THE INTEGRAL RECOVERY MODEL FOR DRUG AND ALCOHOL ADDICTION

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with Marco Morelli

In this paper, I will describe a treatment and recovery model for addiction based on the AQAL Integral framework as articulated by the Integral theorist and philosopher Ken Wilber. This paper will show how an AQAL ("all quadrants, all stages, all lines, all states, and all types") approach can offer a refreshingly new way of looking at addiction and open the possibility of a much more integrated and effective treatment modality. What can be gained using an Integral lens or framework is:

1) A much more encouraging and attractive model, as the emphasis is on personal growth and not just on addiction and drug use. This transcends the traditional dichotomy of "addict" and "non-addict." Integral practice includes everyone, not just addicts and alcoholics. The goal of Integral practice is spiritual, emotional and intellectual growth and physical health, strength, and wellbeing;

2) A framework with which to examine and include the many different approaches to the treatment of addiction, uniting the many partial modalities into an integrated whole;

3) A better understanding of the internal mechanisms of healing, growth, and transcendence as they relate to the recovering individual;

4) The reduction of pathology and the promotion of health by identifying and understanding the causes, symptoms, and necessary actions to heal the life of the addict using an Integral "all-quadrant" approach;

5) More skillful treatment and relapse prevention, teaching and including an individualized Integral Recovery Practice as the fundamental vehicle of the recovery process;

6) A clear understanding of the developmental stages of individuals and groups, and how they affect treatment strategies and program design;

7) A detailed and comprehensive map to the journey of recovery that is enlightening, inspiring, and practical.

I'll begin with some general and personal comments, and move on to the theory and its application from there.

The Problem of Addiction

Chances are, there's an addict in your life. Maybe it's a family member, a friend, or a co-worker. Maybe it's you. It's hard to determine the number of addicts in the United States or elsewhere. However, according to the National Institute of Drug Abuse, the economic cost of drug abuse in the U.S. reaches into the *hundreds of billions of dollars*[1] every year. This begins to indicate the magnitude of the problem, though it hardly touches on the emotional and spiritual costs of addiction—the devastation to families and communities, the sheer wasted human potential.

[1] http://www.nida.nih.gov/about/welcome/aboutdrugabuse/magnitude

The problem is huge and complex, with myriad social and cultural implications. My focus, however, is on understanding and treating the individual. I have a Master's Degree in transpersonal psychology from John F. Kennedy University and a Bachelor's Degree in Modern Languages from Texas State University. I had the pleasure of serving as a graduate assistant to Fritjof Capra during the heyday of the Elmwood Institute. During this period, I began working as a therapist/counselor at Thunder Road, a respected adolescent substance abuse treatment program in Oakland, CA. That's where I first became acquainted with the Twelve Steps of Alcoholics Anonymous. I was delighted to have found a mainstream treatment modality where we could speak about God and spirituality without being escorted out of the building. After a few years in the Bay Area, I moved to southern Utah and began working as a therapeutic wilderness guide. Over the years I've worked in some of the premier wilderness programs, and helped start and design a couple as well (Passages to Recovery and Open Sky Wilderness).

In my work as a wilderness guide, I soon found that the elephant in the room—or the number one presenting problem of young people being sent to these programs for treatment—was drugs and alcohol. For approximately 85% of our students, this was the major issue. Some of our students were just passing through a period of rebellion and experimentation but a significant number were addicted. This led me to starting a program, *Passages to Recovery*, which dealt almost exclusively with addicted clients. The idea was that we would combine the strength of extended wilderness journeys, the Twelve Steps, meditation, sweat lodges, and vision quests, to provide a more holistic and effective form of therapy. We were widely invitational in our approach to spirituality, which along with an excellent staff made for a highly effective program. Sadly, I began to see that even with a top-notch staff, and with our far-reaching program, we weren't always gaining the traction we needed. The reasons why will become clear as I apply the AQAL model to addiction.

The AQAL Key

I first encountered AQAL in January 2004 on the website *www.IntegralNaked.org*. I downloaded and read a 40-page document entitled "Introduction to Integral Theory and Practice: The AQAL Map" by Ken Wilber. It was one of the major *aha* experiences of my life. I immediately saw AQAL as the missing gestalt for a truly effective treatment model. With brilliant clarity, it filled in gaps and explained many of the challenges we face in the recovery process. I threw myself into the study of Integral theory and Ken Wilber's writings in particular, and started looking for the Integral community that might be applying this material to the treatment of addiction. After months of looking for a teacher, it slowly dawned on me that there was no expert—rather, it would be up to me bring an Integral approach into this needful area. It was a sobering moment, and I redoubled my efforts to learn and apply Integral theory and practice.

The AQAL model represents the cutting-edge of thinking on the integration of science, spirituality, and human development, presenting a framework that allows many different schools of thought/praxis to meaningfully coexist—and inform and enrich each other—in some stunningly practical ways. AQAL also represents a means of understanding and engaging our present-moment experience in more immediate, holistic, and integrated terms.

There is a huge amount of material covering different aspects of the AQAL framework, beginning with Ken Wilber's writings and extending to many students and colleagues who are successfully applying his work in such diverse fields as business leadership, healthcare, politics, psychotherapy, interreligious dialogue, criminal justice, and the arts.[2] There is much more to the framework than I can cover in this paper. However, the basic concepts—quadrants, levels, lines, states, and types—and how they relate to an Integral Recovery model, can be grasped relatively quickly in an overview fashion.

[2] For more on the many applications of AQAL, see Integral Life's website: www.integrallife.com.

- By "quadrants" (or "all quadrants") we mean a map that represents the four basic dimensions of reality and human experience that cannot be effectively reduced to each other, giving us a comprehensive tool with which to consider any phenomenon—in this case, the treatment of addiction. (See Figure 1 below: "The Four Quadrants")

- By levels (or "all levels") we mean the stages or waves of growth and unfolding from childhood to mature adulthood, as described by various schools of developmental psychology. This knowledge becomes essential when we understand that the progressive nature of the disease of addiction causes a devolutionary regression in moral and ethical levels of development, while the journey of recovery is in the direction of moral and ethical growth to higher levels of development: from the sociopathic, immoral behaviors of the hard-core addict to the deeply compassionate heart of the truly recovered person.

- By "lines" we mean the various semi-independent human capacities and intelligences that show development—e.g., cognition, self-identity, morals, emotions, interpersonal intelligence, etc. Lines are especially important in crafting an Integral Recovery Practice.

- By "states" we mean the states of consciousness all humans experience within a given cycle of time, including *waking*, *dreaming*, and *deep sleep*. This also includes *altered* and *meditative* states. As we'll see, states play a huge role in the life of an addict, and provide a powerful entry point into the healing process.

- By "types" we mean basic human categories or personality styles, such as masculine/feminine and personality typologies like the Enneagram and Myers-Briggs.

The Four Quadrants of Addiction

The Integral model uses a four-quadrant map to differentiate four basic dimensions (or "spaces") of experience and reality. These are: the Upper-Left quadrant (UL), or the *individual-subjective* dimension; the Upper-Right quadrant (UR), or the *individual-objective* dimension; the Lower-Left quadrant (LL), or the *collective/inter-subjective* dimension; and the Lower-Right quadrant (LR), the *collective/inter-objective* dimension (see Figure 1).

Notice that the left half of the model deals with our inner life or *interiors*, things that don't have external locality, such as beliefs, emotions, feelings, mutual understanding, worldviews, etc. The right half of the model deals with *exteriors*, things that do have locality, such as bodies, brains, planets, facilities, books, tools, the natural world, etc. The upper half of the model refers to *individual* realities: my thoughts, my feelings, my body, my brain, and my behavior. And the lower half of the model refers to *collective* (cultural/social) realities: my relationships, my cultural values, my environment, and systemic factors.

A simple way to summarize the four quadrants is to say that each quadrant refers to a fundamental *perspective* that is part of our natural language: **I** (individual/subjective); **we** (collective/subjective), **it** (individual/objective); and **its** (collective/inter-objective) Together, these four quadrants encompass the totality of one's lived experience.[3]

[3] For a full introduction to the four quadrants and the AQAL framework, see Wilber, "Introduction to Integral theory and practice: IOS basic and the AQAL map," in *AQAL: Journal of Integral Theory and Practice, 1 (1), 1-33*.

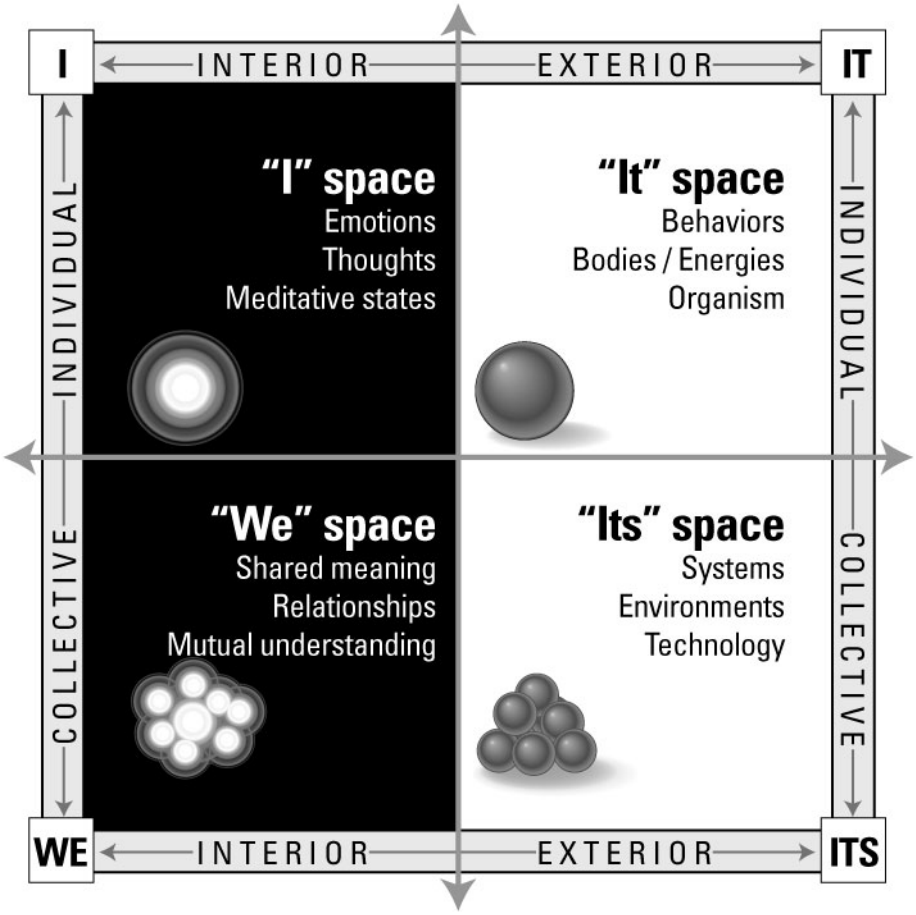

Figure 1 – The Four Quadrants[4]

Why are the four quadrants important? 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. When a client enters treatment, one of my first steps is to perform a four-quadrant assessment of their life situation.

[4] Image courtesy of Integral Institute.

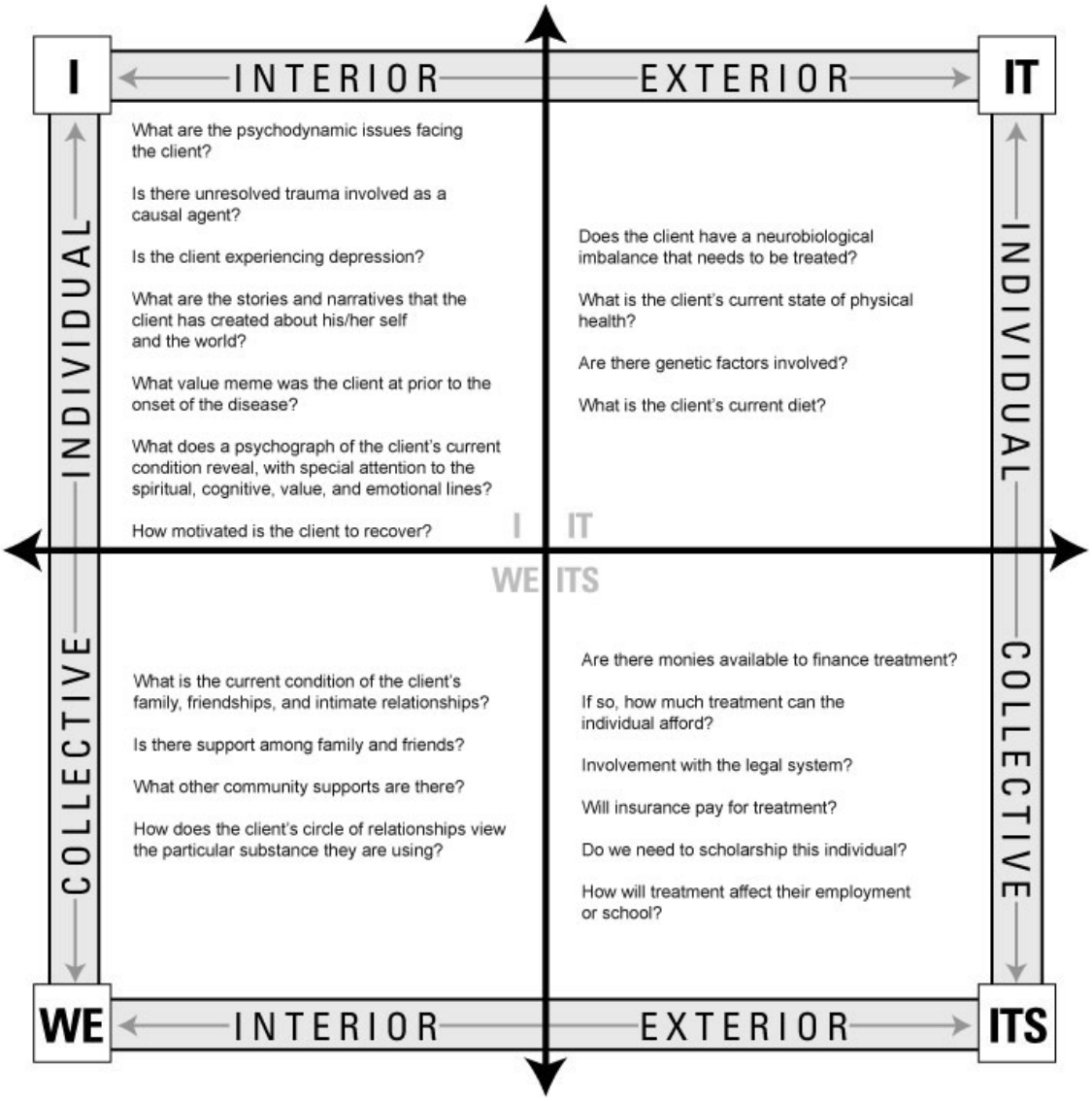

Figure 2. Four Quadrant Treatment Assessment

Not only do the four quadrants help me evaluate a client's situation, but I teach it to my clients to help them begin to make sense of their lives as well. The true scope of the disease (and of the work to be done) becomes clear when one can see it in these four basic areas. I emphasize the *interconnectedness* and *irreducibility* of all four quadrants. Optimal health requires all four quadrants to be harmonized and brought into balance. The reason for this is fundamental to an Integral approach: *Any stressors in any of the*

quadrants will place a burden on the other quadrants; and conversely, any gains made in any of the quadrants will help stabilize and lift up the others. The first step of an Integral Recovery program thus involves mapping out the changes that will be needed in all four quadrants to maintain sobriety and grow toward optimal health.

A four-quadrant map is also crucial when it comes to building an Integral treatment organization. Having been involved in several start-up programs, I realize the importance of setting healthy parameters at the beginning of a project. Any imbalances or distortions at the inception of a program become magnified later on. In the UL, I have found that it's essential for everyone involved in the leadership circle to have some degree of mature Integral consciousness. Correspondingly, in the UR (i.e., individual behavior), everyone must be committed to some form of Integral Life Practice[5] (a holistic, growth-oriented system of practices emphasizing body, mind, spirit, and emotions). Being dedicated to an Integral Life Practice (by whatever name) is not just the expression of a drive toward self-transcendence; it's a personal responsibility as an Integral treatment provider.

As Wilber has pointed out in his writings and talks on Integral Medicine,[6] it is not only the body/mind of the patient that matters, but also the consciousness of the physician. The consciousness of the treatment provider is particularly important in the addiction recovery process, since one of the first steps is eliciting the client's buy-in to the very notion of *practice as a path of recovery*. If the treatment provider is transmitting health and wholeness by their mere presence, it goes a long way toward attracting the client to own their recovery process. "If this is what health and sobriety looks and feels like, then I want it!" Exhausted, burnt-out healers are worse than nothing: they actually are an impediment to the client's healing. Just as in the Marine Corps, where everyone's first calling is as a rifleman, whether one is a general or a private, in an Integral Recovery

[5] See The Integral Life Practice Starter Kit (Integral Institute; www.MyILP.com) and Wilber, Patten, Morelli, Leonard, *Integral Life Practice: How to design your own training program for body, mind, and spirit* (Integral Books, 2008).
[6] See Ken Wilber, Foreword to *Integral Medicine: a noetic reader*, at http://wilber.shambhala.com/html/misc/integral-med-1.cfm

program, everyone is first and foremost an Integral practitioner. Not only does this keep the program healthy, inspiring, and flowing, but it also overcomes the dichotomy of "I'm an addict and you're not." The emphasis becomes growth and optimal health on a *spectrum* going from addiction to freedom. "How's your practice? This is what I'm learning…."

The Lower-Left quadrant aspect of the start-up process is also of great concern. If there is not an AQAL-informed, Integral consensus in the primary leadership circle, there will be problems in understanding, communication, values, and so on. Obviously, not everyone in the organization has to be integrally aware; but the initial leadership team had better be, or everyone is in for a long and bumpy ride. The Lower-Right quadrant is clear: facilities, money, marketing, and infrastructure; but most of all, an environment that supports Integral practice and healing. It should not feel cold and institutional, but intimate, relaxed, and focused. The more a program (whether new or already existing) can utilize all four quadrants in its planning, operations, and treatment program, the better its chances of success.

Working The Essential Lines Of Development

An understanding of *lines of development*[7] (distinct capacities or intelligences that show growth over time—such as morals, emotions, cognition, kinesthetic ability, and so on) is key when it comes to incorporating an Integral Life Practice (ILP) into the day-to-day activities of the treatment program. An ILP must be central. At Passages to Recovery, we were able to facilitate powerful awakening experiences for the majority of our students through the eight weeks in the wilderness, daily meditation and prayer, sweat lodges, and a culminating vision quest experience. But often the problem was that the overall experience was only a series of *altered states*. There is no problem with states of

[7] A great example of lines of development is Harvard researcher Howard Gardner's theory of "multiple intelligences." The basic idea is that we can grow in some lines (or "intelligences"), while stagnating (or even regressing) in others. E.g., an individual can be cognitively very smart, physically average, and morally self-centered and inconsiderate—or any of a number of other permutations. The purpose of an ILP is to bring some balance to one's development across certain key lines.

consciousness in and of themselves. As we'll see, *healthy* states are crucial to recovery. However, there is a big difference between a limited period of altered state experiences and an ongoing program of *trained states* that the client continues working on long after the initial treatment. In the case of Passages, students would leave the container of the wilderness and the program, the glow would fade, and relapse was likely to happen.

In fact, follow-up is a huge challenge for even the best programs. Traditionally, the answer has been to get the graduating student to attend Twelve Step meetings, acquire a sponsor, and work the AA program. And this works… sometimes. But not often enough. *What has been lacking is a recovery model that addresses all four quadrants of the individual and works the basic developmental lines—cognitive, emotional, physical, and spiritual—in an ongoing, dynamic, lifelong practice*. It seems a number of the best treatment programs are now reaching a healthy pluralistic level, in that they are multi-disciplinary and are incorporating diverse healing modalities in addition to Twelve Step work. But none have yet crossed that "unimaginable gulf of meaning" that Clare Graves spoke of in moving to a truly *Integral* perspective. Many programs, I believe, are intuitively pushing into a more Integral approach—but they lack a comprehensive map. Most treatment currently consists of AA, psycho-education, individual and group therapy, and, on the cutting edge, maybe supplements and health food. This is good but again lacks the overall framework of the AQAL approach.

For the purposes of recovery work, I focus on the cognitive, emotional, physical, and spiritual[8] lines—which has many advantages. First, it makes sense. The idea is understandable, practical, and for most people, immediately intuitive. This seems to hold true for both healthcare professionals and for those suffering from addiction (including the families of an addict). These four lines also correspond to the "four core modules" of

[8] There are other important lines of development—ego, morals, worldview, psychosexual, and so on—but I focus on these four, which also correspond to the *four core modules* of ILP, as I'll show in a moment. See Ken Wilber, *Integral Psychology*, Cambridge: Shambhala, 2000, for a more complete treatment of developmental lines.

Integral Life Practice: *body*, *mind*, *spirit*, and *shadow*. In fact, I employ both the *emotions* and *shadow* modules, since both focus on releasing trauma and clarifying emotional energy.

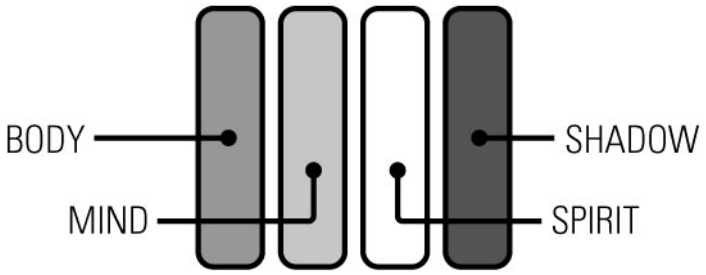

Figure 3 – The Four Core Modules of ILP[9]

Making ILP central also serves to redirect the focus of treatment from mere abstinence or sobriety to optimal health and continuous growth as a human being. This is a much more attractive concept than merely, "you have to stop using drugs." To many addicts, the notion of sobriety can often seem unattractive compared to the euphoria of using, as destructive as their habit might be. The prospect of being sober, but depressed, bored, or simply not enjoying life, is a major obstacle to committing to the recovery process. The idea that life can be *better*, *happier*, more *joyful*, more *ecstatic* as a result of Integral Life Practice, helps overcome the resistance to change that is often a major issue in early recovery.

An Example Using Quadrants and Lines

Let's take a client that has been on a 6-month methamphetamine binge. There are going to be huge issues in the UR quadrant. The body is normally ravaged from lack of nutrition. There may be open sores from clients picking at their skin; deterioration of the gums and nasal passages; and serotonin and dopamine depletion. In the UL the patient will often be experiencing depression, anxiety, powerful cravings, anger, and self-hatred.

[9] Image courtesy of Integral Institute.

The relational LL "we" space is most often in shambles and will require family and relational therapy—amend-making and restitution to restore the social fabric that is almost always shredded from the acting out associated with addiction. In the LR there are often a myriad of legal and financial issues. Their home may be in foreclosure; they may have outstanding warrants; or their insurance coverage may have lapsed. So it's easy to see something that starts primarily as an UR behavioral, neurological problem quickly infecting all the other quadrants. For health to be reestablished, the client will need to clean up and balance all four quadrants.[10]

Enter the lines of development. These represent the core of the day-to-day Integral Recovery Practice, which is simply ILP applied to a specific set of treatment needs. An Integral Recovery intensive will include daily work in the *body module* (detox, exercise, diet, supplements)*, the mind module* (learning/applying AQAL, addiction studies), the *spirit module* (meditation, restoring purpose and connection), and the *shadow* (or hidden emotions) *module* (therapy, journaling, emotion-releasing work). Again, ILP becomes a daily practice, with the goal of healing and developing the addict's body, mind, heart, and soul, while balancing the four quadrants of their life.

I often use the story of the tourist visiting New York, who asks the person on the street, "How do I get to Carnegie Hall?" The street person replies, "Practice!" The rallying cry for Integral Recovery likewise becomes, "How do you stay sober and healthy? Practice!" Body, mind, heart, and spirit must be worked in an ongoing, cross-training, synergistic, life-long practice designed to heal the body/mind, transcend chemical dependency, and actualize one's highest self (and ultimately, one's true Self).

[10] Technically, it's impossible to isolate the quadrant-perspective wherein addiction "begins." While the "disease model," for example, powerfully clarifies the UR neurobiological etiology of addiction, it's inevitable that all four quadrants will eventually come into play. Nevertheless, in order to proceed with "skillful means" and to integrate with current trends, it often helps to focus first on the UR quadrant, which is the most concrete and obvious to many treatment providers, and then expand to all four quadrants from there.

Integrating Healthy States of Consciousness

While self-transformation through practice is the ultimate goal of Integral Recovery, the addict needs some *immediate experiences* of their future attainments; they need motivating glimpses and reminders of what health will actually feel like. Discussing *states of consciousness*—non-ordinary, altered, and otherwise—is an easy sell with individuals who have used a lot of drugs. They get it. A shot of tequila, a line of coke, a needle in the veins, whatever, presto: altered state! The idea that altered states can be healthy, and not the forbidden fruit of a boring sober life, is a great relief.

Even more liberating is the notion that there is a consciousness beyond states (or an ultimate condition of freedom) that's beyond even the most blissed-out (or freaked-out) state. Teaching about states and how to skillfully work with them is a key component of Integral Recovery. Along with this knowledge of states, we cultivate the observer, or the Witness Self, which allows us to step out of the drama while at the same time allowing different emotional states to totally express themselves—without us becoming overwhelmed or controlled by states such as depression or cravings for drugs. As this witnessing capacity and mindfulness is strengthened with practice, over time the danger of relapse greatly recedes.

We start with the point that states are like the effects of drugs. They come and they go. Or, the mind is like the sky (always a useful and available metaphor and teaching aid in a wilderness program), and states are like the clouds, birds, bugs, and planes. They come, stay a while, and go—while the sky is ever-present. As practice deepens, identification and attachment to states loosens, and one becomes identified with the sky—or the always-present awareness—in which all states arise. Why is this important in recovery? Because attachment to certain states is a good definition of addiction itself.

I have been using binaural brain entrainment technology, specifically *iAwake Technologies' products,*[11] to assist people in beginning a meditation practice. The use of this type of technology in treatment is worthy of another article by itself. But suffice it to say here that the clients I have worked with find listening to the binaural tracks while meditating very pleasant, and they start feeling the effects of this practice in short order. Their progress seems much accelerated over those who are not using this technology. The brainwave entrainment meditators I have worked with appear to more easily let go of trauma and resentments, increase their cognitive functioning and awareness, and experience a sense of greater well-being. The feeling of "I'm getting better," and that life is and can get better, is a major turning point in treatment.

In Step Eleven of Alcoholics Anonymous it states, "…through prayer and meditation, sought to improve our conscious contact with God…." [12] There are, however, almost no instructions on how one should pray or meditate in the *Big Book of Alcoholics Anonymous*. One is left to one's own devices or maybe the wisdom of one's sponsor. The subjects of meditation and contemplation are not generally discussed in meetings, as far as I have seen. There does, however, seem to be a consensus and agreement among those who have maintained their sobriety through AA, that it is the spiritual aspect of the program that has been the most powerful and transformative. For many, this seems to have occurred through petitionary prayer or through a gradual awakening by attending AA meetings and "working the Steps." But there is very little instruction on daily, sustained, lifelong meditation and contemplative practice. This significant point bears repeating—although there is *no instruction* on how to meditate, and *little or no* community engagement with prayer and meditation, it is the "spiritual" aspects of the program that keep people aligned with the significance and importance of the Twelve Steps. There is an enormous opportunity here for Integral awareness. By using the

[11] Created by iAwake Technologies , LLC (I am co-founder and CEO). See www.iawaketechnologies.com.
[12] Wilson, Bill, *The Big Book of Alcoholics Anonymous*, AA Services, 2001 (73rd printing), p. 59

available technology, coupled with an Integral comprehension of the contemplative landscape, this aspect of treatment can be greatly enhanced.

One of the early, empirical indications of the potential of using brainwave entrainment technology comes from experiments using neuro-feedback. For example:

> Alpha and theta states have been shown to facilitate addiction recovery. Dr. Eugene Peniston and Dr. Paul Kulkosky of the University of Southern Colorado trained a group of alcoholics to enter the alpha and theta states. These alcoholics showed a recovery rate many orders of magnitude greater than a control group. Thirteen months later, this alpha-theta group showed "sustained prevention of relapse," and these findings were confirmed in another follow-up study three years later. In addition, this group showed a marked personality transformation, including significant increases in qualities such as warmth, stability, conscientiousness, boldness, imaginativeness, and self-control, along with decreases in depression and anxiety. (A follow-up study was done ten years later and the results were *still* holding!)[13]

If fifteen neuro-feedback sessions can obtain these sorts of results, what are the possibilities of sustained, daily, hour-long meditation sessions using brainwave entrainment technology? This technology is both currently available and easily affordable. Furthermore, this particular aspect of treatment shows great potential for additional research and the alleviation of suffering, and could produce a powerful rapprochement between traditional wisdom and modern science to address one of the greatest health catastrophes facing the modern world.

[13] Harris, Bill, "The Science Behind Holosync and Other Neurotechnologies," Beaverton, Oregon: Centerpointe Research Institute, http://www.centerpointe.com/about/articles_research.php.

Binaural brainwave entrainment technology works by synchronizing the function of the right and left hemispheres of the brain and taking the user into deep meditative brainwave states (such as theta and delta) that were previously available only to meditators with many years of disciplined practice. This does not mean that the meditation and contemplative practices of the great traditions are no longer needed. The maps of the interior dimensions they have provided become even more useful and necessary, as the student has much quicker access to these states. Moreover, brainwave entrainment meditation can be combined with traditional meditative practices, such as following the breath or self-inquiry, in order to create a more synergistic effect.

In the case of the recovering addict, this is extremely important, as they do not have the luxury of waiting two to five years to start seeing results. While meditative state training has the effect of shifting attention from gross to subtle to causal and ultimately nondual realities (i.e., horizontal state development), the experience of these expanded states can quickly lead to vertical structure-stage growth as well. Meditation practice becomes a series of "micro-transformative" events that accumulate over time, as the *subject* of one's embedded self becomes the *object* of one's emergent, higher-level self.[14] The "I am an addict" becomes "I have an addiction." This leap in perspective can have a profound vertical impact on all the self-related lines, as these states become a gateway to a newly emergent, healthy, sober self that is the goal and holy grail of Integral Recovery.

Working with Emotions and the Shadow

While all of the Integral Life Practice core modules (body, mind, spirit, and shadow) work together in a cross-training, synergistic fashion, there's a particular alliance between spirit and the shadow/emotions work. That's because the experience of meditation (in the spirit module) often brings the addict face-to-face with a slew of inner demons that need to be dealt with (in the shadow/emotions modules). Since addictive

[14] See chapter 4 on stages and states of consciousness in Wilber, *Integral Spirituality: A startling new role for religion in the modern and postmodern world*, Boston: Shambhala, 2006

behavior in large part consists of *running away* from self-awareness, and disrupts emotional integrity, this shadow/emotional work is an *especially important* front in the battle for recovery. Pure witnessing of inner experience through meditation is a critical foundation for healing but, by itself, it's not enough. The addict's witnessing capacity needs to be complemented and bolstered by specific techniques that deal with emotional upheaval and the integration of repressed material.

Both shadow work and releasing emotions are essential. I distinguish them in the following way: while shadow work deals with the *content* of repressed material, and uses any number of therapeutic techniques to uncover and integrate this material, releasing emotions deals with the *emotional energy itself*, and trains the individual to simply release it or let it go, in the present moment. The way that we release or let go of emotions is simply to allow them to express themselves as sensations in our bodies. Once our emotions have the space and permission to express themselves, they do so and then release. While this sounds very simple, it takes time and practice to implement this skill, which our students learn to do while they are meditating, throughout the day, and for the rest of their lives.

One of the crucial insights that shadow work aims to discover is the *why* of one's addictive compulsion. In other words, what's the underlying problem that one may be subconsciously attempting to deal with through the use of drugs or alcohol?[15] There will not always be a shadow "why"—some cases may be more predominantly influenced by UR neurobiological factors—however, exploring this question is central to the UL quadrant of treatment. Classic examples of shadow work include psychoanalysis, gestalt therapy, and the approach found in my book, *Integral Recovery*. A practice of sitting meditation in conjunction with releasing emotions becomes the training ground for a *moment-to-moment* practice of releasing in the midst of everyday life.

[15] Chris Prentiss, in *The Alcoholism Addiction Cure* (Power Press, 2005), does a wonderful and inspiring job describing this aspect of treatment.

Encouraging Vertical Stage Development

Now that we've introduced a healthy relationship with states of consciousness into the addict's life, they have learned that, by working skillfully with the many states of consciousness that arise, an individual can become freer, more peaceful, and happier. And, now that we've brought in shadow work, and taught a simple and powerful technique for embracing and releasing emotions, it's time to focus on the importance of *vertical stage development*. A structure-stage model helps the addict make sense of where they are developmentally—often, where they've regressed to in the progression of the disease of addiction—and what is the high ground of their future stage development, if they keep up their ILP.

Teaching vertical development in the recovery process is highly instructive and often inspirational. The fact that clients are aspiring to a higher version of themselves provides a meaningful direction for the process of healing and recovery. "It is good to know what is above you." Together with what we know about the effects of addiction on the brain, the knowledge of different developmental levels gives the client a useful "structuralist" perspective on their problem, which strengthens both their cognitive and ego-identity capacities. Further, viewing their suffering in an objective mode becomes yet another illuminating nudge toward loosening the compulsive control of the disease.

I begin by teaching the basic *egocentric*, *ethnocentric*, *worldcentric*, *and Kosmocentric* moral stages. It is easy for clients to understand how their addiction has taken them to a totally egocentric posture, i.e., "nothing matters but me and getting high." Everyone in the addict's life has become an object to be used to secure the supply of the addictive substance(s). Most addicts can clearly see the truth in this description. But just as importantly, they can also see their more authentic, healthy values reflected in *ethnocentric or higher* concerns. As they detox and begin to face their buried emotions, addicts will feel sadness, anger, regret, and remorse. They will remember and relive past

actions. They will see the deep connection between their addictive behaviors and their moral failings. But they'll *also* realize that they're better than that.[16]

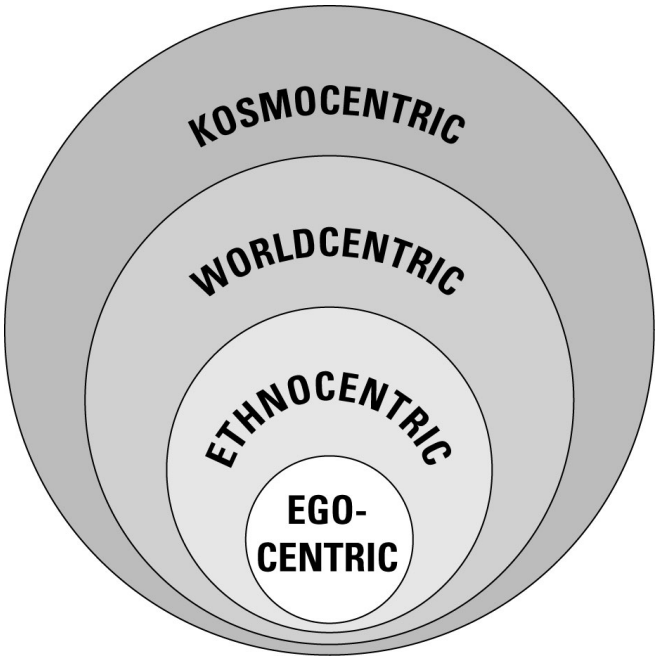

Figure 4. Levels/stages of moral development[17]

An egocentric appeal for sobriety can be made, i.e., "I'll die if I keep using." But helping the addict see his/her disease and behaviors from an ethnocentric level makes the choice even clearer and more compelling: "This is not just about me; it affects my family, children, loved ones, friends!" In rare cases, worldcentric (and higher) motives can come

[16] Integral psychotherapist David Zeitler points out that an "addiction lights up the lower brain areas, while detox begins to stimulate the complex neocortex. In essence, an addiction *both energizes lower levels and represses higher levels*. Detox begins to unravel the suppression (or simply avoidance) of the complex neocortex, and therefore the patient is better able to feel all of those emotions *at the same time*. That is why detox is so painful emotionally. Those emotions can be experienced separately, but taking them in all together (and operating upon them) requires complex neocortical activity. Remembering past actions simultaneously with remorse, feeling *with* others, and moral failings—again, all taken individually they can be dismissed (i.e., rationalized); but taken together (as only the complex neocortex can do) they are very painful. Yet another obstacle for recovery, and more grist for the mill of Integral Life Practice." (David Zeitler, personal correspondence.)
[17] Image courtesy of Integral Institute.

into play, which involve a concern for *all human beings* and the welfare of the planet, and even (at Kosmocentric) *all sentient beings* and the evolving, conscious Kosmos itself.[18]

The foundation of meaning for the recovery process is strengthened by this wider context and higher altitude point of view. In the cognitive line, we could say that one of the first essential steps in recovery is the ability to *see* the perspectives that ethnocentric awareness provides: "how have my addictive behaviors affected those I care about—through their eyes?" This is often a revelation, as one of the stories most commonly found in the egocentric addict is, "this is nobody's business but my own. I am an island. I can do whatever I want." When a new sense of responsibility emerges, it can be wrenching, but a healthy, stage-appropriate sense of shame or guilt is necessary before one can take true responsibility for one's actions.

Spiral Dynamics in the Recovery Process

A more sophisticated and complex developmental model is that of Spiral Dynamics, based on the work of Clare Graves, Don Beck, and Christopher Cowan.[19] It focuses specifically on the *values* and *worldview* lines of development, and charts the profound transformations that occur as individuals and societies grow in complexity and awareness. I usually save the introduction of Spiral Dynamics for a few weeks into the process. It is often a mini-transcendent event as the lights go on and my clients begin to understand themselves within a historical and evolutionary perspective. They'll see their egocentric *red* aspects, their need for *blue* structure, perhaps their *orange* achievement drive and *green* sensitivity. And, of course, this sophisticated language and set of insights begins to inform and illuminate their recovery. It can also help to illuminate value

[18] **Kosmos** with a 'K' is the word the ancient Greeks used to denote a universe that includes, not just stars and planets and black holes, i.e., physical reality (which is what "Cosmos" usually means), but also the realms of mind, soul, society, art, Spirit, i.e., *everything*.

[19] See Beck & Cowan, *Spiral Dynamics: Mastering values, leadership, and change* (Blackwell Publishers, 1996)

conflicts within the family, e.g., think of the conversations that happen when the family comes together for Thanksgiving dinner.

Spiral Dynamics uses a color-coded shorthand to describe eight levels of *worldviews* and *values* (called "value memes" or "vMEMES") that human beings can evolve through over the course of a lifetime. This is an open-ended system that allows for a lot of variation at each particular level—and no discernible upper limit to evolution and growth—but that still recognizes some very real underlying structures that are present in our world.

Using the Spiral Dynamic system as a developmental map traveling the road to Integral Recovery, we can develop an understanding of the dynamics of evolutionary change for the drug-addicted individual:

1. BEIGE: Instinctive-self, 0-18 months
2. PURPLE: Magic/animistic-self, age 1-3 years
3. RED: Impulsive-self, age 3-6 years
4. BLUE: Rule/Role-Self, age 7-8 years
5. ORANGE: Achiever-Self, age 9-14 years
6. GREEN: Sensitive-Self, age 15+ years

////////////////////Second Tier//////////////////////

7. YELLOW: Integral-Self, no specific age
8. TURQUOISE: Holistic-Self, no specific age

(The ages attached to the stages reflect normal or optimal growth: many people never get beyond red, much less make it to second tier.)

Integral Spiral of Developmental Waves

Turquoise - Holistic Self - no specific age
Collective Individualism - starting 30 years ago
Experience the wholeness of existence through mind and spirit.
Quest: peace in an incomprehensible world.
Method: deeper receptivity of multidimensional trans-rational perceptions...
Pitfalls:pathologies of the soul...

Yellow - Integral Self - no specific age.
Worldcentric - starting 50 years ago
Live fully and responsibly as what you are and are learning to become.
Quest: integral synthesis - to balance the whole
Method: awaken maximum number of streams of evolution, integrate diversity with discernment...
Pitfalls: aborted self-actualization, existential angst, bad faith, etc.

Second Tier - Transpersonal - Being

/ / / / / / / / RADICAL PHASE SHIFT \ \ \ \ \ \ \ \

First Tier - Personal - Subsistence

Green - Sensitive Self - age 15–21 years
Social Democracies, informational - starting 150 years ago
Seek peace within the inner self and explore the caring dimensions of community.
Quest: affectionate relations, dialogue and consensus.
Method: appreciate diverse views, listen well, go for consensus, emphasize group needs...
Pitfalls: inauthenticity, excessive relativism, lack of discernment, interminable attempts at consensus, narcissism-me-generation...

Orange - Achiever Self - age 9–14 years
Capitalistic Democracies - starting 300 years ago
Act in your own self-interest by playing the game to win.
Quest: material pleasure, in defense of civilization.
Method: learn to excel, set goals, archieve, measure success...
Pitfalls: identity crisis, role confusions, consumerism, ecological crisis, workaholism, goal-fixation, over-attachment to successful methods...

Blue - Rule/Role Self - age 7–8 years. Later Mythic
Nation States, Authoritarian - starting 5,000 years ago
Life has meaning, direction, and purpose with predetermined outcomes.
Quest: ultimate peace, good versus evil.
Method: follow the given rules, don't exceed your role...
Pitfalls: archetypal role identification, script pathology, fundamentalism, fascism,etc.

Red - Impulsive Self - age 3–6 years. Early Mythic
Feudal & Exploitive Empire - starting 10,000 years ago
Be what you are and do what you want, regardless.
Quest: heroic status, power, glory, rage and revenge.
Method: align with power, take what you need...
Pitfalls: anxiety, depression, phobias, excessive guilt, cannot build stable nations, terrorism

Purple - Magic/Animistic Self - age 1–3 years.
Tribal Order - starting 50,000 years ago
Keep the spirits happy and the tribe's nest warm and safe.
Quest: safe mode of living, security.
Method: Petition to Gods or Powers with ritual...
Pitfalls: borderline, narcissism, omnipotent fantasy, animistic hallucinations, tribal conflicts

Beige - Instinctive Self - age 0–18 months
Survival Bands - starting 100,000 years ago
Do what you must to stay alive.
Quest: food, water, warmth, shelter
Methods: scavenge whatever you need...
Pitfalls: primitive developmental psycho-pathologies, autism

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Predominant Levels in U.S. Culture

It's important to understand that Spiral Dynamics does not describe levels *of* people, but rather levels *within* people. We can all pass through (and retain access to) all these levels as we grow and evolve through life. That said, we can see general examples of these levels in the world around us.

Red is an impulsive/egocentric structure, mostly seen in street and prison gangs, such as crips, bloods, Aryan Brotherhood, Norteños, Sudeños, etc.

Blue is a traditionalist/absolutistic structure, seen in fundamentalism, xenophobic patriotism, "law and order" advocates, the "moral majority," and the right wing evangelical movement.

Orange is a modern/rationalist structure, emphasizing individualism and personal freedom, science and technology, achievement and success (often materialistic); and it's mostly seen in old-paradigm science, corporate culture, and free-market ideology.

Green is a postmodern/pluralistic structure, seen in the 60s counterculture, the environmental movement, civil rights (including feminism and gay rights), postmodernism, diversity and multiculturalism, political correctness, human rights advocacy, and the New Age.

"Second tier"—which indicates a "momentous leap" into a higher order of functioning—includes yellow and turquoise, and is characterized by Integral and holistic thinking, and an understanding that all previous level are necessary parts of the human evolutionary spiral. It therefore acts *on behalf of the entire spiral*, rather than only its particular level and concerns.

Currently in the United States, it is estimated that 20+% of the population is blue, 50% orange, 20% green, and only 2% second tier (Beck). On the world stage, 70% of the population is at the blue level or below. (In the U.S., this may have shifted a few points toward the upper end of the scale since this paper was originally written.)

Understanding Addiction through the Spiral

An understanding of the regressive and progressive nature of the disease of addiction is fundamental—*progressive* in that the disease advances along predictable lines, and *regressive* in that no matter the level attainment prior to the addiction's onset, the addict will end up at a pathological *red* ego-centric stage or lower, with occasional flashes of the old pre-addict self shining through. At latter stages of the addictive process, the addict will lie, cheat, steal, give up their families, friends, jobs, honor, any and everything in order to secure the supply of the addictive substance. People are no longer equal subjects, as in the "I-thou" relationship described by Martin Buber, but objects to be used and manipulated in order to stay high. At the very end of the pathological scale, the heroin addict (or the crack addict, meth addict, or alcoholic) who is living on the street becomes a *beige* (survival-oriented) scavenger, fighting off the drug hunger alone or in primitive street bands. A hundred thousand years of human evolutionary progress is lost to the ravages of addiction.

An enormous change in the personality has occurred, in a strictly pathological direction. This is devastating to the family and friends of the addict. The formerly loving mother, father, son, daughter, husband, wife, or friend changes into an angry, manipulative, selfish monster. This process has been called the Dr. Jekyll/Mr. Hyde syndrome and follows predictable, identifiable stages. The other side of the coin, studied by Miller and C'de Baca (1994), describes sudden personality change occurring in a positive sense—an Ebenezer Scrooge-like transformation. In both cases, the change happens rapidly, is dramatic, and is absolutely noticeable to those in relationship with the transformed individual.

The addict usually finds that their addictive center of gravity is at *red* or possibly lower, depending on the progression of the disease. A *beige*-to-*red* sub-personality is in almost absolute control of the addict's life in the latter stages of the disease. Occasionally, there are brief glimpses of the self that was in control before the onset of the addiction, but it doesn't last. Indeed, the addictive process is devolutionary, while the Integral Recovery process is evolutionary. Spiral Dynamics is a powerful tool for pointing this out.

With the healing provided by recovery practice, the first step of admitting, "I am an addict," quickly becomes, "I have an addiction." The controlling subject at the altitude where the addiction found its center of gravity becomes the object of the next developmental stage in the recovery process. It also seems, based on years of experience and work with hundreds of clients, that if one were, say, at *green* at the onset of the addictive process, but slides down the spiral due to the hijacking of the reptilian brainstem by the disease, one can, with concerted effort and work, quickly get back to *green*. If, however, from an Integral Recovery perspective, all four quadrants and essential lines are *not* addressed in an ongoing practice, the odds are that the regaining of the former altitude will not stick, and the power of the addiction will reassert itself when the protective treatment environment is left. Again, the addiction must be transcended by establishing balance in all four quadrants, through an ongoing commitment to an Integral Life Practice.

Spiral Dynamics and Alcoholics Anonymous

We can use the Spiral Dynamics model to understand Alcoholics Anonymous (AA). As it is popularly practiced and interpreted, AA is largely a *blue* (i.e., absolutistic) organization. That does not mean that Bill W.'s original inspiration was not worldcentric *orange* (i.e., rational) or even higher, in some aspects. "A God of your understanding" is definitely not a *blue* (traditionalist) concept, and the self-governing, egalitarian traditions of AA are not conformist in a *blue* sense. But many of the AA Lower-Left cultural beliefs

and practices are *blue* to the core. Some of these include the centrality of the sacred text (*The Big Book*) which is seen by many as inspired and virtually infallible; the mythic-membership culture—"us" as opposed to the "normies"; the distrust of science and "experts"; and the fact that there is no easy or honorable way to leave the fellowship of AA—to most, leaving AA is the equivalent of relapse or backsliding. These *blue* cultural aspects of AA are a turn-off to many therapists as well as addicts who have a center of gravity at *orange*, *green*, or higher. But the good news is, many of these issues could be overcome quite gracefully if AA would become more integrally informed and begin to support growth into *orange*, *green*, and higher levels of development. Or, more to the point, we could *transcend and include* the positive aspects of AA—the spirituality, the sense of fellowship, the ethic of service—in a more Integral approach.

Some Facts About Addiction

Before finishing up with the types component of the Integral Recovery model, let me say a few things about addiction in general. First, the predisposition to become an addict affects about 10% of the population at large. This predisposition does seem to be passed on genetically. In groups I have facilitated with recovering addicts, one of the questions I often ask is, "How many of you have a history of alcoholism and/or drug addiction in your family?" Normally, all of the participants raise their hands. Certain ethnic groups are more susceptible than others. For example, if you are Cherokee and you use alcohol, it is virtually certain that you will become dependent. It's like playing Russian roulette with all cylinders loaded—a no-win proposition.

Another characteristic of addiction is that it is progressive. It starts out small, gets worse, and eventually takes over the individual's life, in all quadrants and on all levels. This does not mean everyone who uses or abuses these substances is or will become an addict. Those not predisposed for addiction will eventually take stock of the negative consequences and moderate their use or quit. The addict is by definition unable to do this. The addict cannot control the consumption of the substance, nor the behaviors that

function to protect the relationship with the addictive substance. When working with clients who are advanced in the progression of the disease, I often ask the question: "What do you think about 24/7, from the time you get up till you pass out?" Often there is an "aha" moment of self-recognition, and the answer is, "Yes, drugs [or drinking]." The cravings and the urge to take drugs have become all-encompassing. The other thing that experience and time have borne out is that in the great majority of cases, when the line has been crossed into addiction, there is no going back. Once the midbrain or reptilian stem has been hijacked by this condition, one can never safely use any of the addictive substances again. The cravings and dependency take over, just as if there had never been a period of abstinence. In fact, it often looks like the person is making up for lost time: the level of use is even worse than before. And finally, it's predictable (with a great deal of certainty) that, if it goes untreated, the disease is terminal.

These, then, are some important things to keep in mind regarding addiction and recovery from an Integral perspective: genetics; the progressive nature of the disease; that it's a chronic condition; and that it's most often terminal.

Now let's look at etiology. Treating symptoms is often necessary in a triage situation, but insufficient in terms of long-term recovery and optimal health. The five causes that must be addressed in an Integral Recovery model are:

1. Chemical imbalance in the brain
2. Unresolved trauma from the past
3. Negative narrative stories about one's self and the world
4. Inability to cope with the present
5. Lack of purpose, meaning, or connection in one's life[21]

[21] Items 1-4 are adapted from Prentiss, Chris, *The Alcoholism Addiction Cure*, California: Power Press, 2005. I have added item 5 based on personal experience and my reading of David Deida's work, e.g., *The Way of the Superior Man*, Boulder: Sounds True, 2005

One or any combination of these causal factors can lead to an addictive relationship with the particular substance/s. Once the client has crossed the line from use to dependency, the client and the treatment team must deal with the fact that the midbrain or the reptilian brainstem has been hijacked and is dominated by the powerful need to use and take the addictive substance/s, which, in the addict's phenomenological or UL experience, is equated with survival itself. In other words, the felt reality of the addict using drugs is such that taking the substance is no longer a lifestyle choice, but a survival necessity. This is often a hard concept for the non-addict to understand, which has led to a great deal of prejudice and unskillful means in dealing with the problem of addiction.

There is one thing that ties together all of the above causal factors: *stress*. In the UL quadrant this translates into any acute or chronic experience of anxiety, depression, panic, or any form of emotional pain. In the UR quadrant, it translates into an increase in the production of glucocorticoids, an increase in dopamine levels, and a decrease in serotonin (among many other complex interactions). For reasons that are increasingly becoming understood, the brain of an addict interprets this biochemical situation as a life-or-death scenario that can only be alleviated through using the addictive substance, whatever the cost. This is experienced in the UL quadrant as *intense craving*: "I've *gotta* have a drink, take a puff, do a line, take a pill—or I'll die." A full explanation of the biochemistry of addiction is beyond the scope of this paper, but there are some fantastic resources on the subject, e.g., the work of Dr. Kevin McCauley, M.D. and *The Craving Brain* by Dr. Ronald A. Ruden, M.D., Ph.D.[22] The recent research coming out of the National Institute of Drug Abuse is also very impressive.[23]

If we understand stress as the ultimate triggering factor of the addictive craving response, it follows that we can treat addiction by 1) reducing stress in the addict's relationships and life circumstances (LL and LR quadrants), and 2) increasing the addict's stress-

[22] See addictiondoctor.com for more information on Dr. McCauley.
[23] See http://pn.psychiatryonline.org/cgi/content/full/42/13/16 for a summary of some of the latest brain research.

coping skills and interior stress threshold (UR and UL quadrants). This is precisely what the Integral Recovery model is designed to do, through its focus on all quadrants, all levels, all lines, all states, and all types in the individual, and through its use of an Integral Life Practice as the core path of recovery.

Integrating the Healthy Masculine and Feminine

There are many useful personality type systems. I've found the Enneagram particularly helpful (and worthy of a paper itself) when it comes to recovery work. However, the distinction between *masculine* and *feminine* is so crucial it deserves special consideration. Item 5 in the causal factors for addiction above refers to a "lack of purpose, meaning, or connection in one's life." This deals directly with the masculine and feminine dimensions of the disease, and of the recovery process.

When we speak of "masculine" and "feminine," we are not necessarily speaking of a biological "male" or "female." Rather, we're distinguishing the endpoints along a spectrum of attitudes, behaviors, cognitive styles, and emotional energies. One can be a more *feminine* male or a more *masculine* female, or vice-versa, or, androgynously, something in between. We all possess both masculine and feminine qualities, but we tend to embody one or the other type predominantly, depending on many factors, including, but not limited to, our biological make-up.[24]

On the masculine side of the spectrum, it's crucial to rediscover a sense of purpose in life, to have a mission in the world, to be able to give one's unique gifts to the Kosmos. Some higher meaning or value must be *more important* than the immediate gratification of using drugs or alcohol, whether it's art, a meaningful career, or serving others in some way. On the feminine side (and for a feminine individual), there still must be some

[24] That said, there *are*, of course, UR quadrant biological differences between men and women that influence addiction. For instance, the body of emerging data indicates that women are more likely to become addicted due to biological factors in the brain and other organs. (Califano, pp. 135-142) We don't cover the other research in this paper, but it just goes to show, again, the need for an all-quadrant approach.

greater meaning or value, but it's interpreted in relational terms—loving others, being there for them, connecting in open-hearted communion. Of course, both males and females need purpose and connection, but different individuals will emphasize one or the other, based on their sexual/energetic type.[25] In any event, it's essential to work on restoring both masculine purpose and feminine communion for a recovering individual.

It helps to know how one's personality type manifests along the masculine-feminine spectrum, and especially how it shows up in the expression of the disease. In general, the pathological feminine tends to lose a sense of self and over-focus on relationships, while the pathological masculine tends toward narcissism and neglect of relationships. These tendencies are often exacerbated in the lives of middle to late-stage addicts, and need to be brought back into healthy balance, or they will be a source of continuous disequilibrium, stress, and hence, predictably, relapse.[26]

Masculine and feminine types also show up in the relation to the drug itself. Because the masculine tends toward agency and control, it falsely sees in the addictive substance the power to be in charge of any situation, to be successful (socially, sexually, or otherwise), and to be in control one's inner states. The feminine, on the other hand, tending towards relationship and communion, sees in the addictive substance the power to love and to be

[25] David Deida's work is exemplary in this area. See Deida, David, *The Way of the Superior Man*, Boulder: Sounds True, 2005

[26] How might this understanding show up in treatment? We can look, for example, at the feminist critique of Alcoholics Anonymous, namely, that AA was created by white males of certain societal class (that of the successful professional in the 1930s), and that it thus unconsciously promotes a masculine-oriented treatment modality. Almost every step in the Twelve Steps deals with humility and ego-deflation—or the re-establishment of relationship. This is possibly good stuff if the addict is an alcoholic doctor or successful businessman, but it could be harmful if the addict in question is a prostitute living on the street. In the first instance, an ego-deflationary approach might well be indicated; in the second instance, a much more ego-supportive and rebuilding approach would probably be more appropriate. (This is not meant to be a definitive or exhaustive treatment of this aspect of recovery, but rather suggestive of how an Integral model might include these types and dynamics.)

loved, to be relieved of a sense of isolation, and to be emotionally radiant or sexually attractive.

The drug itself can even seem to take on a masculine or feminine "voice." In its masculine mode, it cheers the addict on: "You're the best. You can do anything you want (without consequences). You're in control of the situation." Or as a feminine seduction: "You don't have to suffer. You don't have to feel pain. You don't have to face whatever you don't want to. I'll take away the pain." Of course, this is just the shadow lying to the self. As with Odysseus' sirens, one's life ends up shipwrecked on the rocks if one heeds the sirens' song. One truly loses one's soul to this dark seduction—one's purpose, life task, and deepest relationships are forsaken. In late-stage addicts, one often sees a vacuity in the eyes, the windows of the soul, or what was called by G.I.s in Vietnam, "the thousand yard stare." Thus, the recovery process can also be seen as *soul recovery*.

Bringing it All Together

Body, mind, heart, soul, and spirit. Shadow and emotion. Masculine and feminine. All four quadrants; all available levels. All essential lines; all core ILP modules. Finally, it seems, all the pieces are in place to make the leap to an Integral approach to addiction recovery.

By integrating *body* practices (weight training, yoga, aerobics, diet, supplements), *mind* practices (the AQAL framework, understanding addiction), *spirit* practices (meditation, soul recovery), and *shadow/emotion* practices (therapy, releasing emotions), and by making this a life-long endeavor—i.e., an Integral Life Practice—oriented toward both sobriety and optimal health, my belief is, we're finally covering all the essential bases in the hard work of addiction recovery.

In practice, an Integral treatment program would look something like this:

First, it would start with an Integral assessment process in all quadrants, lines, levels, and types. Where is our client in the cognitive, spiritual, physical, and emotional aspects of their current stage of development? An Integral initial assessment might include the following:

- a thorough physical and nutritional evaluation assessing the overall state of physical fitness and the damage that has already been done through the abuse of the particular substance or substances;

- a psychosocial assessment of current life stressors, mental health issues, relationship issues, and psychological status;

- a family assessment, to examine particular nurturing and limiting functions of this key support system;

- an assessment of the developmental moral/value stage prior to the onset of the addictive process and the current stage center of gravity;

- a Motivational Interviewing (Miller, W.R. & Rollnick, S. 1991) process guided by the client's primary therapist to access intrinsic motivation and help the client identify and overcome resistance to treatment;

- a spiritual evaluation to determine current beliefs,[27] present and prior religious affiliations, and spiritual experiences and practices;

- an evaluation of the basic lines of intelligences from which a current psychograph could then be developed and studied in the context of developing an ILP that is

[27] See Cindy Wigglesworth's work on this subject at www.deepchange.com.

optimal for the client's current needs. For example, an NFL running back that is addicted to pain medication would not start at the same physical exercise regime as a couch-potato alcoholic;

- an all-quadrant evaluation that considers the client's resources, personal, financial, family, religious community support, etc.

Integral Recovery Program treatment planning would include:

- Initiating the client into the program and making them feel welcomed. Beginning treatment can be a scary and traumatic experience for the newly arrived. First of all there is great fear around stopping the relationship with the addictive substance/s, since obtaining and taking the particular drug/s has become the center of the addicted person's life. Questions such as "Can I do this? Will I always feel as bad as I do right now? Who are these people? Can they help me? Do I really want or need help?" An attitude of receptivity, compassion, and respect is important to help the client become enrolled in his/her own recovery process. Massage/bodywork, Reiki, saunas, or sweats can be of great assistance in this regard, through establishing the belief that recovery involves a relief from suffering. Also, a process of Motivational Interviewing is very useful to meet the client where he or she is at, and help the client with their resistances to the growth and healing process, e.g., "What is good about using? What are some of the negatives? What are the negatives about being here? What are some of the good things that could come from this experience?"

- The initiation of nutritional recovery, which could include the appropriate supplements (vitamins, amino acids, minerals, herbs, and essential fatty acids) to counteract the pathological effects of drugs and alcohol on the body and brain, as well as improved diet.

- A series of introductory classes using multi-media to explain the Integral Recovery model, to include the AQAL map.

- Beginning an Integral physical workout practice: stretching (yoga), weight lifting, and aerobic exercise.

- A contemplative/spiritual practice (for a deeper discussion of this subject and its application to recovery, see author's book *Integral Recovery*). Brainwave entrainment technology shows great promise and may be the "missing link" in the recovery world for a transformational and healing meditative practice that can start producing rapid results, by putting the practitioners in states of deep meditation from the start, without having to have years of training and practice. For addicts, waiting for years is not a viable option. The existing data on using this and similar technologies for the treatment of addiction is very encouraging. This technology seems to facilitate healing and relief from trauma and deep-seated depression, often primary causes of chronic relapse for the addict. The data indicates that in the deep theta/delta states of meditation, formerly split-off, repressed material comes into awareness and, with the appropriate therapeutic meditation techniques, can be accepted, acknowledged, and released. This is similar to what may be happening in the EMDR process, but is rarely achieved with more traditional talking therapy. Healing from trauma is a key component of an Integral Recovery approach.

- Using the above-mentioned brainwave entrainment technologies coupled with recorded affirmations is another very promising healing modality, based on the pioneering work of Michael Murphy and George Leonard.[28]

[28] An example of this technology would be *Profound Relief from Stress & Anxiety*, available at Sounds True.

- Individual therapy and group therapy would continue as in traditional treatment, but should be a great deal more energized and effective as the synergistic effects of the other Integral Life Practices would deepen the level of participation and engagement. There would be *a lot* to talk about, process, and integrate. In my residential work with students and clients, we do our therapeutic process groups immediately following an hour of meditation enhanced with brainwave entrainment technology. This has proven to be a beautiful marriage of technique and technology.

- Wilderness as a context and part of the Integral Recovery Program is another option. Years of experience and research has borne out that therapeutic wilderness journeys can have powerful transformative effects. Much has been written, and research sponsored by OBHIC (Outdoor Behavioral Healthcare Industry Council) has shown that bonded, trusting relationships happen much more rapidly and at a deeper level in the wilderness milieu than in any other traditional residential treatment modality. In addiction treatment, this bonded, trusting relationship is essential in creating the pre-condition for growth and healing to happen. Other benefits include learning humility before the grandeur and impartiality of nature, working together with others, and a host of other lessons that facilitate the move from pathological ego-centrism to a more caring response for self *and others*. The potential for spiritual awakening is greatly enhanced during prolonged forays into the wilderness. Baker Roshi is quoted as saying that "enlightenment is an accident, but meditation makes one more accident prone." For years I watched students become much more "accident prone" sleeping under the stars, sitting around the fire, and journeying through the canyons, mountains, and deserts;

- Another important aspect of an Integral Recovery program is family involvement. Family systems theory has long recognized that individual pathologies do not happen in a vacuum, but are created and flourish in the "inter-subjective" dimension, the Lower-Left quadrant. It is understood that addiction is a family

> syndrome, with different individuals playing their part in the dance: the addict, the enabler, the martyr, and so forth. The job of Integral treatment is not just to treat the "identified patient," but the whole family. Part of this approach with family would mean that an Integral Life Practice would be prescribed for everyone. Everyone becomes involved in his or her own practice and awakening process, as age, type, and stage appropriate. This will create movement, change, and no doubt quite a bit of chaos, to facilitate the whole system to move to a higher state of functioning.

As stated above, I believe that personal (and transpersonal) growth in all the essential lines is a survival imperative for any addicted person. It really comes down to, "transcend and live or stay stuck and die." This is one of the joys of working with addicts: there is a "do the work or die," no bullshit quality that can be extremely clarifying—as opposed to "Well, yes I think that meditation would be a nice addition to my lifestyle." Not that there is anything wrong with taking it easy. But there is something about an attitude that says, "My existence depends on my practice," that gets results and kicks the motivation to a whole other level. To both the mystic and the recovering addict, the search for God is an existential imperative.

This Integral Recovery model is just now being born, but it is already demonstrating powerful results. Our ongoing work will expand the model, both experimenting with new components and gathering additional data. In the meantime, we keep doing our practices, cutting a deeper groove for Integral approaches to sobriety and health, freedom and fullness, awakening in the Kosmos as who we truly are.

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Biography

John Dupuy began his guiding work in 1984. He has a Bachelor's degree in Modern Languages from Texas State University and is fluent in English, Spanish, and German. John is a veteran of the U.S. Army, serving in Germany as a military police investigator. He has a Master's Degree in transpersonal psychology from JFK University and is a lifelong student of spirituality and comparative religions. John has worked for many of the premier wilderness schools in the country, and is one of the founders and creators of Passages to Recovery and Open Sky Wilderness. John has been a pioneer in the field of addiction treatment in the therapeutic wilderness industry. In addition, he is a dedicated student and teacher of Integral theory and practice as well as being an ILP practitioner. John is the author of the award-winning book *Integral Recovery: A revolutionary approach to the treatment of alcoholism and addiction*, published by SUNY Press in 2013, and a singer/song writer who incorporates his music into a healing art.

Marco Morelli is an independent Integral scholar and writer. He was a member of the start-up team that launched Integral Naked, along with many other groundbreaking projects at Integral Institute. He is a co-author of *Integral Life Practice: How to design your own training program for body, mind, and spirit* (Integral Books, 2008). Marco's personal website can be found at *www.Zoosphere.com*.