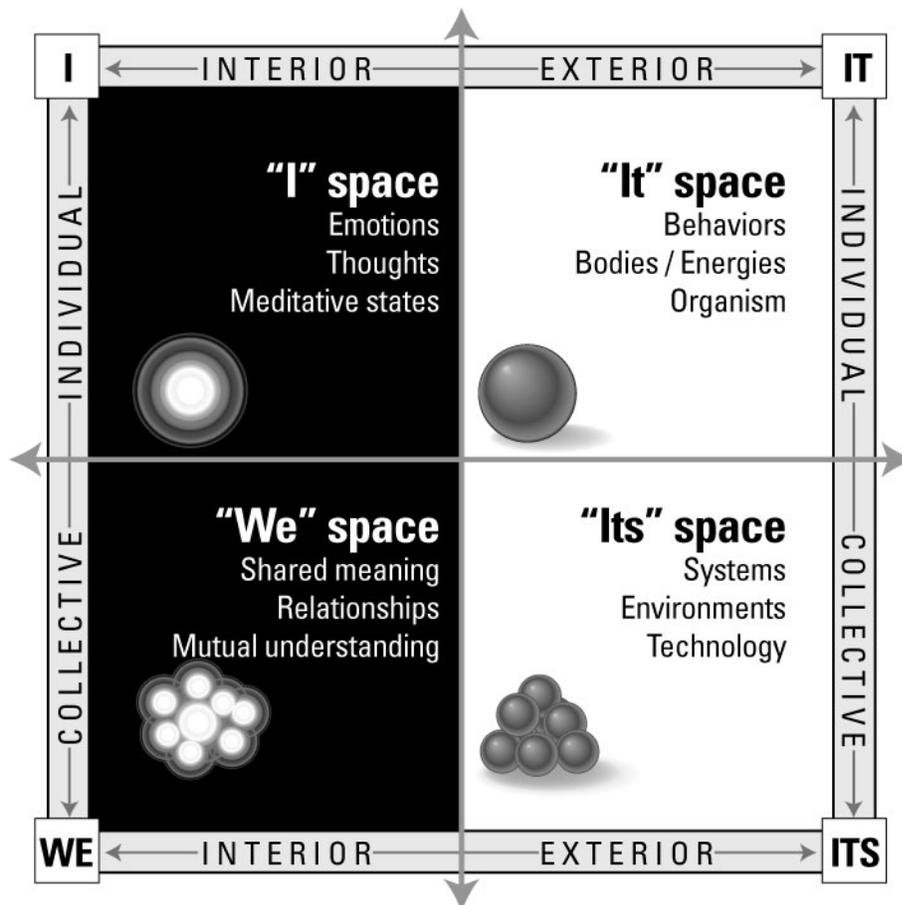


Figure 1. The Four Quadrants: Adapted from *Integral Recovery* by John Dupuy, 2009, p. 33. Used with permission of the author.

The following is a four quadrant interpretation of AA. Although AA does not use the quadrants, a brief description of AA through the lens of the quadrants is important for the proposed case study, because quadrant theory is a major aspect of AQAL or Integral Theory.

The upper left quadrant (UL) is the individual's subjective experience, which includes thoughts, feelings, emotions, and beliefs. From an UL perspective, the changes that occur in newly sober individuals likely center on the experience of shifts in identity and emotional changes that occur when consuming alcohol and drugs are no longer part of their lives. The

individuals experience a variety of emotions that may include grief over the loss of a previous lifestyle, shame over the behavior that motivated the first/current attempt at sobriety, fear over how they will go through the rest of their lives without consuming alcohol, and many others. An addict's overall emotional state may be one of depression. AA refers to *hitting bottom* as a crucial and necessary step on the road to recovery. This bottom is usually accompanied by feelings of being overwhelmed and possibly depressed. Many new members of AA have to adapt to a group structure and culture that is ego-dystonic.

The upper right quadrant (UR) refers to the occurrences that can be observed, measured, and quantified. Anything that can be observed or measured falls into this category: behaviors, actions, and medical events, whether related to alcohol use or not. With newly sober individuals, the physical effects of alcohol detox are a primary concern, and need to be monitored closely. AA neither encourages nor discourages prescription medication such as antidepressants. This is a major difference between 12-step and other mainstream approaches to treatment. Most harm reduction programs have medication as a cornerstone of treatment (Denning, 2004).

The lower left quadrant (LL) is the shared "we" space of the group. In other words, it is the interpersonal experience of the group. This can include the group work in actual meetings, where for an hour members share their experience of struggling to stay sober. The LL also extends to "sponsorship," or the aspect of the program in which members with longer sobriety guide newer members. Such guidance was designed to help both newer and older members deepen their own respective recoveries. The newer members receive a form of coaching, and the sponsors are able to impart their knowledge to their charges in a way that broadens and deepens their experience of their own recovery.

The lower right quadrant (LR) is the collective exterior; it is the structure of the group. This includes the scheduling, rules, and functional roles members play in the group and in each others' lives (members sometimes become both the practical and emotional support system for the addict). For example, the tradition of a new member going to a minimum of 90 meetings in 90 days falls into the LR in terms of scheduling and life structure. AA has an extensive set of traditions that include readings from its primary text, *The Big Book* (Alcoholics Anonymous World Services, 2002). The LR would be observable during acts of these traditions that occur within the group.

Integral Recovery shares many similarities with AA, and many of its approaches were inspired or modeled after the success of the program. What differentiates IR from any other organized program or treatment method is how it includes more sophisticated and directed spiritual practice open to the Integral concepts of lines, levels, states, and type work (Dupuy & Morelli, 2007).

Harm Reduction

The harm reduction model is,

A theoretical approach in programs designed to reduce the adverse effects of risky behaviors (e.g., alcohol use, drug use, indiscriminate sexual activity), rather than to eliminate the behaviors altogether. Programs focused on alcohol use, for example, do not advocate abstinence but attempt instead to teach people to anticipate the hazards of heavy drinking and learn to drink safely. (Vandenbos, 2007, p. 430)

The harm reduction model posits that the all-or-nothing approach to sobriety found in programs such as AA and IR is limited, and in some cases actually contributes to chronic relapse and harm to the community (Denning, 2000). Harm reduction advocates claim that if risk can be reduced through cognitive therapies such as CBT then chances of people harming themselves or others

will decrease. The community will benefit from fewer alcohol- and drug-related crimes, and antisocial acts committed by individuals under the influence of drugs and alcohol.

Harm reduction-based programs differ from the 12-step model in many ways, but the most prominent difference is that abstinence is not the primary goal of treatment. According to Peele (1991) total abstinence is the exception when it comes to drug treatment. The most common outcome of drug and alcohol treatment is relapse. Two years of abstinence is considered the exception. Denning (2000) wrote of harm reduction, “The primary principle . . . is to accept the fact that people do engage in high risk behaviors and to commit to helping these people reduce the harm associated with their behavior” (p. 4). Harm reduction treatment posits that sobriety depends more on self-efficacy and therapy rather than spiritual awakening as the primary means of success. Rather than espouse the rather lofty goal of total abstinence and a spiritual awakening, harm reduction contends that any reduction of drug use on the client’s part is a step in the right direction.

An example of a program based on harm-reduction principles is needle exchange for heroin addicts. The goal of the program is not to stop intravenous drug use, but to minimize the spread of disease that occurs through sharing needles. Harm reduction accepts that the addiction is a disease, but does not assume that all problem users will eventually progress into full-blown addicts or alcoholics. Harm reduction does not posit that there is an inevitable progression from minor substance abuse to total addiction (Denning, 2000). The model promotes treatment approaches that seek to meet the unique needs of the client. The objective of treatment is to limit negative results from drug use in a variety of ways—from gradual reduction in use to outright abstinence.

There is no uniform national program such as AA based solely on a harm reduction model, though research indicates harm reduction and controlled drinking approaches can work (Miller et al., 1998). Miller et al. noted that harm reduction patients:

go from drinking 2 days out of 3 on average before treatment, to 1 day out of 4 afterward. On days when they do drink, the average amount of alcohol they consume is less than what it was before treatment, albeit still heavy. (p. 218)

Advocates of the disease model would argue that although harm reduction reduces drinking in some cases, the nights when individuals do drink have many negative consequences on the individual, his or her loved ones, and the community.

Harm reduction programs differ from the 12 steps in that they are not centered on spirituality. AA views alcoholism as a spiritual disease that requires a spiritual intervention in order to first become sober, and to then facilitate the healing process. IR shares AA's reliance on spirituality as well as the exploration of states experienced as a cornerstone of its recovery program.

Cognitive Behavioral Therapy

Cognitive behavioral therapy (CBT) is one of the most popular forms of alcohol treatment in part because of the demonstrated ability of its clients to gain sobriety quickly (Longabaugh et al., 2005). However, it appears that relapse is common for clients who gain initial success and sobriety with CBT-related treatment (Corte, 2007). Although AA does not have initial rates of sobriety as successful as those of CBT, AA has higher rates of sobriety over the long term if individuals consistently attend meetings. Corte suggested that the lack of meetings and the interpersonal support they offer is a possible reason for the drop-off in sobriety. Although the drop-off is significant after clients leave CBT-related treatments, a number of

inpatient centers endeavor to utilize the early success of CBT, and combine it with long-term support networks in which positive peer relationships can continue to reinforce the schema changes that occurred in treatment.

Review of Current Integral Recovery Research

Integral Recovery (IR) can be classified as a branch of Integral Psychotherapy. Beginning in 2007, a series of books was written by licensed therapists and published on both the theory and application of Integral Psychology in psychotherapy. Pioneers such as Mark Forman (2010), Elliot Ingersoll and David Zeitler (2010), and Andre Marquis (2007) have continued the work begun by Ken Wilber's publication of *Spectrum of Consciousness*. While all of these authors touched on substance abuse and addiction, experts have only now begun to apply the first in-depth treatment models in an inpatient setting.

Integral Recovery remains in its infancy, having only recently entered academic discussions. To the knowledge of this author, only two facilities in the world apply AQAL programs as their primary addiction intervention. One such facility was founded by John Dupuy and is located in Loa, Utah. The second was founded by Guy Du Plessis, and is located in South Africa. Not coincidentally, these two men have been the primary authors of academic papers related to the field (Dupuy & Morelli, 2007; Dupuy, 2009; Dupuy & Gorman, 2010; Du Plessis 2010, 2012a, 2012b).

One of the first academic papers written on the subject of IR was a joint effort by Dupuy and Morelli (2007). These authors outlined a basic AQAL application in an inpatient treatment setting. Addiction is a comprehensive disease, "affecting not just the addict's body and mind but their family, their intimate relationships, their work, their finances, their home—in other words, all four quadrants of their life" (p. 26). This desire to treat the entire person and not just the

isolated aspect of the disease of addiction inspired the publication of the first papers. In the following three years, basic applications of the AQAL model have progressed to advanced programmatic designs incorporating the great depth and span that is the Integral model. Specifically, Du Plessis (2011) recently submitted articles for publication that outline more advanced approaches to clinical interventions using Integral Methodological Pluralism—a complex form of the four quadrant model—as well as articles detailing Integral Recovery’s place as a branch of Integral Psychology.

Dupuy (Dupuy & Gorman, 2010) moved in a new direction, outside of conceptual and theoretical pieces, and conducted a case study that followed one of his clients throughout the course of treatment at the treatment center. The client’s first-hand accounts of treatment and follow-up interviews suggested that Dupuy’s program was effective in this one case and showed promise, but that it requires implementation and study with a broader range of clients to determine overall effectiveness. Dupuy acknowledged the historic role of AA in his writings, but did not incorporate the 12-step program as a primary piece of his treatment modality.

Du Plessis (2010) developed an Integrally-informed 12-step-based therapy called the Integrated Recovery Model that he uses in an inpatient setting. This model is an application of Integral Theory to traditional 12-step work. It utilizes the other elements of Integral Theory in addition to the quadrants—known as levels, lines, states, and types—in ways that are very similar to those of Dupuy (2009). The Integral Recovery Model is a “12-step abstinence based philosophy and methodology, mindfulness based interventions, positive psychology, and Integral Theory” (Du Plessis, 2010, p. 4). Du Plessis expanded upon this basic application in his most recent theoretical writing, in which he proposed a multi-perspective orientation that allows

therapists to work with individual clients based on the clients' specific developmental needs. Du Plessis (2010) wrote,

IRT is the psychotherapeutic application of the Integrated Recovery model for psychotherapists and counselors to use as an orienting framework in therapy sessions. Because it deals with more than intra and interpersonal changes that commonly characterize counseling and psychotherapy, IRT is better understood as a broad based therapy. (p. 3)

The common thread in both Dupuy's (2009) and Du Plessis's (2010) programmatic designs is that the intent is to create a recovery culture that integrates Integral Theory, while at the same time providing client-specific interventions based on the clients' unique developmental level and specific type. Du Plessis summed up the goal of integral addiction counselors and therapists:

The Integrated Recovery therapist helps clients to develop and practice and Integrated Recovery program, which can be described as mindfully practicing their physical, mental, emotional, spiritual, social and environmental dimensions as part of a lifestyle-oriented approach that is geared towards continued personal development in relation to self, others, and the transcendent. (p. 4)

This move toward creating a specific program for each client that meets his or her unique needs is what differentiates Du Plessis's Integrated Recovery Model from the traditional 12-step program. IRT incorporates AA as a cornerstone of its treatment philosophy, while at the same time providing type-specific interventions.

John Dupuy's Integral Recovery

Dupuy (2009) began formulating his approach to Integrally informed drug and alcohol treatment in 2005. His model relied heavily on an adapted Integral life plan tailored to the treatment of alcohol and drug addiction. Dupuy borrowed heavily from AA's reliance on a spiritual practice, but expanded on their methods to include interventions guided by quadrants, levels, lines, states, and types. His primary treatment goal was not to facilitate his clients' progression to the next level of development, but rather to help them understand that the most

effective form of recovery is guided by daily practice, which can be applied to any of life's challenges. To do this requires a moderate amount of integral education followed by rigorous daily practice and individual and group therapy (Dupuy & Gorman, 2010).

One challenge is how to train employees and addiction counselors to deliver effective IR treatment in an inpatient setting. Dupuy (Dupuy & Gorman, 2010) stated that the primary requirements must always be a consistent practice and intermediate to high knowledge of AQAL applications. The staff not only instruct clients on the nature of practice, but also model it on a daily basis. A key requirement to be hired at Dupuy's IR center is a preexisting practice that includes experience and knowledge of the 12 steps, meditation, and yoga; a commitment to health and wellness, strong interpersonal skills, and previous experience. Typically, addiction counselors orient from an AA background. Integral Recovery staff are encouraged to include this knowledge within the framework of rigorous practice as a means of deepening vertical and horizontal growth in the clients in an inpatient setting (Dupuy, 2012).

A Five-Elements Assessment of Dupuy's Integral Recovery

From the perspective of Integral Recovery, it is not necessary for the client to be able to grasp and understand Wilber's (2000) theory in order to maintain sobriety. The only necessity is that the staff and administrators are able to orient through an AQAL lens to deliver the most client-specific treatment possible. Individuals entering treatment typically have only recently stopped using substances, and are not likely able to internalize large quantities of theoretical teachings (Dupuy & Gorman, 2010). Given that individuals entering inpatient treatment are typically in delicate physical and emotional states, Dupuy (Dupuy & Morelli, 2007) asks clients to learn only the basic definitions of the five elements: quadrants, levels, lines, states, and types.

Quadrants.

The upper-left (UL) quadrant represents the interior of the individual. It is the “I” quadrant and encompasses thoughts, feelings, emotions, beliefs, and inner spiritual life (Wilber, 2000). The likelihood is that a great deal of the activity in an addict’s or alcoholic’s UL quadrant has been geared toward getting drugs or alcohol for some time. He will have many pre-existing beliefs about a drug. For example, one belief may be, “I want to quit, but I don’t see how I can spend the rest of my life and not use heroin.” Such thoughts, feelings, beliefs, and, particularly, emotional pain, are often acquired during extended use and must be examined to allow the UL quadrant to become healthy again (Dupuy & Morelli, 2007).

If an individual does not evaluate the contributing UL causes—such as loneliness, isolation, trauma, or a lack of meaning and purpose—the chances of long-term sobriety are reduced (Dupuy, 2009). Trauma has shown to be one of the most reliable predictors of whether an individual will become addicted to substances. A recent study showed that in a sample population of alcoholics 55% had a history of childhood trauma, 21% physical abuse 31 percent sexual abuse 24% emotional neglect (Ming, 2012, p. 601). The upper-right (UR) quadrant represents the exterior of the individual. This is the quadrant of “it,” meaning the physical organs: circulatory system, muscles, brain chemistry, bones, and so on (Wilber, 2000). Others can see, touch, and measure this aspect of a person. Often, when someone enters treatment, he has been neglecting and damaging his body for some time. Extensive drug and alcohol use takes a vast toll on the body, and the physical side effects of prolonged use must be addressed as part of an IR program.

The genetic and biological factors of addiction also fall into the UR. Biologists and neuroscientists believe that addiction is a brain disease (Volkow, Fowler, Wang, Swanson, & Telang, 2007). Twin studies strongly suggest a genetic component is present in alcoholism and drug addiction (Blume, 2004). Addictive behaviors affect the mesolimbic portions of the brain that control instinctual drives, survival urges, and the ability to experience pleasure.

An individual who is in active addiction has his or her survival instincts hijacked. The addict perceives the drugs to be as necessary for survival as food, water, or shelter (Brick & Erickson, 1999). This is why family and friends who lovingly and logically plead with someone to no longer use often fail. Drug and alcohol addiction trigger survival mechanisms that make users react as if their very lives will be over if they no longer use. Both Dupuy (Dupuy & Gorman, 2010) and Du Plessis (2010) address this through psychoeducation and Integral Recovery Plans (IRP) geared specifically toward addicts and alcoholics.

Although scholars have conducted considerable research on the genetic components of addiction not considering it to be the sole cause of addiction is important. DiClemente (2003) stated, “So many different individuals can become addicted to so many different types of substances or behaviors, biological, or genetic differences do not explain all the cultural, situational, and interpersonal differences among addicted individuals and addicted behaviors” (p. 11).

The lower-left (LL) quadrant is the “we” space, or the collective-subjective dimension (Wilber, 2000). For anyone, both the interior and exterior are active at all times. The LL quadrant deals with intersubjective interactions such as family and romantic relationships. It also includes healthy community support, such as a church or a sobriety support group like AA. The LL quadrant factors greatly into the treatment of addiction, as addicts often enter recovery after

damaging or destroying many of the relationships they claim to cherish the most. Often, an alcoholic will enter treatment because of an ultimatum given by family or a significant other.

Social factors and living environment are other LL components involved in becoming addicted to substances (Srmac, 2010). Individuals living in poverty are 50% more likely to use and 100% more likely to abuse or be addicted than those with incomes 200% over the poverty line (Sheff, 2013, p.36-37). Children from divorced and dysfunctional homes are more likely to engage in risky drug abuse and experimentation. Sheff found that 25% of children from divorced families used drugs and alcohol before age fourteen (Sheff, 2013, p. 38) . The LL also encompasses peer pressure and familial or cultural opinion of substance abuse. The amount of cultural acceptance of drinking or drug use determines the cultural stigma attached to drug addiction, and the potential success of specific treatment programs in particular cultures.

Integral Recovery partially addresses such LL components by creating strong practice communities, the sole purpose of which is to maintain sobriety and continue work on the internal and external factors that led to active drug or alcohol addiction (Dupuy, 2010). Daily activities such as community binaural beat-assisted meditation sessions followed by group process, yoga, cardiovascular exercise such as running and weightlifting, and group therapy all contribute to a new “we” space for the client, allowing them to begin forming a new identity separate from their using or enabling community.

The lower right (LR) is the collective external space, which includes the financial or legal aspects of the client’s life. The possibility of the client facing jail time for a drug-related offense would certainly affect the course of therapy. Financial issues are often a concern for clients entering treatment. They have often depleted their savings, and are no longer paying their bills. In addition to the client’s personal living situation, the LR considers the social and political

aspects of the client's home. In Mexico, for example, drug cartels have been known to attack rival gang members while they seek treatment for addiction (Simon et al., 2005). The threat of violence against clients who seek treatment would certainly cause barriers to treatment that do not exist in other countries.

Lines.

Lines are individual, semi-independent human capacities or intelligences such as cognitive intelligence, spiritual intelligence, or emotional intelligence. These independent capacities are unique to each person, and must be assessed for the most effective recovery plan. Dupuy (Dupuy & Morelli, 2007) emphasizes the idea of an Integral Life Practice (ILP). An ILP heavily stresses the importance of having multiple areas of practice that address different aspects of the addict's inner and outer life as the foundation on which sobriety is built. As with all lines, healthy development in one area feeds the others. Practices that are designed to work specific lines are referred to as "modules." For example, an exercise module works the physical line of development. As part of the initial IR intake the client is assessed for five lines: spiritual, emotional, cognitive, physical, and ethical.

Cognitive line.

Working the cognitive line consists of learning basic integral theory and addiction theory (Dupuy & Gorman, 2010). Dupuy required his students to listen to talks by Dr. Kevin McCauley, who explained addiction's effects on the brain, and specified the UR components of the disease of addiction. This course of psycho-education related the progressive nature of addiction, eventually ending in death, and was tied into daily practice. Daily practice consisted of well-designed IR plan elements that combat the compulsive nature of addiction, which have been

shown to minimize relapse in the limited number of clients who have used it as their primary means of recovery (Dupuy, 2011).

Physical line.

Dupuy (Dupuy & Gorman, 2010) emphasizes working the physical line of development through detoxing, exercise, diet, supplements, and cranial electrotherapy stimulation. A physical line consists of daily exercise that varies depending on the client's level of fitness. Typically, this line includes daily yoga and trips to the gym, but the purpose of exercise extends beyond the desire to be physically fit. Dupuy contended that regular physical exercise is essential to minimize stress and to process new emotions that arise in early recovery. IR uses the physical line as a cornerstone of its relapse prevention activities.

Dupuy (2011) insists that his clients take part in some form of physical exercise every day. Only two studies were found by this author that have researched the link between physical exercise and the cessation of problem drinking. In one study 58 participants (both men and women) in an inpatient setting engaged in six weeks of progressively more vigorous exercise, including stretching, calisthenics, and walking/running. The exercise group had better abstinence outcomes than did the non-exercise control group (Sinyor, Brown, Rostant, & Seraganian, 1983.) Murphy, Pagano, and Marlatt (1986) randomly assigned heavy-drinking college students to running, meditation, or no-treatment groups. They found that participants who were assigned to either the exercise or meditation groups significantly decreased their alcohol consumption. Although the study relied on self-report measures, which could affect the validity of the results, it was a promising contribution to the question of whether alcohol use disorder can be combated with meditation or exercise.

The U.S. Food and Drug Administration has approved cranial electrotherapy stimulation (CES) to treat insomnia, depression, and anxiety. Using CES has been shown to greatly improve the likelihood of long-term sobriety in consistent users of CES (Schmitt, Capo, & Boyd, 1986). In CES, a device is attached to the user's head with either an adhesive or a headband. Once secure and activated, the device sends a gentle current of electricity to pads attached to the temples. Intensity is adjustable so as to avoid pain; CES is reported to feel like a gentle buzzing. Although the actual mechanism CES uses to produce positive effects remains unclear, a recent study shed light on the delivery system. Zaghi, Acar, Hultgren, Boggio, and Fregni (2009) looked at the Fisher Wallace CES unit, which is applied by placing two electrodes on the temple. Conduction is heightened by the use of two specially designed damp sponges. The researchers found, "Although there is substantial shunting of current at the scalp, sufficient current penetrates the brain to modify the transmembrane neuronal potential and thus influences the level of excitability and modulates the firing rate of individual neurons" (p. 17).

Various forms of CES have been used to treat addiction for over 50 years, and it has been shown to decrease anxiety in its users. Smith (2009) found that CES increased the ability of neural cells to produce serotonin, dopamine, DHEA, endorphins, and other neurotransmitters. Schmitt et al. (1986) conducted a double blind study with 60 inpatient alcohol and drug users. They found CES users had drastically reduced anxiety at the end of the study.

Smith (2009) conducted a study of two groups of newly sober individuals going through withdrawal symptoms for opioids. One group underwent daily CES therapy while the other group had none. Smith found that the group that had regular CES treatment reported less physical and emotional discomfort than did the group that had no treatment. Additionally, individuals who used CES during primary treatment were more likely to complete an inpatient program, and were

more likely to come back for additional services after discharge. Deitch (2008) also found that daily use of CES reduced the likelihood of individuals electing to leave treatment early. Smith (2009) stated that no significant negative side effects had been found with CES in its more than 45-year treatment history in the United States; tens of thousands of patients suffering from multiple varieties of addiction have been treated. Because high levels of anxiety are linked to early discharge from treatment, addressing anxiety-related issues is essential.

Spiritual line.

A spiritual line consists of daily meditation assisted by binaural beat technology in conjunction with an exploration the client's spiritual beliefs, and his or her place in the recovery process. Addiction has been described as a spiritual illness that stems from a lack of a spiritual life. Drugs become a God-like thing to which addicts turn for the fulfillment of all their needs (Miller et al., 1998). Dupuy (Dupuy & Gorman 2010) has kept many of the spiritual components of AA and their reliance on a "god of our understanding." The spiritual development of the client is seen as a great aid to the chances of long-term sobriety. Winkelman (2001) suggested spiritual practice could liberate an addict's ego-bound emotions and provide a foundation for a substance-free life. Du Plessis (2010) reasoned that spiritual practice could help the client achieve

A sense of 'wholeness' that counters the sense of self loss, which is at the core of addictive dynamics. Thereby, self-esteem is enhanced by providing connectedness beyond the egoic self, with a "Higher Power of your understanding" as suggested in the 12 Step programs. (p. 30)

States.

States occur in all four quadrants, and represent temporary changes in the stable features of phenomena revealed from each quadrant's perspective. Some examples of state changes in the UL are various waking states, dreaming states, deep sleep states, peak experiences, or meditative experiences. Integral Recovery tries to expose its clients to a variety of states. Addiction can be

thought of as an unhealthy attachment to a particular state. Having clients explore a variety of states can be influential in their ability to avoid favoring some state experiences over others.

Integral Recovery uses binaural beat technology as a means of increasing the benefits of meditation in addition to providing altered-state experiences that can contribute to the overall healing process (Dupuy & Morelli, 2007). Binaural beats trigger auditory brainstem responses that originate in the superior olivary nucleus as a result of different frequencies received through each ear by using headphones (Wahbeh, Calabrese, & Zwickey, 2007). These tones take the listener through varying levels of alpha, beta, theta, and delta waves in the brain. The same brain patterns have been found to occur in advanced meditators, but, with the use of binaural beat technology, these waves occur immediately rather than having to spend years developing one's skill as a meditator (Harris, 2007).

A healthy relationship to states is largely an unexplored aspect of the recovery process. An addict or an alcoholic uses this healthy impulse in a destructive way. The manufactured state experience that the individual experiences when high can provide feelings of connection and clarity. The problem is that the user has no tools to then recreate or deepen the experience without the substance. Dupuy (2011) explained that the natural and healthy impulse to experience altered states is hijacked by the biological aspects of the body, and primarily the brain. Dupuy proposed that a healthy IR practice leads to healthier relationships with all states, which lowers the client's attachment to a select few, and creates greater acceptance of all states.

Dupuy and Morelli (2007) wrote, "As practice deepens, identification and attachment to states loosen and one becomes more identified with the sky, or the always ready awareness in which all states arise" (p. 31). This process takes time and is unlikely to occur in primary treatment. The goal of Dupuy's IR plan is to put in place practices that, if continued long-term,

enable the client to stay sober while at the same time increasing the likelihood of overall development. A client entering treatment may have a spiritual orientation or may have deeply held spiritual beliefs. An IR plan enables the spiritual line to move from theoretical to first-hand experience, which is essential to the client's inpatient experience.

Addressing this topic, Forman (2010) suggested,

Although one might have aspirations towards these [spiritual] goals or discrete spiritual experiences, or may intuit the possibility of spiritual realization in some fashion, one cannot truly understand such perspectives until these deeper, underlying shifts in identity have taken place. (p. 56)

Practice allows the movement from the conceptual to the experiential, and thereby broadens and deepens the client's exposure to the thing he or she attempted to achieve by using substances: a connection to something greater than themselves.

Types.

Types refer to any horizontal style that can be present in any state or stage. Typically, these refer to specific personality types such as those articulated by the Enneagram system as well as the incorporation of masculine and feminine typology (Riso & Hudson, 1999). Integral Recovery primarily uses the Enneagram and the Myers-Briggs to determine typology (Myers, 1995). Using the Enneagram is one of the primary ways Dupuy (2009) creates individual treatment plans for each of his clients. Dupuy indicated using the Enneagram tests,

[a]llows us to be more effective and compassionate with ourselves and others. Another real plus to including types in a map of human experience is that we learn that there are many strategies and ways of coping (or not coping) and healing, depending on one's typology and orientation. (p. 102)

One of the first things clients do upon entering IR treatment is to determine their Enneagram type. Much of Dupuy's treatment is based on the personality features of the individual's type.

Using the Enneagram as a primary intervention has had mixed support in the psychological and Integral community. Ingersoll and Zeitler (2010) cautioned,

Despite being widely used for 20 years, as of 2009, there were only two peer reviewed publications of reliability and validity of the Enneagram. These studies found little support for the nine discrete types of personality supposedly measured, but . . . the Enneagram can be useful if the client is enthusiastic about using it. (p. 174)

Although the need for additional peer-reviewed research to determine its effectiveness as a form of personality assessment is genuine, the Enneagram has been endorsed as an aid to both personality development and spiritual exploration. Forman (2010) suggested that the Enneagram might help individuals identify more unique features of personality. He suggested the Enneagram “can be used to label subtle aspects of personality [and] identifying one’s Enneagram type can be a particular aid to meditative practice and learning to witness otherwise unconscious tendencies” (p. 293). Dupuy (2009) includes masculine and feminine typology and details how pathological aspects of both of these types play a role in active addiction.

Dupuy and Morelli (2007) made the case that healthy manifestations of both masculinity and femininity are also essential to long-term sobriety. Clients typically arrive in inpatient treatment with pathology in the way they relate to either their masculinity or femininity. According to Dupuy and Morelli, pathological masculinity can result in a drive for narcissistic achievement regardless of the pain it causes on others, and pathological femininity can lose itself in others or in abusive relationships. It is important to differentiate biological sex from the discussion of typology. A woman who arrives in treatment may have more unhealthy masculine typology and vice versa.

One of the primary goals of treatment is to teach the client how to balance the masculine and feminine types within themselves. Dupuy (2011) reasoned, “For healthy, balanced recovery to happen, the addict must recover and balance the healthy aspects of both feminine and

masculine: the ability to assert masculine willpower, and the ability to care for others in a healthy, nourishing way” (p. 103). As the clients begin to work their IR Plan and participate in both individual and group therapy, they begin to heal and to balance the masculine and feminine typology inherent to them.

Levels.

A complete discussion of integral addiction treatment is impossible without discussing levels. Integral Recovery is based on the assumption that an individual treatment program reflecting the client’s unique AQAL constitution is the best way to ensure long-term sobriety (Dupuy & Gorman, 2010). According to Forman (2010), who was discussing therapy clients in general, “Without understanding the nature of a person’s stage of development . . . we are constantly in danger of misunderstanding the client’s needs. We may ask them to do more (or sometimes less) than they are developmentally capable of” (p. 56).

An assumption of IR is that clients typically enter treatment at lower-than-average stages of development for their age, and yet these stages are the furthest that they have progressed to in their lives; they are developmentally arrested. It is possible that an addiction, as it takes over more and more of a person’s life, may cause a client to regress one or two stages, but this is not the current hypothesis with most clients. Transition from one stage to another, either higher or lower, is not a quick or simple process, even with something as powerful as substance abuse serving as a regressive force.

The goal of IR treatment is not short-term evolution to the next stage, but to put into place the daily practices that can contribute to the client’s evolutionary development over a lifetime, as well as to provide them support to deal with the often difficult transition from stage to stage. In line with Forman’s (2010) view, IR holds that, “For most clients—and for most

people in general—each stage transition will be long term, uneven, or marked by specific crises” (p. 63). No emotional work can begin until the addict gets sober, and, if necessary, has been medically detoxed. Once this major crisis has been addressed treatment can begin, and the focus can shift to long-term goals and maintaining life long sobriety. The IR goal is not to get them through any one crisis such as achieving sobriety, but to instill in them confidence in their IRP so that they are able to deal with any stage crises in a healthy and proactive way.

Stage-appropriate interventions.

Understanding levels is essential for creating an inpatient treatment center that meets the needs of clients at all stages of development. Each level has a specific structure and set of values that govern behavior while the individual is at that level or stage of development. Levels guide worldviews, social interactions, values, and morals. Integral Recovery attempts to match its therapeutic interventions to meet the level of the client when he or she arrives in treatment. Clinical directors may design and implement inpatient programs that correspond to the creator/owner/executive director’s level of development. For example, if the creator orients from Kegan’s third order of consciousness, early formal operations (Zeitler, 2008), the center is likely to have a third order programmatic design. As Wilber (2000) notes:

When the human is centralized in one state of existence . . . he or she has a psychology particular to that state. His or her feelings, motivations, ethics and values, biochemistry, degree of neurological activation, learning systems, conception of mental health, ideas as to what mental illness is . . . are all appropriate to that state. (p. 40)

The question then becomes how to treat addicts and alcoholics from multiple stages at the same center, while still giving each client the same high level of care. Dupuy and Gorman (2010) proposed that each client must be met at the individual’s own level, with stage-specific interventions that correspond to their level of development.

An alcoholic who is at the equivalent of second order consciousness—concrete operations—needs a high amount of structure and routine. Second order is a way of making sense of the world that relies on concrete operational thinking. The treatment facility must be able to speak to the individual at a second order level, being firm and compassionate and calling a spade a spade, because this level is still orienting from a mentality of, “If it feels good, do it” (Dupuy & Gorman, 2010).

An individual who is in active addiction and is third order conscious—early formal operations—still requires structure and routine, but their meaning making is slightly more evolved than their second order peers. Third order is highly represented among the alcoholic population. They may not be as impulsive as second order, but they can be just as destructive when it comes to their substance use. Many “functional” alcoholics may fall into the third order category. Many third order alcoholics can hold down a job and pay their bills, but they are just as dependent on alcohol as second order addicts.

Alcoholics who are fourth order—whose way of making sense of the world utilizes full formal operational thinking (Zeitler, 2008)—may be motivated to regain some of their ability to reach their goals and achieve success. Addiction counselors and therapists working with someone who is fourth order can begin to frame interventions such as yoga and meditation. In the fourth order, scientific framings begin to become more important to the individual (Dupuy & Gorman, 2010). Clients may then adopt healthy life practices that will aid not only their sobriety, but also in their overall goals of regaining lost physical and emotional pleasure.

A fifth order alcoholic orients from a Pluralistic/Meta Systemic worldview. Early fifth order programs may be well served to frame recovery in terms of authenticity and integrity. Fifth order interventions must take into account that patients at this order crave a sense of an orderly

life, and want to know they are fulfilling their deeper potential. With persons who have a full fifth order pluralistic or meta-systematic way of making sense of the world addiction is a relatively unexplored phenomenon (Zeitler, 2008). Little is known about the relationship between fifth order and addiction—if it is less common, or if it has a different course or level of severity. It is also possible that such individuals may avoid mainstream treatment, and might instead attempt to cope with their behavior in alternative ways. This is an area where further research is needed.

Regression.

Addiction is a very specific, and perhaps the most common, driver of psychological regression. Wilber (2000) defined regression as “moving backward in the line of evolution” (p. 111). Regression can range from minor to what Wilber called *the Darth Vader move*, which is a significant regression after having achieved a significant stage of development. The question then becomes whether the individual remains regressed during the time of use—their regression is a temporary, state experience—and later returns to the previous altitude, or whether they remain regressed permanently, and actually become fused with that lower part of themselves. According to Kegan (1994), individuals in the midst of a regression are aware that what they are doing is negative, because their most complex order of consciousness is still working. Kegan cited as evidence that such individuals immediately viewed their actions in negative terms.

Many people experiment with drugs and alcohol and may regress during their use, but return to their typical level of functioning the following day. Pathological regression occurs when addiction takes over and the individual begins chasing the high, behaving in ways that are inconsistent with the morals of the highest developmental level they have attained. In many cases, individuals who regress and then change their behavior return quickly to their highest

level of functioning. In this scenario, the client needs to process his or her behavior in therapy through a lens that meets the individual's highest developmental level while still acknowledging the discrepancy in the lines of development. In the effort to return to the higher level of functioning clients who have regressed may reject their drug use so strongly that they feel they are immune to relapse. This is also a concern for the client who has not regressed but is partially moving into his/her next stage. Kegan (1994) alleged, "There is no order of consciousness that holds less charm for us than the one we have recently moved beyond" (p. 292). Clients may cognitively differentiate themselves from their past and forget that the UR brain ailment triggers cravings. Too much dissociation can lead to relapse and further regression; a healthy respect for the cravings created by the mesolimbic brain must be instilled while the client is a resident in primary treatment (Dupuy, 2009). Regression can occur when the standard experimentation interacts with the specific UR dimensions of the individual (e.g., genetics). A genetic predisposition for alcoholism may grease the wheels of regression.

Limitations

This literature review must acknowledge the inherent limitations in the widespread implementation of an IR recovery treatment model. Integral Theory is an incredibly complex system with many moving parts. Even if this and subsequent studies determine IR as an effective treatment for drug and alcohol addiction, such findings would not mean IR treatment is accessible to wide sections of the population. The complexity of the Integral model is in many ways both its greatest asset and most limiting liability when attempting to bring an inpatient treatment program to large sections of the population. Future studies will be necessary to determine how applicable the model is in a large treatment setting and across cultures and

income levels. The long-term questions in need of answers are: Who does the IR model work for? Who does it not work for? and What are the reasons for it?

Research Question

The intent of the proposed exploratory case study was to identify one randomly selected participant who was an inpatient client at the Integral Recovery Center in Loa, Utah, and determine if this one individual believed the treatment methods utilized by IR contributed to his/her sobriety during treatment, and in the months following his/her departure from primary treatment. Findings of this study provided both cultural and clinical data to the field, based on beginning explorations of whether developmentally and culturally specific alternative methods of addiction treatment are effective in this one instance. The objective of the case study was to gather data that would allow us to begin to hypothesize about the effectiveness of IR or its methods on a broad scale, and to begin to think about large scale research in a more informed fashion. The study represents the opinion of one client as to whether the treatment had a positive or negative effect on his/her attempts at sobriety. The intent was that the study serve as the first of many pieces of research exploring the effectiveness of Integrally-designed addiction treatment.

Chapter 3

Methods

Choice of Method

A case study design was chosen to interpret the data gathered during this study. The objective of the study was to examine the response of an IR client to treatment while in the residential facility. The responses of one IR staff member (John) and the client's mother (Nadia) were also examined. A case study research design was chosen because it best allows for the exploration and presentation of an individual case (Yin, 2003). The case study design enabled the researcher to take an Integral perspective which matched the program methodology. Other methods of data interpretation were ruled out due to the very limited number of individuals in the IR treatment program. It was decided to compare the experience of the different participants to each other. As a result, a method was chosen that provided an in depth analysis of one client's experience. This experience was compared to the observations of one family member and one staff member who witnessed the client having this experience firsthand. The interviews were then broken down into three groups and compared against each other using qualitative analysis.

Due to the nature of the IR program, an analysis that tracked the experiences of one individual prior to, during, and after leaving treatment was chosen to provide the most extensive data possible. Additional data was gathered from one IR staff member and one of the client's family members about their impressions of his progress during treatment. Schramm (as cited in Yin, 2003) explained, "The essence of a case study, the central tendency among all types of case study, is that it tries to illuminate a decision or set of decisions: why they were taken, how they were implemented, and with what result" (p. 17). The data examined included the client's experience of IR as well as an account of what changes treatment may have had on his/her

decisions to remain sober. The final component of the study was a qualitative analysis of the client's responses.

Using a six step process the researcher was able to organize and process data to reach a logical saturation point. The transcribed interviews produced a written version of the interviews, which became the descriptive materials and texts. Following this process, the researcher read the produced text over and over to get a sense of the whole, and began an interpretation of the data. Interview data were clarified through questioning, and checking the accuracy of the transcription. Through the hermeneutic process common themes were developed from smaller patterns of fragmented ideas.

Participants

This study had a total of three participants. These included 1) the primary client, Karl, who was a resident of IR, 2) Karl's mother, Nadia, and 3) an IR staff member, John Dupuy, who worked with Karl on a daily basis.

Recruitment

Karl and his family were recruited through the IR admissions department. Karl's willingness to participate in the case study, and his self-identification as having a drug and alcohol problem, were the only requirement for acceptance. Additionally, Karl was willing to allow his mother to be interviewed. Karl's mother Nadia was enthusiastic about the prospect of being interviewed. Prior to recruitment Karl signed a release of information allowing this author to contact both his family member and the IR staff member, John Dupuy. All necessary paperwork was e-mailed to Karl, Nadia, and John, and the details of the study were thoroughly explained (see Appendix A). All three participants were provided time to ask questions pertaining to the study. All three participants agreed to participate, and were aware they could

withdraw at any time. Karl's first interview occurred before he arrived at IR. Karl then participated in weekly Skype calls discussing the experience of the program while attending IR. Karl also participated in two monthly Skype calls following his departure from primary treatment at IR. Both Nadia and John were interviewed twice over the course of treatment, and once following Karl's discharge.

Data Collection

After Karl, John, and Nadia had the research study explained to them, and they had signed the necessary releases, data collection began. Karl was interviewed via Skype prior to his arrival, and was asked a series of preapproved question (see Appendix C). During the initial intake, Karl was interviewed using the Andre Marquis Integral Intake (see Appendix B). No relevant information was gained from this, and as a result Karl's answers to the Integral Intake were not included in the data interpretation. Following his entrance into treatment Karl was interviewed on a weekly basis. He was then interviewed twice following his discharge. Nadia and John were interviewed twice during Karl's time in treatment, and once following his discharge.

Interviews with Karl addressed his reaction to, and perceived effectiveness of, IR treatment methods. Interviews with Nadia and John focused on their impressions of Karl's progress as well as their personal experience. All the recorded interviews were saved on a password-protected laptop computer and external hard drive. The interview questions focused on gathering a detailed life history of the client, and his emotional reaction and perceptions of the program and its effectiveness, both while in treatment and following discharge. The author's dissertation committee was consulted during data collection and data analysis.

Data Analysis

The researcher transcribed the entirety of all recorded interviews. A detailed analysis of each interview took place, and a summary of each interview response was written. The first-person accounts of the participants were used to draw conclusions as to the effectiveness of the IR interventions. The author analyzed the cause and effect of the interventions, and their consistency throughout the course of treatment and following the client's discharge.

In the final part of this study the frequency of primary themes were reported, and descriptions of the domains were created from the recorded data. The author drew conclusions about the effectiveness of the IR treatment based upon the themes that appeared across the three identified timelines, and the summary of the responses the client gave to the interview questions.

Limitations

This study was limited by being a case study. The intent was to be the first study of Integral addiction treatment. The study represents an analysis of the first-person experience of the client prior to, during, and following discharge from IR as well as the perceptions of one family member and one IR staff member. The findings were unable to determine the specific effectiveness of any of the IR treatment methods. Additional studies tracking a larger number of IR clients will be necessary to determine overall programmatic validity and effectiveness. This case study thus serves as a starting point for future research by other clinicians and researchers.

Assumptions

This researcher's interest in the phenomenon under study arose from his personal experience. As a result, it was crucial that the researcher identify the preconceptions he held concerning the topic so that they did not contaminate the findings. The researcher defined positive treatment outcome as consistent sobriety throughout the course of the treatment and post

treatment interview. The researcher anticipated the client would attribute positive physical and emotional changes to binaural meditation, exercise, and therapy.

Clinical Case History

Karl was a 25 year old upper class Honduran male who spoke both Spanish and English. He was the oldest of three children. Prior to entering Integral Recovery (IR), Karl was living in Miami and attending school. His father owned several businesses, and had been pressuring Karl to finish school so he could come home and help run the family business. He had been through inpatient drug treatment five years earlier, and since that time he has continued to use drugs and alcohol. In the two months prior to entering treatment he started using cocaine again, which began a steady cycle downward, both emotionally and physically. Karl was using every day, which culminated in a car accident that totaled his vehicle. Prior to entering IR Karl attended a two month wilderness therapy program in Southern Utah. He arrived in treatment drug and alcohol free, and motivated to participate in the daily activities.

Karl's mother Nadia had been studying Integral Theory for some time. She located Integral Recovery and made the initial contact with John Dupuy. Karl did not have any knowledge of Integral Theory, but trusted his mother enough to begin coaching sessions with Dupuy two months prior to entering treatment. Karl began Skype coaching sessions, and, over the course of a few weeks, became convinced that an AQAL approach to addiction treatment gave him the best chance of sobriety. The holistic nature of IR combined with his mother's belief in the Integral model and the flexibility of not attending AA made Karl willing to attend IR. Over the course of the two month coaching sessions Karl's use increased. It was determined that Karl needed inpatient treatment, and he agreed to attend IR.

Karl's mother was 48, and was born and raised in Honduras. She had been exploring various healing modalities the majority of her adult life, and had been studying the work of Ken Wilber for five years. She was convinced that the AQAL approach would be the most effective form of treatment. After an exhaustive search she contacted John Dupuy and Karl began coaching sessions. After his using increased and his behavior became more erratic it was agreed that Karl should enter inpatient treatment. Nadia was engaged with Karl's treatment throughout the duration of his stay at IR. She believed deeply in the AQAL approach, and enthusiastically embraced the family component of treatment.

John Dupuy was the founder of IR and has been working in the addiction treatment field for over thirty years. He was Karl's primary therapist and undertook all of the daily practices with him. John meditated, worked out, and did therapy with Karl on a daily basis. Based on this level of interaction it was determined that John should be the staff member interviewed for the study. John was enthusiastic and engaged with all the interviews, and provided all the access this researcher requested.

Chapter 4

Results

The results of this case study are presented in a variety of ways. The first is an interview by interview summary of the participants' responses. Conclusions were drawn as to the effectiveness of IR based on the interpretations of the interviews—both individually and in conjunction with the other interviews. Karl's experience was interpreted through an AQAL lens, and his experiences were interpreted based upon Integral theory and terminology.

Following the initial breakdown of each interview the responses were analyzed using qualitative analysis. The goal of qualitative analysis was to transform a large amount of textual data into meaningful concepts while identifying themes in the data. This required data reduction in the form of selecting, focusing, simplifying, abstracting, and transforming the data.

Litchman's (2006) "three C's of analysis" breaks the process down into three elements: codes, categories, and concepts; it is a useful tool in qualitative studies. Litchman has further broken down the process into six steps: creating initial coding, revisiting initial coding, developing an initial list of categories, modifying the list, revisiting the categories, and moving from categories into themes (with a rule of limiting themes to a maximum of 5-7 per set of data).

The themes were then grouped based on the timelines, and compared to the themes of the other participants. The timeline of the themes were broken down into thirds. The first third consisted of Karl's first two interviews, and John and Nadia's first. The second third consisted of Karl's second two interviews, and John and Nadia's second interviews. The final third consisted of Karl's final two post-treatment interviews, and John and Nadia's final interviews. In the discussion of the research findings the researcher used a number of quotations to support the measures of the interpretation's credibility.

Interview Summaries

Karl interview 1: First day of treatment.

The first interview took place on the first day of Karl's treatment. Karl arrived in treatment after using off and on for seven years. When asked why he was entering IR he said,

It's definitely, is in alignment with, I would say, all of my values and my background. IT doesn't conflict with any part of myself. . . I know I'm going to be dealing with some moral issues like truth, ethical issues like accountability. That's what I have on the top of my head.

When asked what he viewed as the impact of his drug and alcohol use Karl listed several examples: he couldn't relate to others in a healthy way, he had failed at college, and could not maintain order in his life (such as paying bills); he had damaged family relationships, put his own life at risk by driving drunk, and made poor business decisions when drinking. Karl's spiraling addiction, combined with the guilt of being dishonest with his family, led to depression and thoughts of suicide. Karl was assessed for suicidal ideation prior to entering wilderness therapy and IR, but was deemed not to be an immediate risk to himself or others in both cases.

Karl had previously been to inpatient alcohol and drug treatment. His experience was mixed. He reported that it was a reality check, and exposed him to the disease model of addiction. Karl said:

There is a lot of negative memories from going to rehab, but there's a lot of hope related to it because they give you information. You're not the only one, and all these things that help you, I don't know, have hope that you can beat this disease.

He managed to stay sober for eight months after leaving inpatient treatment. When he relapsed, he drank alcohol. For five years he only consumed alcohol, but he began using pot and cocaine two months prior to entering treatment again. His life began to spiral out of control. His depression increased, and eventually he got into a drunk-driving accident. At this time Karl's sister called his mother and informed her that Karl's use had gotten out of control, and he needed

help. Karl's mother was Integrally-informed, and set out to find a program informed by Ken Wilber's (2000) work. She eventually found Integral Recovery.

Prior to entering treatment, Dupuy had given Karl basic instruction on Integral Theory. Karl noted, "John explained his treatment with the four-quadrant approach. It made perfect sense. John said you meditate, you eat well, you work out, and go to therapy; you have a great chance of being successful." By the time Karl arrived at IR, he had a rudimentary understanding of basic Integral principles. One of the foundational pieces of IR was binaural beat assisted meditation. Karl was able to listen to binaural beats when he was in the wilderness program. Karl reported having very positive experiences with it saying, "After the beats, what I feel is more calm: calmness or silence in my thoughts. Like my thoughts aren't so scrambled. I would have to say they are more together, congruent, less of a monkey mind."

One of the primary motivating factors was that his relationship with his family was severely damaged. Karl expressed a desire to improve his relationship with his family repeatedly during his first interview. Karl said:

I'm looking to gain their confidence again. Not only gain their confidence, but be able to relate with them, I would have to say, like if nothing ever happened. So, I guess that means a lot of hard work. But, yeah, that's my goal, to relate with them, like nothing ever happened.

When asked for additional reasons he wanted to get sober, Karl responded that he wanted better skin, a better sleep cycle, improved mood, a well-organized life, to stop getting arrested, to put the pain of hurting his family behind him, and to finally finish college. With these motivations for sobriety Karl began his first week of treatment.

Karl interview 2: One week into treatment.

Karl said that his first week had gone very well, and that the schedule of practice and classroom time had given him the structure he needed to feel settled. The typical schedule was

meditation and reflection, breakfast, class, gym, and then therapy. This first week allowed him to get settled and adjust to life inside treatment. When asked how binaural meditation affected him he said, “The effect is that I’m able to stay focused during the meditation and I am able to maintain my posture with little effort. And I can’t really explain how my awareness works, but there are changes in awareness, definitely.”

Karl noted that he really embraced the organic diet. When asked how eating an organic diet had affected him he said, “I think it affects my attitude and my willingness and my temperament.” The combination of morning meditation, healthy eating, and working out led into his therapy session in midafternoon. Karl noted feeling closely engaged with Dupuy during the therapy session. In the first week they covered Karl’s relationship with his father, his father’s high expectations for him, and how it caused anxiety for Karl. Karl processed a lot of shame pertaining to failing out of school, and not graduating by this point in his life. Overall, Karl’s reports indicated a positive first week in treatment, and he responded to the structure and intervention of IR well.

Karl interview 3: Three weeks into treatment.

The third interview took place three weeks into treatment. Karl described his experience as being “very positive.” He enjoyed the variety of experiences, and the different therapeutic and physical activities. When asked about what he had noticed the most during his time at IR, Karl responded that the meditation had helped him to tolerate unpleasant emotions much more effectively. Karl said:

I can tell you that in the moments that I meditate anxiety really goes down to zero, and I think the benefit of that lasts throughout the whole day. So, it puts me in a very good position to deal with treatment.

In addition to the meditation, Karl had positive responses to working out and the healthy diet IR stressed. All the daily activities combined seemed to create excellent conditions for therapeutic work to take place. Karl entered his final week of inpatient treatment with this momentum. When asked if he believed his therapy was a positive thing, he said:

It's definitely helping me. I need to rebuild all kinds of things: morality, my physical well-being, my psychological well-being, and when I live here, my financial responsibilities. I have to heal in every aspect, and with them, we're systematically touching on all aspects of my life.

Karl interview 4: Final week of inpatient treatment.

Karl began his final interview of inpatient treatment by saying how “optimistic [he was] about the future.” He was aware that he had to take ownership of his own sobriety and future as well as be proactive with his family relationships. Karl understood clearly how much he had changed during his month at IR, and the need to continue the change as he left primary treatment and went back home. In the week prior to leaving, Karl spent a lot of time putting in place a relapse prevention plan that covered his strategy to stay sober, and what to do if he relapsed. The plan involved continuing his daily meditation practice, physical activity, and shadow work. By continuing these practices Karl will work the Body Spirit and Emotional lines of the IR program.

Karl agreed to Skype coaching sessions with Dupuy three times a week for the first few months, as well as weekly family sessions. These sessions allowed Karl to stay connected with Dupuy, and the coaching relationship they had in treatment. The three weekly sessions were put in place because Karl was adamant about not going to AA meetings. He did not want the social stigma that accompanied being an alcoholic in Honduras.

In the final week of treatment, Karl continued to meditate, work out, do yoga, and eat healthy food in addition to his therapy and relapse prevention work. Every day Karl seemed to become increasingly aware of the inherent benefits of his practice. Karl left treatment after one

month; he returned to Honduras to live with his family, work with his father, and finish his education. Karl summarized his final week and his stay at IR by stating:

There have been many, many insights. I don't know where to start, because we dealt with so many things: parents, brothers, friends, my life, the way I deal with it . . . No insight can guarantee sobriety, but good attitude and good tools will help me stay sober.

Karl post-treatment interview 1: One month following discharge.

One month following discharge, Karl remained sober and continued to practice his IR plan. He described himself as “pretty stable. I feel really resilient and I’m comfortable with my emotions.” Karl embraced his IR practice, and made sobriety his first priority. Karl described his physical practice as daily, and he believed he was in excellent shape. He ate only healthy, organic foods. Karl meditated nearly every day, and reported it as a calming and centering part of his life. He resisted yoga, and did not continue it after leaving treatment. When asked how often he practiced his Integral Recovery Plan (IRP), Karl replied:

Every day, at all times. I think my routine and my life is kind of geared around Integral practice. I try to be as physical, mental, and spiritual as possible every single moment. Every time, every day, or every second.

Karl had embraced the structure of treatment and took comfort in the routines of inpatient treatment. Having a rigid program after leaving treatment helped ensure his continued practice. He also continued his regimen of antidepressants, which he felt had helped his mood and provided another tool to help him flourish. Karl continued his coaching sessions with Dupuy and regularly studied Integral Theory so as to apply it to his life and his IRP. Karl’s regular practice contributed to his positive mood and sobriety. Karl believed all the combined practices had led to the many improvements in his experience of life. Karl said:

I would have to say that my bills are in order. I’m doing pretty well in my job. I’m also taking some classes to further my education. I’m doing pretty good at it. Actually, I’m not doing *pretty good* at anything. I’m doing *really well* in everything that I’m doing right now.

Karl's post-treatment interview 2: Two months following his discharge.

This interview took place two months after Karl left treatment. At this point, he had equal amounts of time in and out of treatment. He had remained sober and continued to practice his IRP daily. The amount of time he spent meditating had decreased. He reported meditating 3-4 times a week, and continuing to work out and do his shadow practice. This was a worrisome trend, and it was unclear if Karl was adjusting his practice to meet his life demands, or if these were the early signs of a potential relapse. He was reading the works of Ken Wilber and other Integral writers to deepen his understanding of the theory as well as to improve his practice. Karl continued to have three calls a week with Dupuy; the coaching sessions held him accountable for his actions, and reminded him that his practice was essential.

Karl had made efforts to make new friends who shared his Integral perspective as well as people who did not drink or take drugs. Broadening his social circle led him to feeling deeper fulfillment. When asked how he viewed his journey, he replied, "It's definitely something new. Something that I didn't imagine getting into. Still, I'm very curious as to what this process holds for me." Karl continued to practice, but he was reducing the frequency in which he meditated and worked out. His mood was stable overall, and he used his IRP to deal with difficult, emotional times. Overall, Karl's application of IR methods aided his desire to remain sober.

Nadia interview 1: One week into treatment.

Karl's mother Nadia was worried when he initially entered treatment. She had previously been optimistic when Karl was in treatment, but was now guarded. She did not want to become optimistic only to be let down again. After the first few days she began to notice a shift in Karl. She stated, "I felt something was happening because he was opening, like, comprehending . . .

He was not just saying, ‘I know what I have to do.’ It was something more, more deep. I felt he was opening.” Even though Karl was not happy at first, eventually he embraced the treatment.

Nadia described Karl’s initial concerns about feeling reluctant to participate in 12-Step groups because of the stigma he felt attached to such programs. Nadia was happy that IR was willing to work around this concern, and give him the tools he needed to flourish. Nadia felt comforted that Karl was not told what to do, but was given the tools he needed to flourish and apply to any situation. Nadia described herself as being in a place where she needed Karl to know that it was time for him to take responsibility for himself. She stated, “My expectations are that he would get to know himself better so he can take care of himself when he is doing things that would lead him back to drinking . . . He has to be responsible.”

At this early stage in Karl’s treatment, Nadia felt very positive. She was happy that Karl was in a program in alignment with her values. She had studied Integral Theory for years, and was convinced that any treatment needed to treat the whole person. When she set out to find a treatment program, she immediately started searching for a program based on Integral Theory. Karl’s trust in his mother, and his desire to get back into her good graces after his recent relapse, allowed for the selection of IR.

During the early days of Karl’s treatment, Nadia realized she also needed to work on a recovery plan to prevent returning to old, enabling behaviors. She participated in weekly family therapy calls with her husband and Karl. In these sessions family dynamics were explored, and unhealthy patterns were pointed out. Nadia began meditating while listening to the binaural beats on a daily basis, as well as attending weekly therapy sessions and weekly family Skype sessions with Karl. Overall she was pleased with Karl’s progress during the first week of treatment, and was eager to see what was next for him.

Nadia interview 2: Two weeks into treatment.

By Nadia's second interview, she had noticed several changes in Karl. The most obvious example was that he was open to considering different points of view. This change in mindset may have been related to the IR practices that Karl engaged on a daily basis. Nadia mentioned that Karl's analytical brain often got him into trouble. She noted this time it was different: "His way of thinking has changed, and that was my expectation, that he had a different way to approach or to encounter the things that came up to him in everyday life." Her faith in the program continued to grow as she continued to see how IR met his needs in ways the other interventions had failed to do. The holistic nature of the program met him on multiple lines of development at once, and, as a result, Karl was able to more fully meet his therapeutic needs. She stated, "He needed an altogether spirit, mind, and body" program.

The second interview showed optimism, and Nadia had begun to allow herself to feel optimistic. The progress Karl had made individually and in family therapy allowed her to feel hopeful that a sober and emotionally healthy Karl could and would emerge from the IR program.

Nadia interview 3: One month after discharge.

The third interview with Nadia took place when Karl had left IR, and returned back home to Honduras to be with his family for one month. Karl had recently begun working with his father assisting in various business projects. He had remained sober and actively participated in his own recovery plan. Nadia remarked that Karl meditated twice a day, attended the gym, ate a healthy diet, and was proactive in his own recovery.

Karl requested that all bottles of alcohol be removed from the house. He did not feel temptation, but wanted to be on the safe side. The request made Nadia feel happy and grateful. She could not recall another instance in his past when he made proactive steps to ensure his own

sobriety. In addition to her gratitude this was what Nadia expected of Karl if he was to continue to receive the support of the family. He needed to “look for help and seek help, or speak with the person he thinks would help him.”

Nadia believed Karl used the tools he learned in IR to ensure his sobriety. She said, “One thing is the practice. He practices profound meditation daily, I would say once, twice . . . He uses it more when he feels unstable.” Nadia noticed that when Karl felt more stressed or anxious he returned to the tools he used in treatment. This behavior was the primary reason for her optimism, and the main point of evidence she used when she detailed why she thought IR worked.

Nadia considered having Karl in IR a major blessing. She believed that, in addition to being the most effective treatment, it helped her entire family grow. She reported that the family was closer, and many of them now practiced profound meditation. The ones who did not have an Integral practice had minds that were more open than when treatment began. Karl and his parents had agreed to attend family therapy for a minimum of one year following discharge so they could continue to deepen their communication. Nadia ended her final interview by saying, “For me, it has been a blessing, blessing for the whole family.” Nadia was the driving force behind getting Karl into IR, and she credited the program not only with Karl’s continued sobriety, but also with her family’s improved communication and overall emotional health.

John Dupuy interview 1: First day of treatment.

A typical day in IR consisted of an hour of binaural meditation followed by breakfast and then one class on Integrally focused recovery. Following the instruction, Karl received an assignment that was either therapy-focused, or involved doing reading and reflection to further his Integral knowledge. Karl next went to the gym, and then returned to the center for a therapy

session. The day ended with dinner followed by another meditation session. The remainder of the evening was spent either journaling, or as free time. Karl spent his time at IR within this structure.

Upon entrance to the IR program, Dupuy was immediately struck by Karl's commitment to changing his life. His initial impressions were all positive. Dupuy referred to Karl as "a rather extraordinary young man. He's highly motivated to do the right thing." Prior to entering IR, Dupuy had worked with Karl via Skype, and was also able to see him on a weekly basis when he was in the wilderness therapy program. By the time Karl arrived at IR he and Dupuy had already developed a strong rapport that enabled treatment to progress quickly. Dupuy remarked that Karl needed no hand-holding, and was highly motivated and proactive in his own therapy process.

Karl was attempting to finish his degree through online courses, and spent a portion of the day engaged in that process. Karl entered treatment wanting to make up for lost time and to quickly complete his degree. Dupuy was impressed that Karl could balance school and recovery, but told him repeatedly to keep his recovery first. Dupuy remarked, "I feel a lot of trust for him. I feel like I can lend him my car while he is here and I wouldn't be afraid he would go to the liquor store." An early level of trust was present when treatment began. This early level of trust may have formed because John and Karl had been involved in Skype coaching sessions for a few months prior to Karl entering wilderness therapy. When Karl was in the wilderness John was able to visit him on a weekly basis. As a result the level of trust that John felt for Karl was higher than the typical client just entering inpatient care.

When Karl initially entered treatment he was submissive, and often deferred to Dupuy and the other staff. As time went on, he began to challenge some of the concepts, which Dupuy viewed as healthy. Around this time, many of Karl's issues with his father began to surface. Karl

felt he could never live up to his father's expectations. In the first week, Dupuy determined that Karl's pattern of rebellion had clear links to his insecurity around living up to his father's expectations. Dupuy was able to spend time processing this insecurity and its link to his repeated relapses.

Karl was culturally a Catholic, and Dupuy spent many hours framing recovery through scriptural stories. Dupuy used stage-appropriate spiritual language. Karl was culturally and religiously Catholic, and was firmly in the late second order to early third order stage of development. Dupuy framed many of his concepts in terms of knighthood and warrior mentality: Having a sacred duty to better one's people and the world, as well as himself. Karl resonated deeply with these concepts and seemed to connect more deeply with his spirituality when it was framed in stage-appropriate ways. Dupuy reported:

Karl comes from a very wealthy and privileged background . . . and talking about him being the entitled brat for many years and not living up to his own potential, and talking about the concept of "noblesse oblige" which translates roughly into "to whom much is given, much is expected," in a spiritual sense.

Dupuy interview 2: Two weeks into treatment.

During the period between the first and second interviews, evidence indicated how depressed Karl had been prior to entering treatment. The combination of alcohol and cocaine had brought him to the point of wanting to commit suicide. The first two weeks focused almost entirely on Karl's quickly disappearing depression, which both he and Dupuy attributed to the binaural meditation and holistic IR treatment. Both in therapy and in meditation, the anger Karl felt towards both of his parents for the various expectations and demands he felt he was unable to satisfy arose frequently. Dupuy framed Karl's father issues as the "curse of the successful father," and Karl was able to vocalize his feelings in weekly phone therapy sessions. At the beginning of treatment, Karl swore never to tell his father his feelings, but by the third week, he

was describing his anxiety and his fear that he would never live up to his expectations. Karl felt additional anxiety from the cultural expectation that comes with being the first-born son, and having to carry on his father's legacy.

Throughout treatment, Dupuy emphasized a rigid approach to the IR practice. Dupuy emphasized that the practice was the primary component of long-term sobriety. Binaural meditation combined with shadow work, daily exercise, weekly therapy, and attendance at 12-Step meetings formed the cornerstone of the IR program. Dupuy noted,

One of the things I do in the IR process is really establish the practices as something people stick with; I have found that people who embrace the practice stay sober. Or if they do have a slip or relapse, it doesn't, it's not as grievous . . . There is also more awareness and mindfulness: more space around the ego structure, more space around being an alcoholic or addict.

Karl was very devoted to his practice while in treatment, and Dupuy attributed his progress to his daily adherence to his IR plan. Karl's only resistance to treatment was in having to attend Alcoholics Anonymous meetings. Dupuy noted that Karl was very committed and:

Was willing to go deeply and engage on all the different various aspects as far as the working out, the physical, the written assignments, the reading assignments, basically meditating two hours a day, and doing the therapy, and discussing after meditation. It was very engaged. It was intense, but it felt like we weren't wasting our time.

Karl consistently maintained this schedule throughout his treatment. After his stay at IR was over he returned to Honduras with the tools he had learned in inpatient treatment. He went to considerable lengths to maintain the structure that had worked for him during inpatient treatment.

Dupuy interview 3: One month following discharge.

The final interview took place one month after Karl had left treatment, and had returned to live with his family in Honduras. Karl had three Skype coaching sessions each week with Dupuy, as well as family therapy with Dupuy and both his parents. Karl was committed to continuing his IR practice on a daily basis.

Dupuy was initially worried about Karl's reluctance to attend AA meetings. Karl was adamant about not incorporating meetings as part of his recovery plan. His reason was that the social stigma surrounding identifying as an alcoholic was very negative in his country. On this topic Karl would not budge, and Dupuy had to adjust his coaching accordingly. Dupuy noted, "One of the principles of IR, or just being a therapist or healer at any level, you just meet people where they are at." Upon Karl's return home he worked with his father. His father was reported to be a very UR- and LR-oriented person, and did not care much for reflection or therapy. He was a get-it-done type of person. Karl's father was a One on the Enneagram and Karl was a classic Six. A One at his or her best is dependable, reliable honest, hard working, fair, self disciplined, wise, and idealistic. At their worst a One is critical, judgmental, inflexible, controlling, jealous, worrisome, and dogmatic (Riso & Hudson, 1999). A Six at his or her best is compassionate, warm, dutiful, reliable, hard working, practical, caring, witty, likeable, and loyal. At their worst they are "arrogant, mean, emotionally unavailable, critical of others, stubborn and detached (Dupuy, 2009, p.99-100)." Dupuy used this typology to help Karl craft ways to better get along and work with his father. The strategy has worked up to the present time.

Dupuy continued to use stage-appropriate interventions and language that spoke to Karl's level of development. For example, concepts such as honor, courage, doing the right thing, and telling the truth all resonated profoundly with Karl. Dupuy used frequent warrior metaphors that spoke to Karl's emerging sense of identity. Dupuy said he told Karl to approach his life like a warrior, "Doing the right thing for your people, your god, your family, your world, is important." Such metaphors were interwoven into the course of treatment, and provided the backbone of the identity to which Karl aspired. Dupuy noted that after being out of treatment for a month, Karl remained sober and maintained the daily practice of meditation, proper nutrition, therapy,

shadow work, exercise, and service. At this stage, Dupuy classified Karl's progress as extremely good primarily because Karl maintained his daily practices, and increased the number of times he practiced during times of stress.

Over the course of the month Karl had been home and had worked with his father; he had been triggered on multiple occasions by his father's expectations, as well as by his father's extensive success. In the past, such triggers used to overwhelm Karl to the point of drinking to avoid the pain. Now, rather than drink, Karl meditated, worked out, and discussed the triggers in therapy. Dupuy reported Karl was less intimidated by his father's or his siblings' success, and knew that, with his own hard work, he would be able to do things to make both himself and his father proud. Dupuy noted that in the month Karl was home he began to see on a deeper level how his relationship with his father and siblings triggered him so intensely. Dupuy said, "Given Karl's embrace of practice and his deep feelings of remorse about the nature of his failures, he's beginning to understand why he went that path, and what he was rebelling against, and his own feelings of insecurity."

Overall, Dupuy was encouraged by Karl at this stage of recovery. Karl managed to maintain his practice, despite a challenging schedule, and maintained a vigorous therapy and shadow practice. Karl had experienced and overcome several triggers that, in the past, caused him to drink. Based on the commitment Karl had made to his sobriety and the healthy IR practice that he maintain, Dupuy believed Karl's odds of long-term sobriety were very good. Dupuy continued weekly sessions.

In addition to analyzing each interview one by one and analyzed identifying themes Karl was continually assessed through an AQAL lens. The following is a summary of Karl's development while in IR interpreted through an Integral perspective.

Progression of the Four Quadrants Through Therapy

Upper Left (UL).

The UL is the individual's subjective experience, which includes thoughts, feelings, emotions, and beliefs. Upon entering treatment Karl's UL quadrant was relatively stable besides low grade daily depression that he used SSRI's to cope with. He had just spent 60 days in the Utah desert in a wilderness therapy program. During that time, he was able to soberly reflect on the toll drugs and alcohol had taken on his life, both personally and relationally with his family. Upon his arrival at IR Karl's attitude was one of commitment and genuine gratitude for the opportunity to get sober. Rather than being mentally exhausted, as many new inpatient clients are because of recently stopping using, Karl was mentally energized and ready to engage in treatment. He immediately began embracing treatment. What arose from Karl over the first few days was the anger that he had "gotten off track with his life." Karl had a highly successful father who always expected Karl to succeed and to take advantage of the education and opportunities provided to him. Karl felt like he was treading water, and that his younger siblings had already surpassed him.

Upper Right (UR).

The UR refers to the occurrences that can be observed, measured, and quantified. Karl's UR was in rather good shape compared to most individuals who entered inpatient treatment. He had spent two months hiking, and was in good physical condition. IR immediately started Karl on an all organic diet and vitamin regime. Karl entered IR taking SSRIs, and he continued to take medication to help him with depression. Karl's brain chemistry had not had to contend with drugs or alcohol for two months. These combined factors enabled Karl to immediately embrace

the treatment model from the first day he entered treatment. He enjoyed the daily gym time, and did a combination of cardio training and weight lifting.

Lower Left (LL).

The LL is the collective interior. Karl's LL was in a state of interpersonal tension upon entering treatment. His family was angry and hurt over his behavior. His mother prayed that he would turn himself around, but had hoped for such results previously and had been disappointed. This made her protective and guarded. Karl's father pressured him to "get better" so he could get back on his career path. All of these strained family relationships spilled over from Karl's LL to his UL in the form of anger and poor self-image. The weekly telephone therapy calls with his family helped Karl process these feelings. Dupuy assigned Karl and his family to listen to the talks by Dr. Kevin McCauley concerning his work on the disease model of addiction. The talks helped shift Karl's parents' belief that his using resulted simply from a lack of will power. This shift contributed to alleviated pressure in Karl's UL and produced greater harmony in the LL.

Lower Right (LR).

The LR is the collective exterior. Karl's LR was in disrepair upon entering treatment. He had blown through a significant amount of money while trying to finish his degree. Despite his efforts to support himself he relied on his parents to support him. Beneath Karl's shame at needing monetary support from his parents were underlying feelings of sadness and anger in his UL about never being able to live up to his father's expectations. These themes continued to emerge in various forms throughout Karl's time in treatment.

Stages.

Karl was assessed using Dupuy's informal clinical judgment, and was determined to be in the category of late second order consciousness to early third order consciousness. This stage of

development typically requires a tremendous amount of structure and routine. IR provides a fixed schedule every day and allows little idle time. Karl needed boundaries, and at times needed to be told what to do. Dupuy was compassionate but was quick to “call a spade a spade,” and did not allow Karl to minimize his previous behavior and lifestyle. The combination of compassion and boundaries in both time and personal relationships allowed Karl to flourish because his particular level of development needed those elements at that given time.

Using stage-appropriate metaphors such as the persona of a spiritual warrior and the concept of “to whom much is given, much is expected,” spoke to the core of Karl’s emotional center of gravity. The metaphors stoked the fires of his aspirations, and influenced how he wanted to view the world and be viewed by the world. If Dupuy had used language more suited to the early fifth order, for example, Karl would not have responded because the language would not have aligned with his value structure.

States.

Karl had a minimal knowledge of states upon entering IR. As is typical with many addicts, Karl avoided feeling states he determined were unpleasant. Karl’s previous avoidance of states and emotions he identified as negative contributed to his prior relapses, and thus the need for Karl to begin accepting all of his emotions, not just the positive ones, was essential. By using binaural meditation, employing the Sedona method, and applying the 3-2-1 techniques, Karl began to approach the processing and release of his emotions as a fundamental component of his IR plan.

Lines.***Spiritual.***

Karl meditated a minimum of one hour in the morning and one hour in the evening using binaural beat meditation. During this time he incorporated prayer and contemplation to combine his spiritual faith with the benefits of binaural beat meditation.

Karl was raised in the Catholic Church and he considered himself to be culturally Catholic. Karl used his time in treatment to explore his relationship to Catholicism. His treatment team utilized numerous metaphors corresponding with his level of development. Dupuy framed Karl's spiritual development as that of a warrior in training. Dupuy stated the importance of approaching recovery as that of a warrior in training and that "Doing the right thing for your people, your God, your family, your world are important." The stage-appropriate interventions resonated deeply with Karl, and allowed him to form a deeper sense of connection to the spiritual exploration he undertook while at IR.

Emotional.

Much of the emotional work Karl did while in treatment focused on his ability to process his regret stemming from his actions while drinking, and coming to terms with the shame he felt for not succeeding. Ones are conscientious and ethical with a strong sense of right and wrong. Riso and Hudson (1999) describe Ones as "teachers, crusaders, and advocates for change: always striving to improve things, but afraid of making a mistake. Well-organized, orderly, and fastidious, they try to maintain high standards, but can slip into being critical and perfectionistic. They typically have problems with resentment and impatience. *At their Best*: wise, discerning, realistic, and noble. Can be morally heroic." As a One on the Enneagram, Karl also had to battle with his need to be in control, and his journey to identify as an alcoholic was difficult. From both

a personal and a cultural standpoint, Karl was more comfortable identifying as someone who didn't drink than as an alcoholic.

Cognitive.

Karl was an intelligent individual. His knowledge of Integral Theory was limited upon entering IR. A few hours each week were set aside for Integral instruction and for reading. In IR the needs for residents to be able to identify Integral principles as well as to apply them in their lives is imperative. Karl quickly picked up the Integral model, and was able to actively participate in his treatment and apply Integral Theory to his daily routine.

Physical.

As stated earlier, Karl had been in a wilderness therapy program for two months prior to entering IR. He was physically fit, and previously had a cardio and strength-training regimen. Karl began doing yoga and going to the gym six days a week. He reported resisting yoga throughout the course of treatment, but was very appreciative of the gym time, which continued to be a cornerstone of his practice upon leaving treatment.

Observations of Interviews

The primary observation of this interviewer was that conducting interviews with individuals who had moderate to above-average comprehension of English was difficult. Although they provided adequate information, the abilities of both Karl and his mother to speak English were moderate and expressed through only a limited vocabulary. All three participants were enthusiastic and willing to be interviewed. All three of the interviewees seemed to feel they were contributing to a study that would help progress a method they believed in.

Karl's enthusiasm was factual and disconnected early in the process. As the weeks progressed he was much more expressive, and seemed to be more connected with his emotions in

a much deeper way. Nadia was always very expressive and enthusiastic when sharing her experience. All of the interviewees seemed to be honest and forthcoming in their interpretations of the program and their involvement in it.

Qualitative Analysis

Themes.

Participants presented a rich description of their experience as either a client, family member, or staff member of IR. Five key themes arose from the analysis of the texts of the interviews: 1) Practices and Structure, 2) Obstacles to Recovery, 3) Values Integral Recovery, 4) Relatedness, and 5) Optimism. Below are more detailed descriptions of the composition of each of the five themes accompanied by examples of the participant's own interviews.

Theme 1: Daily practice is essential to sobriety.

The most common identified theme identified by the participants was how essential the daily IR practices were to the positive experience of IR and long term sobriety. More than any other factor, participants identified the positive effects of the practice as central to sobriety. This was true across all interviews and timelines. The primary IR practices involved utilizing an AQAL perspective, Binaural assisted meditation, daily exercise, therapy, yoga, and a healthy organic diet.

First third: Daily practice is essential to sobriety.

Karl.

We wake up and the first that we do is meditate and we listen to a couple of tracks from the binaural beats. And then we go through some processing and, basically, I write down what thoughts went into my head and then we talk about that. That's pretty good. And I would have to say we eat breakfast, a pretty good breakfast, and then I would have class. And after these classes, I have to, I don't know, give John feedback on what he was talking to me about. Then we will do some sort of physical activity, go to a gym or we can go hiking as well. And then after that, we go upstairs and meditate. And then we do the same process again that we did in the morning, pretty much.

John.

We get up in the morning. We meditate together for an hour. And then he just gets into his school work. And he asks me a lot of questions. We talk about it. So, he's really motivated to carry on with his studies and better develop. And then we would have breakfast, go downstairs. That's when we do the teaching component and going over... You know, the first thing that we start out with everybody is... You know, the Macaulay stuff. "Okay, it's a brain disease." Blah, blah, blah, and let them see that, take notes on it, and then we started to the... Going through the whole AQAL [13:31] that applies to recovery. And so then we have lunch break and there's some rest time. And then in the afternoons, the early afternoons, we would give him assignments, reading assignments, written assignments. During a week, he would meet with me twice in individual sessions, and meet with Pam twice for individual sessions, therapy sessions. And in the evenings, we'd do another meditation period, sometimes an hour, sometimes two.

Nadia.

When I heard from him, by the questions and his letters that we were receiving, I felt that something was happening because he was like opening, like comprehending. But not just understanding, like "I know what I have to do". It was something more, more deep. I would say more... I don't know how to express it but I felt that he was opening. Opening, yes.

Second third: Daily practice is essential to sobriety.

Karl.

I can definitely tell you that in the moments that I meditate, anxiety really goes down to zero, and I think the benefit of that lasts throughout the whole day. So, it puts me in a very good position to deal with treatment. I think the easy effect it has on me is that all this is new and I feel that by doing new things I'm breaking old patterns. Even though I'm not really comfortable, but every time I finish, for example, doing yoga, I feel that I have grown in some way. I don't know in which way, but that's a feeling. Also like I feel more confidence that I'm doing good things to get better. So, it's also a pretty positive experience.

John.

And one of the things that I do in the integral recovery process is really, really to establish the practices as something that people stick with; and over the last I guess seven or eight years, I found that the people who embrace the practice stay sober. Or if they do have a slip or relapse, it doesn't... It's not as grievous. It doesn't go as deep. It's not as... They just get back on the wagon much more closely. And there's just an openness and more awareness, more mindfulness, more space around the ego-structure, more space around being an alcoholic or being an addict. And the work that we do individually really

gets into a much deeper, deeper vein, and people are able to kind of progressively go through the layers and layers of the stuff they're working on in a much more graceful way. And if they don't do the practices, it becomes . . . It's pretty god damn hard. You know? It's like traditional therapy, which, you know, it's a good thing and can be a support, but it's not treatment. It doesn't keep people . . . Turn people sober.

Nadia.

His way of thinking has changed and that was my expectation that he had a different way to approach or to encounter the things that came up to him in an everyday life. And I think he's... That is happening to him.

Final third: Daily practice is essential to sobriety.

Karl.

Every day, at all times. I think my routines and my life is kind of geared around Integral practice. I try to be as physical, mental, and spiritual as possible every single moment. Every time, every day or every second.

John.

And what I found is that when I work with clients and they stay with the meditation, okay, they generally stay sober, and not only do they stay sober, but they just have space around their issues. There's so much more mindfulness . . . When he would get off, he get too busy, to bring him back, keep practicing, keep practicing

Nadia.

Yes, yes. Well, for example, one thing is the practice. He practices profound meditation daily, I would say once, twice. Well, twice a day, I think.

Based on the interviews it seems that practice was of great importance to everyone who was interviewed. Along with the positive aspects of the practice there were also consistent obstacles to Recovery that were consistent throughout all three thirds of the interviews.

Theme 2: Obstacles to Recovery.

Karl entered IR having already attended other treatment facilities. He had an overall negative experience of previous treatment, and this was leading to ambivalence about entering another treatment program. There were also cultural considerations to take into account. Karl was unwilling to attend AA or any other public group that would put his anonymity in jeopardy.

This was partially because his culture did not look favorably on alcoholics—even ones that were in recovery. Although AA's groups are international its members are typically white men, and individuals from other cultures may not be as willing to self identify as an "alcoholic."(AA World Services, 2007). It was with these unique circumstances that treatment began.

First third: Obstacles to recovery.

Karl.

So, of course, there is a lot of negative memories from going to [previous] rehab,

Nadia.

Well, yes. At the beginning I know he was not that much happy to go there. He had been in AA and he had received the help and everything. And he thought it was going to be the same thing.

Second third: Obstacles to recovery.

Karl.

My experience with previous treatment was an eye-opener. It was a world that I didn't know existed beyond like . . . I didn't know that the next step after drinking or doing drugs too much would be like going to rehab. So, for me, it was something different. It was shocking, to tell you the truth. Going to rehab meant leaving your life and leaving everything behind and just like going to a limbo space or somewhere far, far away from everywhere. So, it was really hard. Plus, you had to go through these tests and scans. They would scan you that you weren't taking anything, which was super weird.

John.

And in their culture, what they felt that AA was really not an option just because there's a tremendous, at least in this family's perception, shame involved being an alcoholic. So, that was not something he wanted to go to meetings. And it's a very small country and a very small city. And you know, I don't think he felt that the anonymity would be protected, and he didn't want to bring shame on his family. So, it was like, "We're going to have to do this without AA."

Nadia.

I can tell you I have tried all the programs. He had gone through two different things and everything. I do not say that they were bad but he needed something else. And I was

worried because what he was receiving, it was not bad. I do not say it was bad but he needed something else or something different.

Final third: Obstacles to recovery.

Karl

I haven't been doing that much yoga. I don't really practice yoga that much, so . . . I think it was a nice experience when I was in treatment, but, I don't know, I think it's not really my calling.

John

And they're doing great in a protected, controlled, safe, organized, loving, compassionate, confronting, everything-that-treatment-needs-to-be environment. Then you gotta send them back to the real world. Often times that involves going back to same old places, and with old friends, and the conditions that got you using in the first place. And of course, the hope is that they've learned enough, and they've really integrated the process of integral practice, and that they can, if at all possible, to integrate the 12 steps, which didn't seem like it was gonna be part of Carl's after-care, which I recommend. But some . . . You know, you can't force people to do what they don't want to do. And he didn't want to do it because of just the fear there wouldn't be anonymity and the shame around being an alcoholic in his culture

Nadia

Well, my impressions with him, actions also, coming back home, like scared a little bit and observing everything, but at the same time, very, very committed to do the best for him because he really wants to get better and be a better person. He is like struggling, like for example, with trust, this is something that will happen, will be a So like, for example, if he needs to go some place, it's a little bit of... I know that it's a little bit uncomfortable for him to be saying everything, more or less everything, where he is going, and here and timing and everything.

Despite the consistent Barriers to Recovery it became clear that their was a deep appreciation for Integral Theory and its application to the Recovery field. This appreciation and belief was described in detail in many of the interviews and across the three timelines.

Theme 3: Values Integral Theory/Recovery.

One of the dominant themes across the participants is the value they place on the Integral model, and, as result, IR. The practices combined with the AQAL map gave the participants a

common language and orienting philosophy. Studies indicate that a belief in the orienting philosophy of any recovery model is a benefit to long-term sobriety (Sheff, 2013). In this case all three participants came to value and believe in the design of IR.

First third: Values Integral Theory/Recovery.

Karl.

[IR is] definitely is in alignment with, I would have to say, all of my values and my background. It doesn't conflict with any part of myself. So, it's okay.

Nadia.

My experience has been positive, positive, positive, and I am so grateful and I can tell you that I did not know what to do anymore. And I went on internet because I had been reading about Ken Wilber and everything, looked at Integral Recovery, because I knew that, just by pieces, we were not getting anywhere. And my experience with that is [06:12] alcoholism and thank you for my son because, through him we all have learned, we all have healed.

Second third: Values Integral Theory/Recovery

Karl.

It has been a very good experience. All of this treatment is really new to me. I would have to say all is positive. A positive experience.

John.

When somebody actually wants to do the work, is willing to go deeply and engage on all the different various aspects as far as the working out, the physical part, the written assignments, the reading assignments, basically meditating two hours a day and doing the therapy and discussing it after the meditation. And, yeah, it was very engaged. It felt really . . . It was intense but it felt like that we weren't wasting our time.

Nadia.

I have tried all the programs. He had gone through two different things and everything. I do not say that they were bad but he needed something else. And I was worried because what he was receiving, it was not bad. I do not say it was bad but he needed something else or something different.

Final third: Values Integral Theory/Recovery.

Karl.

My life is kind of geared around Integral practice. I try to be as physical, mental, and spiritual as possible every single moment. Every time, every day or every second.

John.

Well, the ability of somebody from a different culture to fit in to the integral field, if you will, and at the same time, the ability of the integral model to really adapt itself and form itself to meet both where they're at and speak to them at the level they're at and meet their needs.

Nadia.

It's too sad that it had to take this appearance and this disguise to this situation, or issue, or condition that Carl has gone through, or is going through. For us, It's a blessing, really. It's a blessing because we have all grown as a family, as individuals. I am doing profound meditation, too. My daughter is also doing profound meditation. And my husband and my other son, they are not doing it, but they have opened their minds to see that there are other things that can benefit a person.

In addition to valuing Integral Theory all three participants attributed the positive treatment outcome to the good relationships that were developed between all members of the family and the IR treatment staff. Also Karl and his mother both had the goal of improving and their relationship was well as strengthening the family connection as a whole.

Theme 4: Relatedness.

Participants discussed the importance of the relationships to the overall treatment outcome. For the purpose of this study Relatedness is considered any meaningful relationship or interaction between the participants, their family, and the IR staff. Relationships between client's, therapists, and the primary family member has been shown to be one of the primary causes of treatment success in an inpatient model (Fletcher, 2013).

First third: Relatedness.*Karl.*

I'm looking to gain [my family's] confidence again. Not only to gain their confidence but be able to relate with them, I would have to say, like if nothing ever happened. So, I guess that means a lot of hard work. But, yeah, that's my goal, to relate with them, like nothing ever happened. And like I'm just doing what I have to do and everything is okay.

John.

You know, he lost a lot of time. And sometimes he compares himself to his peer group. And he has a younger brother who is very successful in kind of the banking industry. And his sister . . . He's the oldest and his sister, she completed her degree and she's in a responsible position. So, he feels kind of like he's a little bit behind. But he's been working with his father in positions with a lot of responsibility. And, of course, because he's from Latin America, the thing about working with your father and kind of taking on the family business is much more, culturally . . . It's done that way more. So, he's had a lot of responsibility as his father's assistant. His father is a very successful man in Honduras and also in Germany

Second third: Relatedness.*Karl.*

Therapy [with Pam and John] is very helpful for me especially with these people because I think that we are attacking issues and problems in a very systematic way, and also bringing awareness to that . . . I have a lot of character defects that get pointed out with them and they have also the ability to tell me, which they are, and they give me the decision if I want to be talking about it or not, but they bring awareness to me. Some things that I'm not able to see. They're pointing it out for me and it's helping a lot. It's helping a lot to be there.

John.

He's dealing with a lot of father issues . . . Well, father and mother issues. They're just in a different order. The mother is a very spiritual, integrally informed... Really worked on herself. And now we're talking a cultural thing in Honduras. We ain't in Kansas anymore, Toto. I mean this is a really different cultural context. And that's why I think it's so useful to have this integral approach because you really have to factor that in. And it also helps that I grew up in Latin America, not in Honduras, but in Mexico and Argentina. And, so, I have some sense of this being different. And the father . . . I think I shared some of these things; a very successful man. And Carl, because of his drinking, regressive nature of the drinking has damaged this relationship.

Nadia.

Well, my expectations are, and they . . . I think, they are in process because they are fulfilling what the . . . His way of thinking changed, but . . . Because we are always going to have a lot of stimuli or stimulus from the outside world, good or bad, but his way of thinking has changed and that was my expectation that he had a different way to approach or to encounter the things that came up to him in an everyday life. And I think he's . . . That is happening to him.

Final third: Relatedness.

Karl.

I think I'm doing a really good job trying to be respectful of other people, being respectful of myself, and trying to be very integrated into being a part of what's going around me and involving everybody that's around me.

John.

Yeah, and just kind of a deep bonded sense of connection with Carl. That's kind of when somebody comes into your home and we do integral recovery at our place, it's not just like a treatment center where... We're with people 24/7 basically. We become friends with the family members, and in a sense it gives them a kind of deep... You know, we meditate together, we work out together, we struggle with these ideas together. I teach them to be engaged. So, it's been very, very engaged. And there's a lot of room for encouragement.

Nadia.

Well, we still have five of our family sessions, meetings with John. We agreed that this would be if necessary... No, not if necessary, for one year. And I think that is very good because there are things that we still need this mediator or facilitator or something because we need to learn to speak between us, among us, and communicate our deep feelings.

The improved relationships among the family was consistently mentioned along with an overall sense of Optimism. A sense that things were trending in a positive direction was present across all three thirds of the interviews.

Theme 5: Optimism.

Optimism was consistently reported by both the primary client, IR staff, and his family members. Karl was able to visualize a future that was significantly improved upon if he was able

to maintain his practices along with his sobriety. In turn both Nadia and John attributed their optimism at Karl's treatment outcome to his commitment to the practices as well as his optimistic outlook toward the future.

First third: Optimism.

Karl.

Example: I'm really interested and curious to see if I can make better sense of my life through this program. I think that that's what I'm looking forward to understand and be comfortable with what's going around. And I'm going to be real expectant. I'm going to be really paying attention to the tools and whatever it has to offer.

John.

Well, he's really a rather extraordinary young man. He's optimistic and highly motivated to do the right thing. It's very important for him to live in integrity with himself. He's struggling to find his path, what he's supposed to be doing in the world.

Nadia.

Karl really wanted to get better.

Second third: Optimism.

Karl

I can tell you that I'm doing a lot better than I was when I went in. So, I think that's pretty good. I'm really optimistic about the future. So, I guess that's also a plus even though I know there's going to be some challenges, but I guess I'll just have to face them along the way.

John

I'm also a musician/performer, and I really have a visceral sense whether there's a connection, and it's happening, and that just creates this kind of shared space where a lot of things get done. And that's what it was like working with Carl. Whereas if you're with somebody who's resistant and really didn't want it, it's not there, it's difficult. And Carl really wanted to get well.

Nadia

And the appropriate medication and with this Integral Process. I think he is very positive and I think he has a lot of benefit. He has understood or rationalized more and that has helped him.

Final third: Optimism.

Karl.

I would have to say that I'm pretty stable. I feel really resilient and I'm really comfortable with my emotions.

John.

Yeah, so the question is, after a month, how has Carl responded to treatment? Well, he's responded extremely well. He's worked really hard. He's challenged and questioned things, which I think is totally appropriate. And we engage with each other when we work on these things. He likes the engagement, I like the engagement, it's been good. Yeah, so guardedly optimistic. And that's about as good as you can get.

Nadia

He's learning that and we're learning that, but I think I feel very optimistic. Very optimistic. In fact we have a pact to, a journey to travel together but I feel very optimistic.

Chapter 5

Discussion

The following paragraph will explore the themes that were found throughout the interviews and how current research can be applied to this studies finding. The discussion begins with a broad overview of the themes and then gradually expands to include how this research can be applied to the field of addiction treatment. It concludes with a discussion of clinical implications and potential directions for future research.

The amount of money being spent nationally on inpatient addiction treatment has been rising consistently each year (Califano, 2007). Recent studies have shown that among the many therapies available the most proven interventions that contribute to sobriety are Motivational Interviewing, Twelve Step Facilitation, and Contingency Management (aka Relapse Prevention) (Fletcher, 2013). In an exhaustive study of existing literature Smith (2009) found that the primary factors in a client's success in a treatment setting are 1) the importance of "patient suitability" in relation early therapeutic engagement, which corresponds to the notion of motivation and readiness at the treatment intake, 2) the overwhelming support based on 1,000 studies for the critical role of therapeutic bonding between therapist and patient, 3) cognitive and behavioral change processes during treatment, and 4) the duration of treatment as a major predictor of outcomes.

Theme I: Daily Practice is Essential to Sobriety

One of the largest factors in Karl's success was his early willingness to engage in treatment combined with his high motivation for sobriety. Smith (2004) notes that the early motivation of the client combined with an ability to buy into the treatment model was one of the highest predictors of client sobriety. This data is consistent with the first theme "Daily Practice is

Essential to Sobriety.” Karl’s early willingness and immediate engagement in the treatment process correlates to his positive treatment outcome at the end the study. From the first day Karl was energetically and mentally engaged in treatment. Consistent with the literature, Dupuy (2009) utilizes motivational interviewing as a means of assisting clients find their own reasons for sobriety. He writes “MI is practice that helps our clients come to their own truth, recognize where they are in their lives, and develop a motivation for change that comes from within (p. 111). Based on Karl’s interviews upon arriving at IR he could be classified in the “Action” phase of the motivation to change scale. Gossop, Marsden, Stewart, and Kidd (2003) write that there is a high correlation between an individual’s “Motivation to Change” stage, and treatment outcome. Karl immediately engaged in meditation, exercise, organic diet, and therapy. Additionally, Karl spent two months in a wilderness therapy program, and had fully detoxed from all substances. Karl was not the typical client of an inpatient facility. He had a preexisting relationship with John from his days of Skype coaching. Karl’s UR had also stabilized, so he was an ideal candidate to begin treatment. This would indicate that client and treatment center match is an essential component of successful treatment.

Theme II: Barriers to Treatment

The second theme that became apparent during the qualitative analysis were the barriers to treatment that arose during Karl’s stay. He entered treatment with a preexisting low opinion of Alcoholics Anonymous, self help groups, and self help books. He also had a negative experience of inpatient treatment, and had relapsed twice prior to entering IR. Research has shown that joining groups such as AA provides social support that can be crucial in the early months and years of recovery. Ever increasing research points to AA as an effective stand alone treatment, and that AA has increased the rates of sobriety for individuals in post treatment who continue to

attend meetings after they leave residential treatment (Cloud et al., 2006). This research is connected to the second theme that was established after his repeated resistance to attending a 12 step group. Research indicates that regular AA attendance and community support is a primary component of sobriety in the first year (Maltzman, 2008).

Throughout treatment Dupuy was concerned about Karl's ambivalence to attend AA as a component of his relapse prevention plan. Although Karl was a highly motivated while a resident of IR there was the potential that he would not continue with his practices in a way that would enable him to stay sober indefinitely. This was partially because of the cultural stigma that exists around identifying as an alcoholic in many South American cultures. As Karl's time away from treatment increased he began to decrease his practices. Originally he meditated and worked out daily. During the final interview of the study he noted that he was not consistently working out, and that his meditation was becoming inconsistent. It is for this reason that a recovery community may be of benefit to Karl after his discharge from IR.

A recovery community would reinforce the necessity of recovery practices such as consistent meetings and calling a sponsor (Fletcher, 2013). John was serving as a defacto sponsor for Karl, but, even with his weekly calls to John, Karl was beginning to reduce the amount of time that he spent on the IR practices. It is unclear if this will lead to relapse, or if Karl is in the process of undergoing a course correction as he determines how to balance his increasing work responsibilities with his recovery practice. Now that Karl is working for his father he does not have all day to devote himself to IR practices such as yoga and meditation. Karl will need to adapt his life to meet the ever changing demands on his time. If Karl's experience is consistent with the literature he will need to find a way to balance his work life and recovery practice if he is to maintain long term sobriety (Fletcher, 2013).

Theme III: Values Integral Recovery

Orlinsky, Ronnestad, and Willutzki (2004) have shown that inpatient treatment centers must facilitate a “cognitive and behavioral change during treatment” (p. 322) in order to have positive treatment outcomes. This research finding corresponds to the third theme of “Values Integral Recovery.” Karl made drastic lifestyle changes while in IR, and altered his value system significantly. The changes he made correspond to a change in behavior and attitude that has been shown to lead to positive treatment outcomes. Karl cognitively came to view the world and himself through an AQAL lens. This cognitive change combined with the daily IR practices, and the ensuing insights that arose from the daily routine, lead Karl to view IR in a positive light.

Theme IV: Relatedness

Consistent with the literature (Smith, 2009), Karl’s positive bond with John and the IR staff had a positive impact on the treatment outcome. This corresponds to the fourth theme of “Relatedness” that continually showed itself throughout all three thirds of the interviews. Based upon the interviews, Karl seemed to value his relationship with John and the IR staff. This feeling of connectedness was also felt by John toward Karl and his family. The genuine desire Karl had to improve his relationship with his family was present throughout his stay at IR. Nadia also had a positive opinion of John and gained a lot from their family therapy sessions. Her belief in John’s ability to deliver an Integrally informed addiction treatment may have provided Karl with the confidence he needed in the first few weeks to embrace the IR treatment. Consistent with the literature the positive feelings of all participants, combined with a belief in the Integral model, seemed to contribute to a positive treatment outcome.

Karl also came from an upper class SES. Although the evidence for SES and sobriety is mixed (Maltzman, 2008) it must be said that Karl had the emotional and financial support

necessary to fully devote himself to his own treatment. He did not need to juggle multiple responsibilities, such as a job or child care, while attempting to become sober. This should in no way minimize Karl's accomplishments, but it must be stated that Karl's extensive family support enabled his enthusiasm to be applied to his own sobriety and wellness. Without these factors he may have had adequate motivation, but the LL barriers in his life—such as time and financial resources—may not have been present to allow his success.

Theme V: Optimism

The fifth and final theme that became apparent during the qualitative analysis was “Optimism.” All three members of the study had a strong sense of optimism pertaining to the IR treatment model, and Karl's long-term chances of sobriety. On multiple occasions during the interviews Karl reflected on how he felt that he was on the right track. Nadia also reflected that she was sensing a shift in Karl because of his time in IR. Dupuy also remarked that, given Karl's devotion to the work, he had a good chance of success. These statements of optimism are consistent with other research. Sheff (2013) wrote that a combination of optimism and humility are required after discharge from an inpatient setting if the newly sober individual is to maintain long-term sobriety. The newly sober individual must embrace the new lifestyle while having a strong contingency/relapse prevention plan that guides the early months of treatment, so they do not put themselves in risky situations, and they know what to do when they are triggered.

Conclusion

Karl's experience of treatment is consistent with much of the existing literature on what factors predict sobriety after discharge from an inpatient treatment facility. What cannot be stated irrefutably is that the IR methods are the reason for Karl's sobriety. Given these interviews this writer can say that IR had a positive impact on Karl and his family. All three participants had a

strong belief in Integral theory and IR as a recovery intervention. Karl was a high functioning and motivated client who had two months of prior wilderness treatment before entering IR. He was also primed by close family members prior to his arrival about the excellence of the IR treatment model. Not only was his mother an advocate of the approach, but Karl also received daily one-on-one mentoring from the founder and pioneer of Integral Recovery. Additionally, Karl had minimal external stressors such as a job or major financial responsibilities. It is reasonable to say that many different treatment programs could achieve the same results if Karl decided to attend them rather than IR. His time in the IR treatment program gave him tools to further his preexisting goal of sobriety, but it cannot be said that the IR interventions were the reason for his sobriety. What would clearly demonstrate IR's effectiveness would be multiple successes with clients who would typically fail in other treatment settings. Even if the IR methods cannot be said to be the primary reason for Karl's sobriety it does not negate the fact that IR is a revolutionary program that warrants further study.

John Dupuy has created an innovative addiction treatment model that has great potential to change the field of addiction treatment, and have a positive impact in the lives of many of its users. Like many ground breaking pioneers his methods will require additional study before definitive conclusions can be drawn about them. What can be said is that Dupuy is making an effort to create interventions in a field that needs to increase its ability to treat the entire person. It is the hope of this author that this study will be the first of many exploring the effectiveness of IR and Integral Theory applied to the addiction treatment industry as a whole.

Opportunities and Constraints of Treatment

The opportunities presented by the IR program are that it provides highly detailed and effective interventions for treatment that have thus far not been part of the addiction treatment

industry. The first and primary intervention stressed most strongly is the binaural assisted meditation. The binaural meditation is combined with interventions tailored specifically to the unique needs of the client. Interventions include the AQAL maps, Levels, Lines, States, Stages, and Types, which create the opportunity for a unique Integral Treatment Plan for each individual within the existing structure of meditation, therapy, exercise, nutrition, and shadow work.

The constraints of IR treatment include that it is designed primarily for high-functioning and intelligent individuals who are motivated to take initiative in their own recovery. Additionally, the positive outcome in this case study is by no means a definitive outcome. In many ways, Karl presented as an ideal client, ready for change, with familial support, and the cognitive and motivational skills to stick to a treatment regimen. The treatment interventions appeared to be effective in this case and this case only, but this may have been due in part to Karl's readiness and his trust in his mother and Integral Theory prior to arriving and attending, rather than the specific treatment approach itself. A much broader study must be conducted to ascertain whether IR treatment methods are effective for the treatment of drug and alcohol addiction with other types of clients—ones who are less ready to change, or do not come to IR as prepared and capable to engage it.

For example, some clients may not possess the intelligence or willpower to utilize the complicated and nuanced IR program. A client entering the program who had recently ended his/her substance use might have a difficult time comprehending the AQAL model, and the multiple aspects of its application. The question remains: How essential is the client's comprehension of the map to the success of treatment? The current study took place in a small treatment center where the client had access to the founder of the IR program. The study findings do not answer whether this program is viable in a larger treatment setting, or for individuals

trying to get sober on their own without the aid of an inpatient program. Whether Integral Recovery has broad treatment applications to larger portions of the population suffering from a substance use disorder, or if it will remain a boutique form of treatment that is effective for a small section of the population, remains unknown.

Clinical Implications

The study lends additional support to the growing enthusiasm for integrative therapy techniques both in clinical psychology and addiction treatment. The growing number of Americans who are being diagnosed with a substance use disorder are in need of a broader and more case specific range of interventions. IR is part of a new wave of treatment programs that is endeavoring to provide unique interventions to each of its clients based on what their needs are. This move away from the one size fits all approach may lead to greater rates of long term sobriety.

Areas for Future Research

Additional research on a larger sample size is required to determine in IR treatment methods are effective in helping clients maintain long-term sobriety. Longitudinal studies in verifying if clients maintain their practices over years and how in what this has contributed to their sobriety if any would to determine what IR interventions are the most effective as individual interventions or if they are required to be used in conjunction with each other for maximum benefit. Addition research is needed to validate the effectiveness of binaural beat technologies such as Holosync. These studies could better identify how these technologies aid the meditation process and the clients ability to process difficult emotional material.

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APPENDIX A: CONSENT FORM

My name is Adam Gorman, and I am a student in the Doctor of Psychology program at John F. Kennedy University in Pleasant Hill. This form provides information about my study, in which you have been invited to participate.

Purpose

This study explores the experience of clients participating in Integral Recover. I hope to obtain a rich, in-depth understanding of your experience while in treatment and following two months after your discharge.

Why you were selected

You have been asked to participate in this study because you are about to enter Integral Recovery and the study requires following participants from their entrance into the program and following them for two months after leaving the Integral Recovery treatment program.

Procedure

If you agree to participate in this study you will be asked to fill out a demographic and life history questionnaire. You will then be asked to participate in weekly phone interviews lasting no more than an hour and a half while you are in residential treatment. Following your discharge there will be two interviews within the next sixty days. You will be asked a number of questions related to your experience of addiction and your time in residential treatment at Integral recovery. All interviews will be conducted by me via Skype, and will be tape recorded. All recorded information will be secured in password protected files to ensure your confidentiality.

Compensation

There is no financial, or other compensation for participation in this study. I greatly appreciate your participation in this research on a free and voluntary basis.

Withdrawing from this study

You may withdraw from this study at any time prior to the completion of the study. You do not have to provide any explanation for your decision to withdraw. If you choose to withdraw, all information gathered from you as part of this study will be destroyed.

Confidentiality

Your participation in this study will be kept strictly confidential. Audiotapes, and all information you provide regarding your identity will be kept in password protected files on both my computer and external hard drive. Any quotations from your interview used in the study will be carefully selected so as to provide no indications as to your identity. The only circumstance in which confidentiality may be breached is if a disclosure is made regarding imminent danger to someone, or abuse of a minor, elder, or dependent adult; it may be required to make mandated reports of such disclosures under California and Utah state law.

If you have been distressed by your participation in this study

If you find that you have been distressed by your participation in this study, Pam Parsons MFT

has agreed to debrief you and help you process any feelings of stress related to the questions. I can give you a list of low-fee psychotherapy providers in your area.

Concerns and complaints

If you should have any concerns or complaints about any aspect of this research, you may contact either my Project Chair or the Research Director of the Doctor of Psychology program at John F. Kennedy University, whose names and contact information are listed below.

Mark Forman, PsyD, Project Chair
Integral Theory Program
John F. Kennedy University
100 Ellinwood Way
Pleasant Hill, CA 94523
(925) 969-3400

Sarah Carroll, PhD, Director of Research
Doctor of Psychology Program
John F. Kennedy University
100 Ellinwood Way
Pleasant Hill, CA 94523
(925) 969-3400

If you are interested in the results of this study

If you are interested in the findings of this study, please give me your mailing address and I will provide you a summary of the findings when the study is complete.

I, the undersigned, have read this consent form and understand the terms of study participation it describes. My signature below acknowledges my agreement to participate in this study. The principal researcher, Adam Gorman, will also sign to guarantee the conditions stated above.

Date

Participant's Signature

Participant's Name (print)

Date

Adam Gorman, researcher

APPENDIX B: INTEGRAL INTAKE

Request To Use Integral Intake

Hi Andre,

My name is Adam Gorman. We met at the JFK Integral Conference two years ago. I'm a doctoral student in clinical psychology and I'm currently working on my dissertation. I am doing a case study on an Integral approach to addiction treatment. I'm writing to request your approval to use the Integral Intake as part of the study. I plan to have the client fill it out prior to his arrival at the treatment center.

I hope all is well back in New York.

Warmly,

Adam Gorman, MA
JFK Psy D Program

Approval To Use Integral Intake

Hi Adam,

Yes, you have my approval to use the Integral Intake in your study.

Good luck with your research,

André

Andre Marquis, Ph.D.
University of Rochester

Client's Name _____ Age _____

Date First Seen _____

Home Phone (____) _____ (message: Y/N) Work Phone (____) _____

(message: Y/N)

Address _____

City _____ Zip _____

Date of Birth _____ Gender (M/F)

Referral Source _____

Emergency Contact: Name

Phone (____) _____

(Please use the back side of this form if you need more space to respond to *any* of the questions)

PRELIMINARY ISSUES AND PREVIOUS THERAPY

What is the primary concern or problem for which you are seeking help?

What makes it better? What makes it worse?

Are there any *immediate* challenges or issues that need our attention? Yes/No If yes, please describe.

Have you had previous counseling or psychotherapy? Yes/No From when to when? With whom?

What was your experience of therapy? (What was your previous therapy like?)

What was most helpful about your therapy?

What was least helpful about your therapy?

What did you learn about yourself through your previous therapy?

What do you expect from me and our work together?

EXPERIENCE: Individual-Interior

What are your strengths?

What are your weaknesses?

How would you describe your general mood/feelings?

What emotions do you most often feel most strongly?

What are the ways in which you care for and comfort yourself when you feel distressed?

How do you deal with strong emotions in yourself?

How do you respond to stressful situations and other problems?

How do you make decisions (for example, do you use logic and reason, or do you trust your gut and heart)?

Are you aware of recurring images or thoughts (either while awake or in dreams)? Yes/No
If yes, please describe.

Have you *ever* attempted to seriously harm or kill yourself or anyone else? Yes/No If yes, please describe.

Are you *presently* experiencing suicidal thoughts? Yes/No If yes, please describe.

Has anyone in your family ever attempted or committed suicide? Yes/No If yes, please describe.

Have there been any serious illnesses, births, deaths, or other losses or changes in your family that have affected you? Yes/No If yes, please describe.

What is your earliest memory?

What is your happiest memory?

What is your most painful memory?

Where in your body do you feel stress (shoulders, back, jaw, etc.)?

Do you have ways in which you express yourself creatively and/or artistically? Yes/No
If yes, please describe.

Describe your leisure time (hobbies/enjoyment).

Have you ever been a victim of, or witnessed, verbal, emotional, physical, and/or sexual abuse?
If yes, please describe.

In general, how satisfied are you with your life?

Not at all 1 2 3 4 5 6 7 Very

In general, how do you feel about yourself (self-esteem)?

Very bad 1 2 3 4 5 6 7 Very good

In general, how much control do you feel you have over your life and how you feel?

None at all 1 2 3 4 5 6 7 A lot

Please mark any of the following feelings or experiences you've had recently, or have had
sometimes in the past:

_____ Angry _____ Difficulty concentrating
 _____ Sad _____ Little interest or pleasure in doing things
 _____ Lonely _____ Poor or excessive appetite
 _____ Afraid _____ Feeling hopeless

_____ Anxious/worried _____ Feeling helpless
 _____ Shameful/guilty _____ Having much more energy than normal
 _____ Jealous _____ Thoughts racing through your head
 _____ Happy _____ Needing less sleep than normal
 _____ Grateful/thankful _____ Thoughts that you would be better off dead
 _____ Sexual/erotic _____ Desire to harm yourself
 _____ Excited _____ Hearing or seeing things not actually there
 _____ Energetic _____ Thoughts that seem strange but that you can't
 _____ Hopeful seem to stop
 _____ Relaxed/peaceful _____ Fear that someone is trying to harm you
 _____ Other emotions you often feel:

BEHAVIOR: Individual-Exterior

Please list any medications you are presently taking (dosage/amount and what the medication is for).

Do you have a primary care physician? Yes/No If yes, who is it?

Height _____ Weight _____ lbs.

When was your last physical? Were there any noteworthy results (diseases, blood pressure, cholesterol, etc.)?

Have you ever suffered a head injury or other serious injury? Yes/No If yes, please describe.

What other significant medical problems have you experienced or are you experiencing now?

Please mark any of the following behaviors or bodily feelings that are true of you:

- Drink too much
- Use illegal and/or mind-altering drugs
- Eat too much
- Eat too little
- Neglect friends and family
- Neglect self and your own needs
- Difficulty being kind and loving to yourself
- Act in ways that end up hurting yourself or others
- Lose your temper
- Seem to not have control over some behaviors
- Think about suicide
- Have difficulty concentrating
- Spend more money than you can afford to
- Crying
- Any other behaviors you would like me to know about?

-
- Headaches
 - Menstrual problems
 - Dizziness
 - Heart tremors
 - Jitters
 - Sexual pre-occupations
 - Tingling/numbness
 - Excessive tiredness
 - Hear or see things not actually there
 - Blackouts
 - Do you have any other bodily pains or difficulties? Yes/No If yes, what are they?

In general, how would you rate your physical health?

Very unhealthy 1 2 3 4 5 6 7 Very healthy

Describe your current sleeping patterns (When do you sleep? How many hours per 24 hrs? Do you sleep straight through or do you wake up during sleep time?).

Do you feel rested upon waking? Yes/No

Describe your usual eating habits (types of food, and how much).

Do you take vitamins and other nutritional supplements? Yes/No If yes, please describe.

Describe your drug and alcohol use (both past and present).

Do you engage in some form of exercise (aerobic and/or strength building)? Yes/No If yes, please describe.

Do you have any communication impairments (sight, hearing, speech)? Yes/No If yes, please describe.

CULTURE: Collective-Interior

Describe your relationships, including friends, family, and co-workers.

What is important and meaningful to you (what matters the most to you)?

In general, how satisfied are you with your friendships and other relationships?

Not at all 1 2 3 4 5 6 7 Very

In general, how comfortable are you in social situations?

Not at all 1 2 3 4 5 6 7 Very

In general, how satisfied are you with your religion/spirituality?

Not at all 1 2 3 4 5 6 7 Very

Which emotions were encouraged or commonly expressed in your family of origin (family you grew up with)?

Which emotions were discouraged or not allowed in your *family of origin*?

What emotions are most comfortable for you now?

What emotions are most uncomfortable for you now?

How do you identify yourself ethnically? How important is your ethnic culture to you?

How did your *family of origin* express love and care?

How does your *current family* express love and care?

How did your *family of origin* express disapproval?

How does your *current family* express disapproval?

Describe your romantic/love relationships, if any.

Describe your sex life. How satisfied are you with your sex life?

What beliefs do you have about sex? How important to you are those beliefs?

Do you have a religious/spiritual affiliation and/or practice? Yes/No If yes, please describe.

What beliefs do you have about religion/spirituality? How important to you are those beliefs?

What are some of your most important morals? How important to you are those morals?

Describe any political or civic involvement in which you participate.

Describe any environmental activities in which you participate (recycling, conserving, carpooling, etc.).

Are you involved with any cultural activities or institutions? Yes/No If yes, please describe.

Have you ever been a victim of any form of prejudice or discrimination (racial, gender, etc.) or felt that you were disadvantaged in terms of power and privilege in society? Yes/No If yes, please describe.

SOCIAL SYSTEMS: Collective-Exterior

Describe your current *physical* home environment. For example, describe the layout of your home, and other general conditions, such as, privacy, is it well-lighted?, do you have A/C?, heating?, etc.

Describe your neighborhood. (Is it safe/dangerous, nice/unpleasant, quiet/loud, etc.?)

Describe your current *social* home environment (how would an outside observer describe how you get along with those who live with you?).

Describe your work environment (include co-workers and supervisors who directly affect you).

Do you have a romantic partner? Yes/No

Have you been married before? Yes/No If yes, please describe.

Do you have pets? Yes/No How important are they to you?

Do you participate in any volunteer work? Yes/No If yes, please describe.

Please mark any of the following that you experienced difficulty or problems with. Also indicate to the right of the problem in the parentheses () your approximate age when the difficulty or problem occurred:

- nursing and/or eating ()
- toilet training ()
- crawling or walking ()
- talking ()
- nail biting or other nervous habits ()
- going to school/ separating from caregivers ()
- cruelty to animals or people ()
- serious illnesses or injuries ()
- academic problems ()
- social problems ()
- moves or other family stresses ()
- abuse (emotional, physical, or sexual) ()
- any problems with sexual maturation ()
- being made fun of or joked about at school, home, or elsewhere ()
- self-destructiveness (risky sex, eating problems, drug use, excessive risk-taking, etc.) ()
- fitting into social groups ()
- standing up for what you believe in when it differs from your peers' views ()
- making important decisions, especially when they differ from social norms ()
- any existential dilemmas ()
- any religious and/or spiritual experiences (these could be completely positive) ()

The following is a list of various parts, aspects or *subpersonalities* that many people notice within themselves in certain situations, but not in others. Please mark any of the following that you have experienced difficulty or problems with. Often, it is only after the fact that we notice that we were behaving, thinking, or feeling in a problematic manner. Also, please indicate to the right of the problem the situation or context in which you noticed this part of yourself.

- irresponsible child

- critical parent

- dominating "top dog"

_____ prone-to-fail “underdog”

_____ overly-harsh judge or critic

_____ false or phony self

_____ unworthy, not-good-enough self

_____ grandiose, better-than-everyone-else self

_____ other, please describe

Is there anything else you want me to know about? (Use the back of the page if you need to.)

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APPENDIX C: LIST OF QUESTIONS

Questions for Case Subject

How long have you been using drugs and alcohol?

Why are you attending IR? Is it in alignment with any of your values and background?

What is your drug of choice?

How has drug use impacted your life?

Have you ever been in-patient or outpatient drug and alcohol treatment before?

If so what was your experience with previous treatment?

What, in your opinion, are the negative consequences of your use/if any?

Why are you seeking treatment now?

How committed are you to becoming drug and alcohol free,

Why are you attending an Integral Recovery program and not another option?

What's your experience with Integral theory?

What's your experience with meditation?

What's your experience with exercise?

How would you describe your relationship with your family?

Questions for subject during treatment.

What has been your experience of inpatient treatment?

Talk about the interventions you've experienced so far.

How has holosync, yoga, exercise, healthy nutrition, and therapy affected you, if at all?

Questions for post-treatment

How would describe yourself emotionally?

How would you describe yourself physically?

How would you describe your mediation practice?

How would you describe your nutrition regimen?

How would you describe your yoga regimen?

How often do you practice your Integral Recovery Plan (IRP)?

Have you relapsed?

If so what has been your experience of relapse?

Question for Integral Recovery Employee

What are your impressions of X at this point in treatment?

How has X responded to treatment?

Describe X's participation in the program.

Is there anything else you would like to share about X at this point in the program?

Questions for client's family member.

What are your impressions of X at this point in treatment?

What do you notice about X in relation to the treatment?

What are your expectations of X 1. as he enters treatment?

2. Now that he has been in the program?

3. Following his discharge from IR?

APPENDIX D: INTERVIEW TRANSCRIPTS**Karl Inpatient Interview 1**

00:00 Speaker 1: This is October 5, 2012. Call 1 with Carl. It is his first day at John Dupuy's Integral Recovery Center. And about to start the interview. So, Carl, how long have you been using drugs and alcohol?

00:24 Speaker 2: I've used since I was almost 18.

00:33 S1: How old are you now?

00:36 S2: Twenty five. And... So that means like eight years, eight or more I think. No, no, no. Seven years, around seven years. I quit once. But all together, I'd say seven years. My addiction was pretty awkward [chuckle], okay.

01:01 S1: So, you've been using seven years?

01:04 S2: Yeah.

01:05 S1: Question two.

01:07 S2: Okay.

01:08 S1: Why are you attending Integral Recovery? Is it in alignment with any of your values and background?

01:15 S2: Yeah. It definitely is in alignment with, I would have to say, all of my values and my background. It doesn't conflict with any part of myself. So, it's okay.

01:35 S1: In what way is it in alignment with your values?

01:44 S2: In what ways in... When we're going into... With this Integral Recovery, I know that I'm gonna be dealing with some moral issues like truth, ethical issues like truth, accountability. That's what I have on the top of my head. So, basically, that's why they are in line.

02:24 S1: Question three. What is your drug of choice?

02:30 S2: It's pot. Pot, but the one that did the most damage to myself, I think was coke. I would also have to say that a drug of choice is alcohol.

02:54 S1: About how much did you use?

02:59 S2: Like when I was active, using like three to four times a week, pot. Alcohol, three to four times a week. And coke, when I would use, I would binge use, like for more than a week. But I would do this like once or twice a year. So...

03:35 S1: You would binge use cocaine once or twice a year?

03:38 S2: Yeah.

03:45 S1: How has drug and alcohol use impacted your life? Question four.

03:51 S2: Okay. It has impacted my life in many ways. It has impacted my ability to relate with people in a healthy way. It has impacted my academics, my ability to maintain academic excellence or sufficiency. It has impacted also my ability to maintain order with my normal life, bills and physical things like those.

04:41 S1: Has it in any other way, relationally...

04:49 S2: Yeah, yeah, yeah. It has affected my relationship with my parents, with my siblings, with my family, in general that I could not be honest with them about what I was doing all the time or how I was spending my money. It affected my relationship with my friends in a way that we'd do irresponsible things like driving drunk. There would be... We would do activities that weren't like really, really good. Like put our lives in danger constantly like, I don't know, being drunk or under the influence and doing risky things, edgy things.

05:58 S1: Do you have any... Do you have an example of what these risky things might be besides driving drunk?

06:09 S2: A lot of the risky things involved the car all the time. Risky things also that mattered a lot to me was the context of conversations I would have with other people. For example, talking about business or making business with other people, and maybe I would offer things that I wouldn't be able to back up. Or I don't know, the context of our conversations weren't like really polite many times. So...

07:02 S1: Question five.

07:03 S2: Okay.

07:04 S1: Have you ever been in in-patient or out-patient drug and alcohol treatment before?

07:11 S2: Yeah. Yeah, once.

07:15 S1: What was your experience with previous treatment?

07:21 S2: My experience with previous treatment was an eye-opener. It was a world that I didn't know existed beyond like... I didn't know that the next step after drinking or doing drugs too much would be like going to rehab. So, for me, it was something different. It was shocking, to tell you the truth. Going to rehab meant leaving your life and leaving everything behind and just like going to a limbo space or somewhere far, far away from everywhere. So, it was really hard. Plus, you had to go through these tests and scans. They would scan you that you weren't taking anything, which was super weird.

08:17 S1: How would they scan you?

08:20 S2: You had to get naked, of course. But that wasn't the problem. The problem was that you had to go through this, like airport check thing. I don't know. It kinda says something about... It was a point where it said to me that I was doing something wrong. And I was going through these checkpoints in a clinic. It was serious harm.

08:46 S1: Where was this clinic located? Where was the clinic located?

08:56 S2: In New Jersey.

08:57 S1: What was it called?

08:59 S2: It was called... It was called... Holy crap, I can't remember right now.

09:17 S1: That's okay.

09:23 S2: I can't remember.

09:24 S1: So, do you have any more thoughts on your previous... What was your experience, positive or negative, or any thoughts on your experience?

09:36 S2: Oh, yeah. Definitely positive. Definitely positive in a sense that I could really appreciate the effort being done towards helping people like me who were making a mess. I felt that there was... Like with using too much drugs or alcohol or anything, the biggest thing is that you don't know what the hell is happening. There is little education. I was a young guy, younger than right now, and my parents had no idea what the hell was going on. So, of course, there is a lot of negative memories from going to rehab, but there's a lot of hope related to it because they give you information. You're not the only one, and all of these things that help you, I don't know, have hope that you can beat this disease.

10:45 S1: Great. So, you got some hope?

10:47 S2: Yeah.

10:50 S1: But you weren't able to stay sober after you left?

10:52 S2: No. No. I managed eight months of sobriety and then I began to drink again. I didn't do drugs. I didn't do drugs until like a month ago. So, I stayed... I didn't specify exactly how I used, but I started doing drugs like a month ago. I stayed sober from drugs since I left that treatment.

11:27 S1: When did you leave that treatment? How long from today since you left treatment?

11:33 S2: 2007.

11:36 S1: Okay.

11:37 S2: Yeah, 2007. So, that's five years already, more than five years.

11:47 S1: So, five years of drinking after you left your first treatment?

11:54 S2: Yeah, five years of drinking. Eight months sober and then the rest drinking until like two months... Two or three weeks before I kinda knew that I was coming here to John's, I quit drinking. I knew that I was going to go into an institution where I wasn't gonna be drinking. So John recommended, if you can stop it before you get here, it's gonna be good for your ego and all that. It was really good. So, I stopped. I was able to stop. I had drinks everywhere. Like I still went out, I didn't drink. I was with my girlfriend she drank. So, for some reason, I didn't drink. I stayed sober. I came here and continued to do, entered this Integral Recovery.

12:59 S1: And you were in wilderness therapy for how long prior to coming to Integral Recovery at John's?

13:05 S2: Two months, a little more than two months.

13:07 S1: Little more than two months.

13:08 S2: Yeah.

13:11 S1: So, question six. What in your opinion are the negative consequences of your use, if any?

13:32 S2: There are physical consequences that I can tell you about. When I'd drink too much, I could see that my skin wouldn't be like really healthy or as healthy. My body... I would feel tired. My sleeping cycle would be completely off. That's physical. Then other consequences would be depression. That's biological. But physical, but... Doubt, there would be so much doubt. Incoherence with my life. Like I would try to do something good but I wouldn't be able to do it or pull it off. So, horrible, horrible.

14:39 S1: Could you elaborate a little more? Or is there any... Do you have anything else you'd like to add on the negative consequences of your...

14:49 S2: Oh, yeah. Yeah, yeah, definitely. Those are just like personal consequences. There were also consequences that my family was involved. I got arrested twice. My family had to bail me out. Just the pain of a mother going to get her kid out or a brother going to do that. My family had to be like really vigilant on what I was doing. They were afraid I was gonna die. I didn't think I was gonna die but... I couldn't keep my grades up. I couldn't like be responsible with my work, my school work. It was a complete mess.

15:52 S1: Question seven. Why are you seeking treatment now?

16:00 S2: Okay. I'm seeking treatment now because of many reasons. There is one motivation

that I think has helped me have a good attitude. And it's that I wanna be better. Through all of these, doing drugs or all of these, I quit smoking, which I think is really good. And I kept... I didn't smoke for many years. Still now I don't smoke. So, before I came to treatment, I knew something was off. I started to do a lot of exercise because I thought, okay, this deficiency, I gotta like attack it or something. So, I started to do a lot of exercise.

16:52 S2: So, I knew that the more good things that I did in my life, the better I was gonna be. Of course, I did many good things. I tried to be on time when I had to be on time, did all my work and everything. But I never quit drinking. Like it was my worst mistake; I never quit drinking or slowed down. And that would be really stressful. Like I couldn't handle things with drinking or without drinking. So, motivation, my family was a big motivation. My future was a big motivation. The idea of like being better was a motivation. There were glimpses... And also fear definitely was a motivation.

17:58 S2: Like I had glimpses that I could be better. I definitely had many glimpses that I was gonna fail horribly. So, that kind of helped me say like "Okay, I'm open for suggestions." And I started talking, Skyping with John. We kind of made a deal that if I didn't get my act together, then it wouldn't be just Skype therapy, but that I would have to go into treatment. And I lost my side of the deal. So, I had to go into treatment.

18:34 S1: Question eight. How committed are you to becoming drug and alcohol free?

18:43 S2: I'm really committed in becoming alcohol-free. I'm trying to look for all the excuses possible not to drink or do drugs. So, yeah, I'm pretty... From 1-to-10, 10 committed into staying sober.

19:17 S1: Question nine. Why are you attending an Integral Recovery program and not another option?

19:29 S2: John is pretty convincing. But besides that, I got a debriefing on the Integral Recovery way and his proposal. Like any other treatment center that they tell you this is what we offer, John came, he said this is what we offer. He explained his treatment with the four quadrant approach. It made perfect sense. I was kind of already doing it, I told you, doing the exercises. He told me, oh, there is a place in this for that. You do exercises. You eat real well. He filled in... He planned my life through the four quadrants. And he told me to stick to this. "You have good chances of being successful at what you want." So...

20:30 S1: So, it was combination of John but also the way he presented integral theory to you made it seem appealing and something that could help you stay sober.

20:43 S2: Yeah, yeah, definitely. I didn't know anything about integral recovery or integral theory. The first approach, he told me what it was, the four quadrants. And then afterwards, I got crash courses from John on what was integral theory and why it made sense. So, he talked to me about the states, stages, levels, lines, and he made it all fit into my recovery and into my life. And so, there was a lot of theory involved. Normally, with other therapies, they don't give me like the theory part. So, seeing a lot of theory and structure here is explained. So, we had to go to the

gym, and we had to do all these exercises. We had to take all the supplements, eat correctly, do tons of meditation, tons of therapy with him and Pam and all these combined family sessions and... That's it. That's it.

22:16 S1: Question 10. What's your experience... Since you just entered the program, what is your experience with integral theory. I know you said John was helping you and giving you crash courses, but how much about integral theory did you know?

22:39 S2: Oh, very little. Very little. I remember one of the guides in the wilderness therapy talked to me about colors and levels, but I didn't understand what he was talking to me about. So, I would have to say very little.

23:01 S1: Okay. So, part of your time with John is gonna be a lot of classes and he's gonna be instructing you on the basics of integral theory.

23:16 S2: Yeah, yeah, definitely. We're gonna be having class in the mornings and then I'm gonna be exercising and doing other types of therapy in the afternoon. So, yeah, class everyday in the morning. That's the plan.

23:38 S1: Great. Question 11. What's your experience with meditation?

23:50 S2: Very little, very little. Before I came to the wilderness program, and I was still out studying, John recommended that I start meditating. So, I have two months under my belt of meditation. So, not much...

24:15 S1: So, not much but you have some.

24:18 S2: Yeah, yeah, yeah. Definitely.

24:20 S1: Were you...

24:20 S2: Because of that program.

24:21 S1: Have you ever done the binaural beat like Holosync or iAwake or John's stuff?

24:29 S2: Yeah, yeah. Definitely, I did the Holosync before. But recently, since I started the therapy with John, I did the binaural beats.

24:48 S1: Do you like them? What's your experience with the binaural beat technology?

24:56 S2: I feel that I can sit for 20 or 40 minutes and stay there, just hearing the beats, which I don't think I was able to do before. So, it kind of helps you stay in your place and focus and endure 20 or 40 minutes without going crazy, I would have to say.

25:36 S1: So, positive experience, negative experience so far?

25:41 S2: Positive, definitely positive. Definitely positive. After the beats, what I feel is more calm, calmness or silence in my thoughts. Like my thoughts aren't so scrambled. I would have to say like they are more together, congruent, less of a monkey mind.

26:13 S1: Question 12. What's your experience with exercise?

26:20 S2: I would have to say that I believe in exercise. I used to go to a gym almost everyday, Of course, not to lift heavily, but to go run, lift weights, and also ride my bicycle before. So, yeah, I'm a believer in training and exercise.

26:59 S1: And it seems it's had a positive effect on your life?

27:03 S2: Yeah, definitely. I would have to say exercise has a positive effect on my life. Discipline, it helps out with discipline and also, basically, I feel happier when I do exercise. So...

27:27 S1: So, you would go to the gym for... So, for how long... How long has the gym been a regular practice in your life?

27:35 S2: For over two years. For two years, regular practice. Before that, I would go, but super irregular.

27:52 S1: Question 13, final question. How would you describe your current relationship with your family?

28:09 S2: I would have to say that it's hurt. There's a lot of mistrust, a lot of doubt. I would have to say that...

28:21 S1: Why is there a lot of mistrust and doubt?

28:27 S2: Because I've been failing so much recently that I think they... I can see it in them that they have little confidence that I'm going to be able to succeed in whatever the hell I'm thinking and trying to succeed. So yeah, I tell you I shouldn't have problem and tension and... Yeah, that would be, well not nice.

28:58 S1: Where would you like your relationship with your family to go in the future?

29:07 S2: I'm looking to gain their confidence again. Not only to gain their confidence but be able to relate with them, I would have to say, like if nothing ever happened. So, I guess that means a lot of hard work. But, yeah, that's my goal, to relate with them, like nothing ever happened. And like I'm just doing what I have to do and everything is okay.

29:40 S1: Any final thoughts on entering Integral Recovery?

29:50 S2: I'm really interested and curious to see if I can make better sense of my life through this program. I think that that's what I'm looking forward to understand and be comfortable with what's going around. And I'm gonna be real expectant. I'm gonna be really paying attention to the

tools and whatever it has to offer. So...

30:27 S1: Great. This is the signing off on intake interview with Carl, October 5, 2012.

Karl Inpatient Interview 2

00:00 Speaker 1: This is interview two with Carl, November 14th, one week into his stay at John Dupuy's Integral Recovery Program in Teasdale, Utah.

[pause]

00:41 S1: Question one. What has been your experience of in-patient treatment?

00:55 Speaker 2: I would have to say it's a very comfortable experience and I don't feel alien to what's going around me. The journey has been pretty central and concise with all of these classes and we have a full schedule everyday involving with physical activities and also academic like teaching me the Integral System and also a lot of therapy with John and Pam.

01:37 S1: Question two. Could you talk about the interventions you've experienced so far?

01:44 S2: Interventions?

01:48 S1: Your daily activities.

01:52 S2: Okay. We wake up and the first that we do is meditate and we listen to a couple of tracks from the binaural beats. And then we go through some processing and, basically, I write down what thoughts went into my head and then we talk about that. That's pretty good. And I would have to say we eat breakfast, a pretty good breakfast, and then I would have class. And after these classes, I have to, I don't know, give John feedback on what he was talking to me about. Then we will do some sort of physical activity, go to a gym or we can go hiking as well. And then we have another class and I have a meeting with Pam most of the days. And then after

that, we go upstairs and meditate. And then we do the same process again that we did in the morning, pretty much. Ah, there, I forgot the

03:44 S1: Question three. How has profound meditation affected you, if at all?

03:58 S2: Yeah, the most times that I do it, the effect is that I'm able to stay focused during the meditation and I am able to maintain my posture with little effort and... I cannot really explain how my awareness works, but there are changes in awareness definitely. And what I am trying to do now is just be vigilant of these awarenesses that, I don't know, change when I meditate. Of course, definitely, I do feel comfortable. I don't feel at any point fear although the process... Every time I do this meditation, it's a process, especially, if you're guided by John, things come up and we're able to deal with them. So, yeah, it's a good experience.

05:21 S1: Sounds like you're... After the first week, you really started to deepen your experience?

05:26 S2: After the first day, I could feel it. Like the first day we had to do many hours of meditation and I could feel it. I had been doing this meditation before, but not in... This more intense atmosphere. Like John had already sent me his beats before I came to the wilderness program or even came here, but when we came here, he started to guide a lot more. It got more intense. But yeah, so...

06:09 S2: Great. How has yoga and exercise affected you if at all since in your first week entering the Integral Recovery Program?

06:31 S1: I think it has changed my attitude to shame and I feel that I'm more willing and mindful that if I incorporate exercise and yoga in my life, I can feel more and more aware, there's more willingness, and maybe even more energy to maintain a good attitude towards this process.

[pause]

07:06 S2: How is the nutrition, the organic food, and the pre-planned diet affected you since entering Integral Recovery?

07:22 S1: Pretty good. And I think it also affects my attitude and my willingness and my temperament. I think that... I cannot tell you how, but I'm pretty sure that it has a lot to do with how I feel, like my well-being and everything... I think it's attached to it. I think it's been good to eat healthy and the nutrition that John and Pam provided for me.

08:02 S2: Could you talk about your therapy experience in the last week? How has that affected you working with Pam and John?

08:14 S1: It's been intense. We've worked one-on-one with both of them and in many instances, I think the effect that it has on me is positive, and they are really engaged with me and I'm also really engaged with them. So, to tell you the truth, really positive.

08:57 S2: Could you describe some of the things you've been talking about in therapy?

09:05 S1: We talk about... We talk a lot about shadow issues. We talk a lot about dealing with shadow issues. We talk about... Hang on. Shadow issues are... The only things that I haven't overcome, actually, that would be the shadow issues.

09:36 S2: Could you give me an example?

09:42 S1: Maybe my failure in school is a shadow issue and I think we're going through my interpretation of that failure and I think they're guiding me to some good, healthy way of looking at these failures and shadows and dealing with them. And when they come, 'cause I'm not always thinking about the shadow issues that but when they do come, then we go over how to deal with these shadow issues and... I don't know. That's an example.

Karl Inpatient Interview 3

00:01 Speaker 1: This is interview 3 with Carl. So Carl, what has been your experience of inpatient treatment?

00:18 Speaker 2: It has been a very good experience. All of this treatment is really new to me. So, I don't even know what to expect from your brand, but I would have to say all is positive. A positive experience.

00:49 S1: Okay. Could you talk about the interventions you've experienced so far?

01:01 S2: Interventions while in treatment?

01:03 S1: Yes, the activities, things, John has had you do, that type of stuff.

01:08 S2: I didn't know they were interventions, but...

01:10 S1: It's another way of describing treatment.

01:17 S2: I didn't know, but it's okay. Yeah. Activities, yeah, I...

01:20 S1: Yeah, activities.

01:24 S2: Because this is a pretty different treatment, we have to... I have to go. I have some classes in the morning. So I've been having classes in the morning after we meditate for an hour or 40 minutes, but they're pretty good sits, and after that, we have breakfast and I have a lecture on Integral knowledge. Then sometimes I might have a meeting with Pam or with John. Then we will have our lunch. Then another meeting with John or Pam. Then we normally go to the gym or go to some physical activity. Then we meditate again for 40 minutes, an hour. And then we have dinner and call it a night. I might do some reading.

02:45 S1: How has profound meditation affected you, if at all, up until you... In the three weeks you've been there?

03:04 S2: It has affected me in a way that there is anxiety revolving around the whole treatment thing, and being in treatment, I can definitely tell you that in the moments that I meditate, anxiety really goes down to zero, and I think the benefit of that lasts throughout the whole day. So, it puts me in a very good position to deal with treatment.

03:38 S1: How has yoga affected you, if at all?

03:46 S2: I think the easy effect it has on me is that all this is new and I feel that by doing new things I'm breaking old patterns. Even though I'm not really comfortable, but every time I finish, for example, doing yoga, I feel that I have grown in some way. I don't know in which way, but that's a feeling. Also like I feel more confidence that I'm doing good things to get better. So, it's also a pretty positive experience.

04:35 S1: How has exercise affected you, if at all?

04:42 S2: Exercise has affected me in a way, also in a positive way. I set goals up and I meet my goals. And my overall attitude is... At its best when I finish a exercise, and the fact that I know that I'm doing many positive things to be a better person, really helps my attitude and my self-esteem and my well-being. So, positive.

05:35 S1: And how has the healthy nutrition affected you, if at all?

05:45 S2: Positively. Because I'm in a structured environment, it's really easy to detect that when I'm hungry, my attitude isn't a really good attitude. My temper might be short. And I don't know, being conscious about all these things give me more tools to deal with when I get out. Like I can finally see that how not eating correctly or not eating at all affects my temperament, my ability to decide, and my ability to relate with other people just because I'm hungry. So, it's bringing a lot of awareness and improvement of attitude.

06:53 S2: Great. How has therapy affected you, if at all? And could you describe some of the things you talk about in therapy and your interactions with Pam and John?

07:12 S1: Yeah. Therapy is very helpful for me especially with these people because I think that we are attacking issues and problems in a very systematic way, and also bringing awareness to that... I have a lot of character defects that get pointed out with them and they have also the ability to tell me, which they are, and they give me the decision if I want to be talking about it or not, but they bring awareness to me. Some things that I'm not able to see. They're pointing it out for me and it's helping a lot. It's helping a lot to be there.

08:15 S2: Great. Could you describe one circumstance that comes to mind, where they point out or help you with your character defects?

08:25 S1: Well, for example, in my position, that is when I need a lot of advice, when I first

came in, it looked like I was listening to their advice. But actually what I was doing was throwing the ball back at them. So, their advice wasn't really sinking in. And, of course, I wasn't aware that my reaction was to disregard what other people were saying. And they had a way where they pointed out how I react to people telling me my defects and how I ignore that somebody is trying to tell me "Hey, you can fix it." So, I think that was very helpful and very insightful to me. Now, I try to listen more to them and not just answer back anything but, I don't know, let it sink in. So...

09:31 S2: So, you feel like the therapy is helping you with your sobriety.

09:37 S1: Yeah. Definitely, definitely helping me. I'm in a place where I need to rebuild all kinds of things; morality, my physical well-being, my psychological well-being, and when I live here, my financial responsibilities, I have to heal in every aspect and with them, we're like systematically touching all aspects of my life.

10:22 S2: Great. Thank you. Thank you very, very much for your insights on your third week. We will talk to you next week for your fourth and final week in treatment.

10:32 S1: Okay.

Karl Inpatient Interview 4

00:01 Speaker 1: This is interview four. Carl's last week in Integral Recovery Treatment Center. Carl, thank you again for allowing yourself to be interviewed. And question one, what has been your experience of in-patient treatment?

00:25 Speaker 2: Definitely good. I can tell you that I'm doing a lot better than I was when I went in. So, I think that's pretty good. I'm really optimistic about the future. So, I guess that's also a plus even though I know there's gonna be some challenges, but I guess I'll just have to face

them along the way.

00:58 S1: What might some of those challenges be?

01:07 S2: I don't know, insecure feelings, owning sobriety, owning my mistakes, and working on the inner issues. I don't know, straightening out my thoughts and also my affairs with my family and friends and everybody around. I don't know, choosing new goals. I don't know, pretty heavy stuff. But I hope it's a nice experience.

01:55 S1: Question two, talk about the interventions you've experienced so far.

02:05 S2: Working with John and Pam is... I've, I don't know, done a lot of reading, a lot of reading assignments. A lot of reading assignments that deal with different issues, directly or indirectly, like reading assignments that deal with what is known as the disease of addiction. Reading assignments with integral knowledge or about the integral process, reading assignments that deal a lot with just being a human being and struggles that other people have gone through. Struggles of all kinds and how people overcome them. So there's a lot of good ideas floating around my head. Interventions also, I had to make some... Fill in some questions about relapse prevention and... Basically, relapse prevention. And that was really thorough. What would happen if I relapsed? What are some things that may make me relapse? The triggers, a lot of work. That would fall under the addiction readings, but I would say that also a lot of interviews we've kind of done, a lot of one-on-one and two-on-one as well. So, I've got a lot of work.

04:33 S1: How has profound meditation affected you, if at all?

04:41 S2: Definitely in a positive way. I feel that with recovery and everything that has happened to me right now, this is the perfect moment or at least excuse to try new things. I had to change my life completely, I would have to say. And part of changing my life completely was also put in a lot of new things which would be like meditation, and not drinking, changing people I relate with, the way I deal with life and well, one of the most obvious things that I can tell you about PMP is that it helps me to be more detached from life so I can be like more analytical and more relaxed when things are coming my way. Like I can step out of the situation and let the feelings, I don't know, be inside me and not be a problem. I don't know. It helped me understand my feelings a little better to like deal with them, I don't know, being with my eyes closed and here in the meditation, I think it's the perfect moment to hear your thoughts and your feelings or try to not have any thoughts, I don't know, it's really helpful.

06:34 S1: How has yoga affected you if at all?

06:46 S2: Again, I would have to say yoga has helped me the way that I interpret it, it break behaviors that I have. Normally, behaviors are real comfortable because they're easy and they come naturally and a lot of that yoga positions aren't really natural and don't come really easy for me. So I kind of like imagine getting into poses kind of like breaking behaviors and stepping outside of my comfort zone and, I don't know, that's the way that I see yoga. So I think it's been positive.

07:39 S1: How has exercise affected you, if at all?

07:45 S2: Yeah, in a positive way. That I can tell you. I can see a change in attitude. I can tell you that because I also exercise with PMP, not only meditating. And just these two activities of meditating and doing exercise along with the PMP affect really well. They put you in the zone and if you exercise routinely, for example, once you're done exercising, your attitude is really serene. Throughout the day, exercising, I don't know, I have noticed that it makes me be a more optimistic person.

09:05 S1: Great. How has healthy nutrition affected you, if at all?

09:11 S2: Attitude. Attitude and well-being. Good nutrition and with good sleep, I think it's so important for me now that... I don't why I put the two of that together, like nutrition and sleeping, like rebuilding my body and rebuilding also my mental health, I think they're essential. I didn't really have good nutrition and sleeping habits, but now, I notice that they're definitely a must and they do help very much. The nutrition helps me be a better person

10:11 S1: How has therapy affected you if at all?

10:19 S2: In a positive way as well. Therapy with John and Pam has been a really good experience. I felt really comfortable talking about really hard issues with them because of the way they are. And also, the way they guide the therapy also creates a lot of like comfort zone for me to be very honest with myself and with other people as possible. And I'm really happy and grateful for my therapy. It has affected me in a positive way.

11:08 S1: So has there been any major insights that you've had based on your therapy related to sobriety? And...

11:23 S2: Yeah, yeah. There have been many, many insights from my therapy. I don't even know where to start because we dealt with so many things, parents, brothers, friends, my life, the way I deal with it, the way... There are so many things. We had every possible thought and no insight can guarantee sobriety, but good attitude and good tools will help me, I don't know, stay sober.

12:09 S2: Wonderful. Carl, thank you very, very much and I wish you the best of luck as you go... As you leave treatment and we will interview you in about a month's time to see how your progress is after leaving treatment.

12:26 S1: Excellent. Thanks.

Karl Post treatment Interview 1

00:00 Speaker 1: Post-treatment interview one, one month after Carl leaves Integral Recovery Center.

00:11 S1: So Carl, now that you've been away from treatment for a month, how would you describe yourself emotionally?

[pause]

00:28 Speaker 2: I would have to say that I'm pretty stable. I feel really resilient and I'm really comfortable with my emotions.

[pause]

01:12 S1: How would you describe yourself physically?

01:18 S2: Also pretty resilient, I feel really healthy. I feel like my body's telling me that everything is okay. That I'm completely healthy, so I'm really glad about that.

01:44 S1: How would you describe your meditation practice?

01:51 S2: I think... I think that it's pretty strong and... I've been doing my meditation and I think it's really fun to just set up... If you're able, some time for yourself to just, I don't know, be still.

02:33 S1: How has being still helped you?

02:41 S2: It helps me with awareness, and also with mindfulness. It helps me be more mindful about problems and good things and bad things. Just being really mindful about what's happening around me.

03:05 S1: How would you describe your nutrition regimen?

03:13 S2: My nutrition is pretty good, pretty balanced. I'm eating a lot of healthy meats, vegetables, and a lot of fruit. And it's really good for my body. I think it helps my attitude very much and my health.

03:49 S1: How would you describe your yoga regimen?

03:58 S2: Right now pretty weak because I haven't been doing that much yoga. I don't really practice yoga that much, so... I think it was a nice experience when I was in treatment, but, I don't know, I think it's not really my calling.

04:31 S1: How often do you practice your Integral Recovery Plan?

04:38 S2: Every day, at all times. I think my routines and my life is kind of geared around Integral practice. I try to be as physical, mental, and spiritual as possible every single moment. Every time, every day or every second.

05:09 S1: Have you relapsed?

05:12 S2: No. No.

05:20 S1: Could you describe the pillars in the main aspects of your Integral Recovery Plan?

05:31 S2: The main pillars are in the... We're talking about my physical health. I would have to say I keep a check on good nutrition. Also good exercises and also good medication because I think it helps my brain chemistry which is also part of the physical, so in that aspect, I do that.

Then I'm still doing therapy with John via Skype, so I also get to get in touch and tell him about how I'm doing with my life so I do that. I also do positive meditation and also reading any kind of book that can give me more insight on how to be better. I think I'm getting the subjective individual aspects with the people around me.

07:08 S2: I think I'm doing a really good job trying to be respectful of other people, being respectful of myself, and trying to be very integrated into being a part of what's going around me and involving everybody that's around me. So I'm having fun with that and then with some objective plural things I would have to say that my bills are in order. I'm doing pretty well in my job. I'm also taking some classes to further my education. I'm doing pretty good at it. Actually I'm not doing pretty good at anything. I'm doing really well in everything that I'm doing right now, so I'm really happy right now.

08:22 S1: Fantastic. Thank you very, very much for this one-month interview and we'll check in with you again in one month.

08:32 S2: Excellent.

Karl Post treatment Interview 2

00:02 Speaker 1: Carl post-treatment interview 2. So, Carl, you've been out of treatment for two months. How would you describe yourself emotionally?

00:18 Speaker 2: I would say healthy and resilient and, I don't know, very optimistic.

00:32 S1: How would you describe your meditation practice?

00:37 S2: Weak, but even so I do meditate when I get the chance. But it's not like I'm meditating professionally or anything like that. So...

00:53 S1: So about how often... Are you able to meditate a little bit every day or every other day?

01:00 S2: I'm able to meditate at least four days in a row at some points. So that's basically my routine. I get like four days together then every other day four days, basically that's what I'm doing.

01:19 S1: How would you describe your nutrition regimen?

01:25 S2: I would say it's really good. I'm trying to have a well-rounded diet and definitely because of my exercise I have to eat more, so I've been eating more as well.

01:48 S1: About how often do you work out?

01:54 S2: About three to four times a week.

02:02 S1: How would you describe your yoga regimen?

02:07 S2: None at all.

02:08 S1: Yeah. It was never one of your favorites, was it?

[chuckle]

02:12 S2: Definitely not. But I'd do it and if I have to do it again in the future I'll do it, but yeah, it really wasn't my thing.

02:23 S1: How often do you practice your Integral Recovery Plan?

02:27 S2: Every day.

02:31 S1: In what ways, do you practice it?

02:37 S2: Well, from the moment that I'm involved in academic activities, finishing up college. I'm getting a... I'm getting like inner and outer parts in that sense. Meaning like a subjective quadrant and objective plural quadrant as well. So... Also I'm now getting my life in order. Bills, everything in order, I'm getting that. Therapy with John, I'm getting. Also with the subjective quadrant, interpersonal quadrant, definitely making new friends. I'm also getting the subjective plural. Also like working with my relationships with my family, I'm working on that as well. Doing exercise. Objective singular, all of them. All of them. My activities are really well rounded and with my diet, objective singular, so they're pretty rounded.

04:05 S1: Have you relapsed?

04:08 S2: No.

04:10 S1: Congratulations.

04:13 S2: Thanks.

04:16 S1: So. That has... Those are all the questions that I have for you. Would you like to... You've been... You were in wilderness therapy then you spent... Then you were with John and now you've spent two months out of treatment. Is there anything that you would like to add, you know, just as final thoughts on your multiple-month journey into sobriety?

04:46 S2: Yeah, it's definitely something new. Something that I didn't imagine getting into. Still I'm very curious as to what this process holds for me. But, I don't know, just putting a good effort in and watching out. So yeah

05:19 S1: Wonderful. Well, thank you for allowing me to be part of your journey and for being so open. I know that, you know, it was a wild ride and to take on letting someone ask you questions about it was difficult, but I'm very, very grateful for the opportunity, so thank you very much.

05:40 S2: Excellent. Thank you.

Nadia Interview 1

00:02 Speaker 1: Okay. So this is interview one with Carl's mom, Nadia and a week and a half after Carl entered Integral Recovery Program in Teasdale, Utah with John Dupuy. So Nadia, what are your impressions of Carl at this point in treatment? Just any thoughts that you might have about your contact with him so far.

00:34 Speaker 2: Well, to tell you the truth, I was at the beginning a little bit scared to hear the same Carl that I left in that treatment like close, hard. And when I spoke with him... When I heard from him, by the questions and his letters that we were receiving, I felt that something was happening because he was like opening, like comprehending. But not just understanding, like "I know what I have to do". It was something more, more deep. I would say more... I don't know how to express it but I felt that he was opening. Opening, yes.

01:26 S1: What do you notice about Carl in relation to treatment? About the, you know... How has he engaged the treatment program? Do you feel he's embraced it?

01:46 S2: Well, yes. At the beginning I know he was not that much happy to go there. He had been in AA and he had received the help and everything. And he thought it was going to be the same thing. But it was not the same thing. So, because, I would say that he's very intelligent, but not intelligent like intelligent. I knew that he will receive some information there that would make him or would -- how do I kind of express this -- would lead him to go to that place where he could start to take decisions and understand what was really going on. But not, "I tell you to do and this is what has to be done." It was a different kind of understanding.

02:42 S2: So when I saw that he was really compromised, he was... He wanted to get better, really. And he knew by himself but with the other things that he had received, that was not going to work. At a certain point, I think that he thought he could having control everything. But he understood he could not, and he likes the way he was approached there in this Integral Recovery treatment, yes.

03:23 S1: What are your expectations as a mother of Carl as he enters into the treatment program. I know he's been there about a week and a half. Now, what do you expect of him and the way he conducts himself in treatment?

03:42 S2: Well, because we were in another place at the beginning. And I got to understand that alcoholism or drinking is just the outside of some inner problem. So I thought, and my expectations were, that he could understand his self, his way of thinking, because maybe he could stop drinking. But he could do another thing like, for example, doing exercises in the wrong way. So my expectations were that he would get to know himself, his way of thinking better so that he could teach himself to come in when he is doing things that would lead him in this addictive drinking. Because he used to smoke and he stopped smoking. I don't know how it happened, really. I do not know but there is something that happened in another, like level of thinking. I do not know how to explain it but those were my expectations. Because he is by himself... He would always be by himself. He has to take his decisions. He has to be responsible. I know it hurts and it hurts a lot, a lot for us. But that was something that I had to learn to let him go. Let him go. So I needed that he would learn a good way of thinking for himself. Yes, that is it.

05:25 S1: Wonderful. So question four, what has been your experience of having Carl in this particular treatment program? I know you mentioned that he had been in other programs but what's been your experience of having him at Integral Recovery?

05:44 S2: My experience has been positive, positive, positive, and I am so grateful and I can tell you that I did not know what to do anymore. And I went on internet because I had been reading about Ken Wilber and everything, looked at Integral Recovery, because I knew that, just by pieces, we were not getting anywhere. And my experience with that is alcoholism and thank you for my son because, through him we all have learned, we all have healed. And I would say that it's recovered for him in an obvious way. Of course, he has drinking problems. But really I could discover my... I am in recovery too. And everybody is in recovery. So, I am so, so, so grateful and my experience is positive. Positive, yes. And my husband, and he does not believe in these things, but his experience also is positive. We all as a group have been learning and healing a lot of things, and learning to think.

07:20 S1: Thank you very much for your first interview. I'm looking forward to the followup ones as well.

07:28 S2: Thank you.

Nadia Interview 2

00:03 Speaker 1: Hello, Nadia. This is Nadia, Carl's mother, interview two. What are your impressions of Carl at this point in treatment?

00:15 Speaker 2: Well, my impressions for Carl in treatment with John is... I thought, I had the impression that he was more open. He was considering... He was open to consider and to... More open and to have a different point of view, different perspective on things. I still could see he was like a little bit overwhelmed by us meeting him because it was like coming to the past or like coming... Because he had been there, everything... Learning so much, learning so much and open and everything, but us, the family going to visit him, it was like coming to the past again. He was a little bit anxious. We were all anxious. But, no, he was fine. He had a different point of view, perspective. He was standing in a different place. Not meaning that the work was done or finished or everything was forgotten, no. But he was standing in a different place.

01:44 S1: Question two. What do you notice about Carl in relation to the treatment?

01:53 S2: Well, I...

01:56 S1: In other words, how has the treatment been affecting Carl, John's methods?

02:02 S2: Well, I don't know. I think very positive, very positive. At the beginning, it's like a little bit of struggle because he's very analytical, very analytical, and he questions, and questions everything. But the benefits that he has been receiving is like the... The thing that makes him act.

[pause]

02:30 S2: And the appropriate medication and with this Integral Process, he developed a study that he has also been studying to... See, he has... I think he is very positive and I think he has a lot of benefit. He has understood or rationalized more and that has helped him.

02:57 S1: Great. Question three. What are your expectations of Carl now that he has been in the program?

03:12 S2: Well, my expectations are, and they... I think, they are in process because they are fulfilling what the... His way of thinking changed, but... Because we are always going to have a lot of stimuli or stimulus from the outside world, good or bad, but his way of thinking has changed and that was my expectation that he had a different way to approach or to encounter the things that came up to him in an everyday life. And I think he's... That is happening to him.

04:02 S1: Okay. Question four. What has been your experience of having Carl in this particular treatment program?

04:10 S2: No, for me, it's very, very positive, and I can tell you I have tried all the programs. He had gone through two different things and everything. I do not say that they were bad but he needed something else. And I was worried because what he was receiving, it was not bad. I do not say it was bad but he needed something else or something different. And I think he has to do a... Well, altogether, spirit, mind and body, he came outside with a lot of things and for me, was a wonderful experience and I am very grateful for that.

04:55 S1: What other programs did Carl go to?

04:59 S1: He went to a rehab in New York, Sydney, and he had been to AA meetings and... He attended them, but he did not... He understood everything, but he did not accept it. He's a very analytical person. You have to take a leap of faith, I know, and he did, but he needed more. He needed like knowledge, like more... Yes, knowledge. He needed to understand and he always says that A lot of people speaking to him, this is why this happens, this is why that... He received a lot of information...

06:00 S2: Great, great. So, thank you very, very, very much.

Nadia Interview 3

00:02 Speaker 1: Interview with Nadia, third interview. Nadia, good to see you again.

00:10 Speaker 2: Good to see you too, thank you.

00:12 S1: What are your impressions of Carl at this point in his treatment, now that he's been discharged and away from Integral Recovery Treatment Center for one month?

00:25 S2: Well, my impressions with him, actions also, coming back home, like scared a little bit and observing everything, but at the same time, very, very committed to do the best for him because he really wants to get better and be a better person. He is like struggling, like for example, because he... With trust, this is something that will happen, will be So like, for example, if he needs to go some place, it's a little bit of... I know that it's a little bit uncomfortable for him to be saying everything, more or less everything, where he is going, and here and timing and everything. But he's very comprehensive and he says, like for example, I had some bottles of alcohol. We don't drink in our family but there's always one or two or maybe you receive as a present and I forgot to put them away, and when I saw them I didn't want to be so obvious to put them away because well, I was afraid too. But I went to him and asked him to look at me, "Carl, I know this is not good for you. Do you think... I forgot to put it away. Really, I forgot. What do you think? Should I put it away or do I leave it here?"

02:03 S2: It was on top of the refrigerator or... Yeah, on top of the refrigerator. And he said to me, "Mummy, for me, right now how I am feeling I don't think that you should put it away." But he says, "But I know it would be irresponsible from my part to leave it there because this is too

fresh. Everything is too, too fresh. So, put it away." So I put it away. So that's just like spoken communication and, I put it away. And some of that maybe he felt good and I think that it made himself feel good. No, we're learning to take one day at a time, everybody. He's learning that and we're learning that, but I think I feel very optimistic. Very optimistic. In fact we have a pact to, a journey to travel together but I feel very optimistic. Very optimistic in nothing... Not because I am sure nothing will happen in the future because so many things can happen in the future, not only with him, with my husband and children that I have too, and a boy and a girl, but I am learning to trust, not in that he will not do anything, trust in life. And I think he's also trusting in life too and that is helping us to grow.

03:32 S1: Alright, question two: What do you notice about Carl in relation to the treatment that he learned in the Integral Recovery Center? Has he brought it back to Honduras with him and is he continuing it?

03:51 S2: Yes, yes. Well, for example, one thing is the practice. He practices profound meditation daily, I would say once, twice. Well, twice a day, I think. No, no. I think, I'm sure. But I think he uses it more when he feels unstable, or... Yes, unstable. He goes and various different tracks with me. I also have seen him that he has shared with us music, different music. It's not like he did not listen to any other music before but his ears are open to this other type of music like classical, like Bach, Mozart. He has also his reading and he shares some of his... Yes, and very, he has I think... Those are the things. But I know well his eating habits, he goes to a gym, he takes care of his health, he's always watching if he's... Well, he drinks tea, chamomile tea. And what else? Well, he's thinking different. He's thinking very healthy, positively.

05:16 S1: Okay, great. Question 3: What are your expectations of Carl following his discharge from Integral Recovery?

05:29 S2: Well, we still have five of our family sessions, meetings with John. We agreed that this would be if necessary... No, not if necessary, for one year. And I think that is very good because there are things that we still need this mediator or facilitator or something because we need to learn to speak between us, among us, and communicate our deep feelings. And my expectations are, you know, to just to be like aware, everybody aware, and he is aware, that when he is doing something, he can call John. He can speak with a person that he feels more comfortable. Maybe his brother is the person. And my expectations also are... I know I am the mother, we are the parents. But not necessarily, the parents are the best people to help the son. Like for example, in this... We can help in our own ways, like facilitating him the opportunities to seek for his help or to speak and that he will sit with us and tell his thoughts and everything. I don't believe that it's happening through us. But I know he will ask... When he needs help, he will ask for it and I think that is what we expected, because he will always be him. So, when he sees that thing coming, I expect that he looks for help and seeks for help, or speaks with the person that he thinks would help him.

07:29 S1: Question four. What has been your experience of having Carl in this particular treatment program of Integral Recovery?

07:40 S2: Oh, no. For me a blessing, a blessing. It's too sad that it had to take this appearance

and this disguise to this situation, or issue, or condition that Carl has gone through, or is going through. For us, It's a blessing, really. It's a blessing because we have all grown as a family, as individuals. I am doing profound meditation, too. My daughter is also doing profound meditation. And my husband and my other son, they are not doing it, but they have opened their minds to see that there are other things that can benefit a person. And maybe they don't do it, but they do see that the other members of the family do them. We don't have a problem. For me, I think it has been a blessing, blessing for the whole family.

08:38 S1: Wonderful. And thank you very, very much for being with us through this journey. And I wish you the very best, for both you, your family and Carl, and I look forward to hopefully talking with you in the future.

08:56 S2: Okay, thank you. [08:56] nice to be here with you. And I wish you the best of everything also, whatever your projects and your dreams...

John Dupuy Interview One

00:02 Adam Gorman: Alright, so... Interview one. John Dupuy. November 8th. First day of hosting client, Carl. And question one. Question one, what are your impressions of Carl at this point in treatment?

00:25 John Dupuy: At this point today?

00:26 AG: Yes.

00:29 JD: Yeah. He is... Well, he's really a rather extraordinary young man. He's highly motivated to do the right thing. It's very important for him to live in integrity with himself. He's struggling to find his path, what he's supposed to be doing in the world. He feels that he... You know, he lost a lot of time. And sometimes he compares himself to his peer group. And he has a younger brother who is very successful in kind of the banking industry. And his sister... He's the oldest and his sister, she completed her degree and she's in a responsible position. So, he feels kind of like he's a little bit behind. But he's been working with his father in positions with a lot of responsibility. And, of course, because he's from Latin America, the thing about working with your father and kind of taking on the family business is much more, culturally... It's done that way more. So, he's had a lot of responsibility as his father's assistant. His father is a very successful man in Honduras and also in Germany. He has investments in companies and lands and stuff like that. So, he's done quite well.

02:02 JD: And there are a lot of... I mean, just very... A hell lot of work. His father works really hard and Carl has kept up with that. So, there're some feelings that maybe he's lost a little bit of

time and he's now working... He's now enrolled in Boston University online course to finish his bachelor's degree and he's been... It took him a while to find a good university, but he found a good one that he could do it online while continuing his work with his father. But since he's been here for the last few days, he's very motivated. And I have a lot of work to do in the mornings with clients and technology business and all this stuff. And he just... We get up in the morning. We meditate together for an hour. And then he just gets into his school work. And he asks me a lot of questions. We talk about it. So, he's really motivated to carry on with his studies and better develop and...

03:05 JD: And he's struggling... I mean his struggles now are not so much with alcohol, you know, just day-to-day struggle with that. He's done very well. You know, going to weddings, being in environments where people are drinking, being in a culture where everybody drinks, it's a big part of it in staying sober. But he's kind of finding himself now, working with his parents. He's not totally independent though, he appreciates that and what is his path. And so, I think that it's kind of dependency, independent, and just struggling with some of those issues and how that plays out in his life. But I feel a lot of trust for him. I feel like I could lend him my car or whatever while he's here, and I wouldn't be afraid he'd go off and go to the liquor store or something like that.

04:06 AG: Question two. So, you've known Carl through your online coaching prior to him coming to stay in your treatment facility in lower Utah. Could you describe your work with him since he first became your client? And could you talk about how he has responded to treatment since when you began coaching him, and although I know he's only been there a day, how has he responded to treatment since entering your in-patient program?

04:52 JD: Yeah. Well, I was initially contacted by his mother. And she was... She knew about Ken Wilber, Integral Forum, but somehow she was desperate. Because he'd been in treatment before and had some periods of sobriety, but in the last, I don't know, period of time, substantial period of time before she contacted me, he was just going down hill. And his parents have a flat in Miami where he was going from the school and so was his younger sister. And she was extremely disturbed by his out-of-control drinking style. And she was telling her parents. And her parents were, well, the mom... I talked with dad, but it was the mom I had the most contact with. She was extremely terrified about what was happening to her son, and he was failing in school, and just really drinking heavily and very out-of-control.

06:00 JD: And very loving family, very caring. Carl is a great guy. It's just alcohol that was killing him. So, she asked me to work with him. And we started working together. And he was very respectful from the get go, but very depressed, and just kind of... He said he was just kind of dropping out of life. He would drink, and just stay home and watch television. And obviously, his studies were falling off. And finally, the precipitating incident is he was in his car coming home. I think he had two or three friends in the car, and he, "Bam!" wrapped his car around the tree right in front of this big... Right on Miami Beach, it's a very posh thing, a gated thing. And the security guard knew who he was, they let him in, and there were no legal charges. It was kind of covered up by the building security.

07:10 JD: But he was freaked out. And of course I don't know if he told his mom or his sister

told her mother. But anyway, she just said, "He almost killed himself and a number of other people last night." And so, I talked to him and he was very subdued, very depressed, and really kind of hung over, and just said "Ugh." I said, "Okay, this is what I'm recommending." And I recommended the Wilderness Program because... Well, partly because it's easier on me. They spend eight weeks in the wilderness pretty much house broke [laughter] You know, that's something... I mean, God, the first few weeks of recovery, it's just such a drag. And who wants to do it anymore. I don't. And so...

07:55 AG: House broke.

07:56 JD: Yeah, so, he flew out here with his mom and his girlfriend. I mean we just got the thing arranged in three or four days. He said, "Okay." I called the mom and said, "This is what we're gonna do." And they said okay. So, they were... I think his girlfriend was in Holland or something. Anyway, she flew from Europe. The mom flew from Honduras. They got Carl. They got on the plane and I went and picked them up in Salt Lake. And we went out and had lunch. And then we drove down and came to our house. They spent the night at our cottage, the mom in the... The guest house, and mom in the one room and the boy... He and his girlfriend in the other room. And the mom was very conservative. It was kind of like, she was just, "Oh, we wouldn't have done that in my time." But anyway, so... It was kind of cute. So, then we went and met... Well, the next morning we drove over to Legacy, about 18 miles away in Loa, and he got outfitted.

09:05 AG: Legacy, Legacy Wilderness Program?

09:07 JD: Yeah, Legacy Outdoor Adventures is the name and yeah, it's a wilderness program. And I know most of these people, almost all of them from before. So, they are very experienced and they are very focused on recovery. Really is a recovery program. It's kind of like passive recovery brought forward. A lot of parallels, and Troy has brought his own innovations and stuff, but it's really that focus on recovery. So, I would go out with him every week and meet with him.

09:42 AG: While he was in the wilderness?

09:45 JD: Yes, yes. So, there was this continuity of the Skype work before, which is really remarkable stuff. I just love Skype. And then I would meet with him every week while he was in the field for eight weeks. Two months. I'd go out there and I kind of hang out. I'd go out on Tuesdays. Like it's a staff change day. And while the staff were having their meetings, their check-ins and whatever, I would go and do an individual session with Carl, and then just kind of hang out with the group, just kind of share and bond and talk about things. And it was really... It's a very supportive community. Carl was really excepted by his peers early on. Also, I made a deal with the Legacy staff that he could take his brain training technology with him.

10:47 JD: So, I would bring him like three little, the smallest little iPods, every week, recharged, and get the old ones back. And every week we would do this exchange. So, he was able to keep on with the meditation, which he had started little prior to coming to Legacy. So, it was kind of a connecting thread through the Skype phase, through the wilderness phase, and when he got to our place. So, yeah, by the time... Anyway, I felt really... I connected with him really quickly via

Skype. And so, by the time he actually got here for our, kind of, finishing school, and intensive, he knew a lot of the language. He had started to read some of my book prior to that, had read some of it in the field. And so anyway, of course, he was introduced to the 12 steps and a lot of the stuff they were doing at Legacy. So, when he got here, he was in pretty good shape, pretty motivated. And he's... He's sober. He's a great person. You know, sitting there with lot of...

12:03 AG: So, he graduated yesterday or the day before, and then he immediately came to stay with you?

12:08 JD: Yeah, yeah. Well, they did the... Well actually, they don't do the family thing at the end of the program. They just do the family thing every month or so. So, you may have your family workshop four weeks into the program; then go back into wilderness. So, it's not like right at the end, they do that thing. So, that's kind of the innovation scheduling thing. So, yeah, when he finished the program, I picked him up, and he came directly to where we are. And I'm sure I already talked to him about what kind of schedule we would maintain while he was here. And so, it's just basically "wake up early in the morning, we go meditate for an hour." There's journaling after that and then we discuss what comes up in the journal. It's really cool, go into a group and just... He's come from this really deep place.

13:03 JD: And then we would have breakfast, go downstairs. That's when we do the teaching component and going over... You know, the first thing that we start out with everybody is... You know, the Macaulay stuff. "Okay, it's a brain disease." Blah, blah, blah, and let them see that, take notes on it, and then we started to the... Going through the whole AQAL that applies to recovery. And so then we have lunch break and there's some rest time. And then in the afternoons, the early afternoons, we would give him assignments, reading assignments, written assignments. During a week, he would meet with me twice in individual sessions, and meet with Pam twice for individual sessions, therapy sessions. And in the evenings, we'd do another meditation period, sometimes an hour, sometimes two.

14:05 AG: Okay. So, question three. And you've already gotten into this a little bit, but would you describe Carl's participation in the program?

14:17 JD: Initially, he was... When we were doing Skype, he was just very kind of submissive, and just "yes" with answer and just kind of go along with whatever I suggested to do. When he got to Legacy, it didn't happen with me, but it happened more with the staff out there. He became very kind of questioning and defiant to really engage with them. Okay. One of the things that... Yeah, when he first got to the house, I mean even before he went in the field, he said, "I'll do anything what we do, but I don't do self-help books." And his mom is kind of a... She's kind of a mystic, and kind of a green mouth or integral, you know really working on herself. I mean she comes from a very conservative culture, and she's really done a lot of work individually with him. But anyway, she was like hitting him over the head about self-help books. He was kind of pro, kind of defended against that.

15:26 JD: So, there was a lot of kind of struggle with the staff, with Michael and Charlie, especially Michael. Like he really butted heads with a lot of time when he was out in the field and it was really good for him. He needed to do that. He needed to challenge authority and it had

a lot to do with his relationship with his dad who's a very kind of controlling and powerful one on the enneagram, successful man. And he's always been kind of a rebel, unsuccessful. He's got a lot of ego, self-image issues. And... But with me, he was always pretty very respectful. Although he's got a real philosophical, and almost engineering type mind, so he really analyzes stuff. So, when I was teaching, while we were discussing stuff, it was very engaged, very like give-and-take, but not in a... I never took it as defiant, I just thought he was really engaged and really struggling to try and understand and wrap his head around what was going on. So, I don't even know what the question was, but is that, Adam.

16:40 AG: Yes, and the final question.

16:43 JD: Yeah.

16:44 AG: Is there anything else you would like to share about Carl at this point in the program?

16:50 JD: Yeah. Well, one of the interesting things has been, well, just the level of speaking to him, where he is at. In other words, I give him the AQAL framework, and teach him that. And he read the book, did assignments, and had to do assignments on the self-help books. That was kind of, the OS was downloaded into his head, and then it was just, everything changed. And a lot of his, where he was at, was really kind of moving into kind of blue issues of faith in God and Christianity, and kind of Catholicism. And I have that background, and I have a really deep background... I know lots of scripture and lots of Church history, and know about the Catholic faith, I grew up in it. And so we were really able to talk in those terms.

18:00 JD: So, it was really me taking to him about where he's at and using language and ideas that might sound a little hulky or something to a cynical, average American kid, but talking about nobility. And he comes from a very wealthy, privileged background. And talking about him being the entitled brat for many years and not living up to his own potential and talking about the concept of "noblesse oblige" which is to one whom much is required in a spiritual sense. And so not just take the privileged position and just, "Hey, I've gotta make blah, blah," but really to use all you've been given to really find the path back yourself and give back to the world. And it's in that kind of talking to him in terms of his own culture, his own religious background, which he's neglected for years. This was kind of new coming online as he came back to recovery and sobriety, the re-discovering of Christianity and Catholicism, and just talking to him in a language that really responded to him. And it seemed that... It just found its own level in our work together.

19:24 JD: Wonderful. Well, thank you very much. Again, this is interview one with John Dupuy, Day one of Carl's stay at the Integral Recovery Treatment Center in Torrey, Utah.

John Dupuy Interview 2

00:01 Speaker 1: Interview 2: John Dupuy. John, what are your impressions of Carl at this point in treatment?

00:09 John Dupuy: Well, that Carl is... He's a very... He has a strong sense of ethics and responsibility. He's dealing with a lot of father issues... Well, father and mother issues. They're just in a different order. The mother is a very spiritual, intricately informed... Really worked on herself. And now we're talking a cultural thing in Honduras. We ain't in Kansas anymore, Toto. I mean this is a really different cultural context. And that's why I think it's so useful to have this integral approach because you really have to factor that in. And it also helps that I grew up in Latin America, not in Honduras, but in Mexico and Argentina. And, so, I have some sense of this being different. And the father... I think I shared some of these things; a very successful man. And Carl, because of his drinking, regressive nature of the drinking and...

[pause]

01:14 JD: So, Carl's a really bright guy, has an analytical mind, a very interesting mind; but because of the alcoholism, he was a failure in school and kept his family, especially his mother in a state of just terror that he was going to... You know, that he was gonna kill himself. And he almost did right before he came to Go Into the Wilderness Program, which I worked with him on a weekly basis. And then when he came to work with us after the initial Wilderness Program.

01:54 JD: And so dealing with just a lot of cultural and family dynamics, and the curse of the very successful father... And so you grow up in the shadow of this father that everybody thinks is great, is a leader, and blah, blah, blah. And, you know, partially go "Wow, I'll never be able to fill those shoes." And you're the oldest son, and that's what you're expected to do. And his sister, who's younger than him had already graduated from college and was going to graduate school. His brother graduated from school, did well, and he is a director of a couple of banks and you know, doing international stuff... You know, younger brother, had already gotten into school, and he was being quite successful. So, there was a lot of this just shame involved.

02:45 JD: And in their culture, what they felt that AA was really not an option just because there's a tremendous, at least in this family's perception, shame involved being an alcoholic. So, that was not something he wanted to go to meetings. And it's a very small country and a very small city. And you know, I don't think he felt that the anonymity would be protected, and he didn't want to bring shame on his family. So, it was like, "We're going to have to do this without AA."

03:23 JD: And in Integral Recovery, that's something that I deal with. Normally, if at all possible, I really suggest AA and 12-Step groups for the support, to get a sponsor, to work through the steps, in addition to the integral work that they do with me because it just covers another base, And it gives you a strong lower left support group. And you know, I mean all the good things about meetings, if you go to a meeting, you hear people telling your story, your story

over and over coming through other mouths and you compare notes, and you know you're not alone. But that wasn't really an option. So, we were really working hard to get him ready to go home, which is what he was going to do, and work for his father.

04:32 JD: And one of the things that I do in the integral recovery process is really, really to establish the practices as something that people stick with; and over the last I guess seven or eight years, I found that the people who embrace the practice stay sober. Or if they do have a slip or relapse, it doesn't... It's not as grievous. It doesn't go as deep. It's not as... They just get back on the wagon much more closely. And there's just an openness and more awareness, more mindfulness, more space around the ego-structure, more space around being an alcoholic or being an addict. And the work that we do individually really gets into a much deeper, deeper vein, and people are able to kind of progressively go through the layers and layers of the stuff they're working on in a much more graceful way. And if they don't do the practices, it becomes... It's pretty god damn hard. You know? It's like traditional therapy, which, you know, it's a good thing and can be a support, but it's not treatment. It doesn't keep people... Turn people sober.

05:54 S1: How has Carl responded to treatment?

05:58 JD: Oh, very... Very intensely. With a lot of just intensity and doing the work, never not doing it. He was very motivated in the wilderness. He became a leader quite quickly in the group even though he'd been there less time than others just because of his intensity. And I think that that goes back... There's definitely some parental issues involved in this, but there are also some really good stuff he got from his parents. Now that doesn't mean he wouldn't challenge the ideas and the concepts or what the staff was telling him out in the wilderness, even myself, occasionally. But he really seemed to enjoy the dialogue and the inquiry into different parts of the integral model and what we were learning about recovery, and about the brain, and about spirituality, all these different things that make up integral recovery. But it wasn't... It was fruitful dialogue. In other words, it wasn't just challenging for the sake of challenge but you know, somebody really trying to grasp and understand it for himself and to put it in a way that was coherent in his own understanding. In other words, make it his own.

07:39 JD: So, there was a lot of work. And when we would work together and we'd do classes or we'd do reading assignments, he'd always get them done. And the classes were felt engaged and felt like we were really getting some work done. In other words, I've been teaching and talking to groups for a long time. I'm also a musician/performer, and I really have a visceral sense whether there's a connection, and it's happening, and that just creates this kind of shared space where a lot of things get done. And that's what it was like working with Carl. Whereas if you're with somebody who's resistant and really didn't want it, it's not there, it's difficult. And Carl really wanted to get well. And he was a little fearful about what it was going to be like in going back and working for his father because a lot of his initial reasons he began to, according to him, that he began to use and rebel was trying to just kind of break out of the heavy expectations that were on him. I think he wasn't always conscious of that but I think that was my feeling and I think that it's come to light in the time that we've worked together.

08:59 S1: You've already described this, but do you have anything else to add about Carl's

participation in the program?

09:14 JD: Well, for me, as the teacher, or the recovery, the healthcare provider, it felt very engaged and inspiring, okay? When somebody actually wants to do the work, is willing to go deeply and engage on all the different various aspects as far as the working out, the physical part, the written assignments, the reading assignments, basically meditating two hours a day and doing the therapy and discussing it after the meditation. And, yeah, it was very engaged. It felt really... It was intense but it felt like that we weren't wasting our time.

10:09 S1: Is there anything else you would like to share about Carl at this point in the program?

11:11 JD: So, he's gonna have to go back there and go back into his family dynamics that were some of the things that probably caused the initial wanting to use, wanting to rebel, and he's going to have to go back there. It's always scary, you know, when you have to send somebody back into their former context. Although he's been living away from home for several years, going to school, living in the United States, so, he hadn't been living in Honduras with his parents for quite a while. But the plan is for him to go back and to work for his father, to be his father's assistant.

11:54 JD: And I think there is a kind of an understanding, not so much stated, but just a familial understanding that Carl would be learning the business, or the businesses to take over from his father when his father is ready to retire because it's just... There's a lot, a lot of business his father has run. And so, he's gonna go back. And his father is a... He's a one on the enneagram. He is a very successful man. I think he's a very... He's a very honorable man who works very hard and has been very successful. But the father doesn't... He's not a very interior-focused guy. He's pretty much a problem-solver, a professional. And Carl has more of a philosophical bend and even a spiritual bend. So, he's kind of got that from his mom, and he has the... He's kind of driven, and that's from his father. So he's an interesting mix of both mom and dad.

13:06 S1: Thank you very much, John. Look forward to talking to you in a month.

13:10 JD: Okay. You're welcome. And, yeah, thanks for asking.

John Dupuy Interview 3

00:01 Adam Gorman: Interview 3 with John Dupuy, talking about Carl's post-treatment. So, John, good to talk to you again. I was wondering, what are your impressions of Carl at this point in treatment? And describe your continuing work with him, and your impression of him leaving your Center and going out "into the real world"?

00:30 John Dupuy: Yeah, well, first of all, it is always the scariest part in any treatment process,

you know, because I've been doing this thing for years, as you have too, Adam. And you can take a person into the wilderness for eight, nine weeks and they come out with a complete new perspective on life. And then take them to our place and do integral recovery, and they learn the practices and everything. And they waken up, and they're dealing with their shadows, and the drama, and the reasons they started using in the first place, and they're learning all the stuff. And they're doing great in a protected, controlled, safe, organized, loving, compassionate, confronting, everything-that-treatment-needs-to-be environment. Then you gotta send them back to the real world.

01:15 JD: Often times that involves going back to same old places, and with old friends, and the conditions that got you using in the first place. And of course, the hope is that they've learned enough, and they've really integrated the process of integral practice, and that they can, if at all possible, to integrate the 12 steps, which didn't seem like it was gonna be part of Carl's after-care, which I recommend. But some... You know, you can't force people to do what they don't want to do. And he didn't want to do it because of just the fear there wouldn't be anonymity and the shame around being an alcoholic in his culture and blah, blah, blah, blah.

01:54 JD: So, we said, "Okay. Let's go and do the best that we can". And so, he went back to his home country and started working with his father, who is a one on the enneagram, and we believe Carl is a six by the way, and the father is a very successful man in all kinds of businesses. So the thing is... And his dad knows how he wants it done. And Carl is very much kind of a very philosophical, deep guy. And his dad is very much upper-right or lower-right focused, get-it-done, out there in the world, "Hey, it worked for me. Just do it and shut up". Anyway, so there is all kinds of he could have been to. Also the feelings that somehow he had failed by not finishing school, whereas his younger siblings had done quite well and finished, are already off in their careers, and stuff like that.

02:46 JD: So, this was kind of the emotionally fraught territory that he's going into. In other words, "the human condition", his own version of it. We all have them, right? And so, our hope was that... And this is what I've done in the past that is to continue to work with people via Skype or other related technologies. And in the beginning sometimes, it's three times a week, two times a week, one time a week until it seems like it's no longer necessary. And that's what we established for Carl. We had... First of all, we had his family get any booze out of the house and just make the preparation. Luckily, his family didn't drink. This whole thing had skipped a generation. And so it wasn't a big deal for them. It was like, "Well, we don't drink anyway", which was "Thank God". It's really hard. You have to go back and try to stay sober in a place where there is alcohol around all the time. So, it wasn't there.

03:42 JD: So, we established, tried to establish the ground work of no booze being accessible. Of course, you can drive down the city. There's booze always available everywhere, but just not in the home environment. So, that... And we tried to... We did a lot of family sessions. Oh, yeah, in the beginning we were doing a family session every week just so the families could talk because families really don't talk about what matters a lot. There's just... Everybody's just kind of the basic family cultural blah blah assumptions. And everybody kind of runs off that, having their own interpretation and assumptions what that means, which is not always meaning the same for everyone.

04:22 JD: So anyway, we just got them talking and he really seemed to value that. And it was... Carl's dad really valued it. We thought he would be the one that would be the most checked out. And he really seemed to get a lot out just being there and listening to his family talk. And Carl is a very bright philosophical guy sometimes that... Well, I don't know, nobody's saying at all, but "It's him and I love him", or something like that. So, that was good, just having the family together and Carl, and doing our work. So, we... One of the principles of integral recovery or just being a therapist or healer at any level, you just meet people where we're at. So, there is always an emphasis on my part, "You've gotta keep your practices up. You've gotta keep the meditation going. You don't want to fall back to sleep and go back to your old unconscious patterns", and blah, blah, blah.

05:16 JD: And Carl really was able to do that. And we would have very far [05:23] talk about just recovery issues, about being a young man, and his goals in life and spirituality. Oh, Carl did go back to the Catholic Church. And his family is Catholic and... You know, just culturally Catholic. And I don't think the real... I mean the mother, but she's a pretty green, very spiritual person, but with everybody else it was, "We're Catholics". But Carl went back and got involved in the Church in a real supportive way. So, it was almost like he made his AA group in a way that was culturally acceptable. And he got a lot of the good, basic, humanity spirituality one-on-one support from Catholicism at that level.

06:22 JD: And, you know, be honorable. It's not all about you. Be a good father. Be a good man. Be honest. Look for God's will in your life, ask forgiveness, keep showing up, doing well, you know all this stuff. And so that really worked along with our connection and our working through the knots and the stuff. And what I found is that when I work with clients and they stay with the meditation, okay, they generally stay sober, and not only do they stay sober, but they just have space around their issues. There's so much more mindfulness. Yeah, it hurts. You're pissed off, but yeah, it's just your ego, and there's a knot, and you feel your feelings, and you're just kind of... We're able to process it without getting lost in it. This is the truth, with a capital T, and the only thing that's real, and blah-blah-blah.

07:16 JD: So, a lot of my... And when things... When he would get off, he get too busy, to bring him back, keep practicing, keep practicing, keep polishing the sword, and he liked that. I mean, I use metaphors that worked with particular person because he's a... I don't know, a kind of has blue values with reaching another level, but honor, courage, telling the truth, these are the things that really matter and resonate with him. And approaching a lot like a warrior and doing the right thing for your people, your god, your family, your world, are important. And so we could use those kind of metaphors. So, anyway, I've been ranting for a while. Do you have any questions?

08:01 AG: So, you've already touched on this. Do you have any more thoughts on how Carl has responded to the treatment?

08:12 AG: Okay, so...

08:14 JD: Yeah, so the question is, after a month, how has Carl responded to treatment? Well, he's responded extremely well. He's worked really hard. He's challenged and questioned things,

which I think is totally appropriate. And we engage with each other when we work on these things. He likes the engagement, I like the engagement, it's been good. Yeah, so guardedly optimistic. And that's about as good as you can get. I mean anybody who's been in this business, working with addiction, and alcoholism, know it involves relapse. It's just part and parcel of it. So, how do we skillfully deal with relapse if it does happen, and work our hardest to make sure that it doesn't happen. So that's kind of the paradox of recovery, whether it's integral or not.

08:58 JD: So yeah, there... One of the good things I think that has been established is there's a lot of personal caring and connection in the work that we've done together, also with my wife Pam, who is a therapist, and so... Given that, and his embrace of practice, and his deep feelings of remorse about the kind of his failures, and he's kind of beginning to understand why he went that path, and what he was rebelling against, and his own feelings of insecurity. There's...

[pause]

09:47 JD: Yeah, so dealing with the issues that got him using in the first place. And I was talking, and I found this to be true in a lot of cases where... With young men growing up who have very successful powerful fathers or famous fathers and blah-blah, that often it's really hard when you have a deep insecurities that we would never be able to match our fathers, okay? Their accomplishments and what they did. And I think Carl was measuring himself, not only against his siblings' but against his father's, and that was a really heavy, heavy burden for him to bear. And that's what drove him originally into his rebellion and his drinking. And Carl is generally a great guy, very, very loving, very quiet, introspecting can show up. But when he would drink, there was a complete personality shift and all kinds of... And then, it got worse as the disease progressed.

10:51 JD: So, yeah, so guardedly optimistic. Foundationally, there's an understanding that it is a disease, acceptance that he is an alcoholic, understanding the neurological basis, understanding the whole four quadrant analysis, understanding how integral practice and the brain entrainment helps keep the brain healthy, helps us to deal with our emotions in a healthy way, helps us keep deepening our own spiritual connection, which is very important to Carl. Having a loving family who does not drink, who are very, very supportive of him. There's a lot of good things in place, but is this bird gonna fly? We don't know. We're gonna have to kick it out of the nest and see, with all the support that we can, and we have built in our normal relapse prevention, which will consist of me doing Skype calls with him twice a week, him continuing with his practice, both in the gym and both on meditating. Are you still there?

11:55 AG: I'm here.

11:56 JD: Yeah, and just kind of a deep bonded sense of connection with Carl. That's kind of when somebody comes into your home and we do integral recovery at our place, it's not just like a treatment center where... We're with people 24/7 basically. We become friends with the family members, and in a sense it gives them a kind of deep... You know, we meditate together, we work out together, we struggle with these ideas together. I teach them to be engaged. So, it's been very, very engaged. And there's a lot of room for encouragement. There's also some kind of scary things, which is he's really not gonna do AA. So, okay. And I've worked with people who can do

it without Generally we encourage people to get a sponsor and go to meetings, and stuff like that. But if that's not gonna happen, we're just gonna have to do it otherwise. So, those are the concerns, and those are the areas of... Well, the strong kind of foundational impetus that we've been working together.

13:09 AG: You've already touched on this, but could you just describe Carl's participation in the program? So far, one month after leaving treatment, has he... You said "he's maintained his practices?"

13:25 JD: Yeah, thus far, thus far. And it's been a challenge. His father works, gets up early. His dad doesn't drink. Dad works a lot and he expects his son to do that. But thus far, he's been able to... Sometimes he has to do it in the car when they're driving to different businesses that are several hours away or whatever. But so far he's been able to do it and there's a good gym close to his home and he's really been pretty... He has really established that as an ongoing part of his, just lifestyle. He's been playing soccer with his younger brother's team and I don't know, playing soccer, that's quite the work out. So, yeah, thus far, it's going well. And he hasn't drank.

14:21 AG: Excellent. So, is there anything else you'd like to share about Carl at this point in this program?

14:34 JD: It's just that the... Well, the ability of somebody from a different culture to fit in to the integral field, if you will, and at the same time, the ability of the integral model to really adapt itself and form itself to meet both where they're at and speak to them at the level they're at and meet their needs. And so it's been a moving stream. And of course, I grew up in Latin America. So, I had some cultural connectedness and admiration and kind of love for just Latin America in general. So, there was that connection there. And also yeah, Carl is... He's half... He has two passports, there's a German and a Honduran passport. And of course, I speak German and Spanish. So, it's kind of nice we'd have like these three language conversations about stuff. So, that was... Anyway, I don't know what that was, but it was something that... It was just other points of connection.

15:40 AG: Well, thank you very, very much for sharing this journey with us. We greatly appreciate it and looking forward and wish you and Integral Recovery all the best.

15:53 JD: Yeah. And I'm really honored about the work you're doing, Adam, and just appreciate the time and the effort that you've put in to really trying to understand this and bring it out in the world. So, God bless.

16:02 AG: God bless.