Taking an Integral and Eco-contemplative Perspective on the Phenomenon of Addiction in Dislocated Societies: Beyond “Acceptance” and Towards Soul-making in Non-dual Awareness

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Abstract

This dissertation is an attempt to think more broadly and deeply about the phenomenology of addiction in dislocated societies. It introduces integral philosophy and its approaches to recovery by bringing awareness to what needs to be addressed and added to acceptance based aftercare programs and curriculum development. Based on the proposed philosophical exploration, this dissertation examines and expands the term ‘psychological flexibility’ to include psychocultural diversity and psychosocial integration. The new Integrative Recovery Measure (IRM) is then explored throughout the dissertation.

Moreover, this dissertation places the new IRM within the purview of a philosophical inquiry that examines holonic fields of human existence (the total spheres, the ecosphere and the noosphere) and their contact points (non-dual awareness, eco-psychology and soul making, respectively). These contact points become core perspectives that are always within awareness and thus can be used by clients’ post-treatment. They provide a fluid, caring and creative stability when it is needed most in the form of non-dual recognition, a secure attachment to the natural world, inner work, and soul making.

Keywords: Contemplation, Dislocation theory, Deep Ecology, Inner work, Integral Theory, Integrated recovery measures (IRM), Non-duality, Soul Making, Psychocultural diversity, Psychosocial integration, Distress, Psychological flexibility.
Dedication

To the clients I work with daily—I see your struggle as a birthing process. You inspire me, awake in me everything that is good about myself, and I am honoured to walk with you in the realm of the soul.

And to life.
Acknowledgements

I wish to start with my wife, Saskia Tait, for her unwavering support, love and trust. I would not have finished this degree without you! To my daughter, Annika, to whom I made my commitment to become the best person I could be. I also would like to thank my parents who financially supported me to finish my Ph.D. and were always available when I needed them. A big “Thank you” goes to my mentor and Ph.D. supervisor, Dr. Heesoon Bai, for her consistent care, uncompromised standard for thesis writing, psychological nourishment, and trust. Thank you so much for all the creative ideas, perseverance, and adjustment to the dissertation that made it better. Gratitude also goes to my second committee member, Dr. Charles Scott, for whom I have deep approbation as a person and a scholar. And to my other mentor and third member on the committee, Dr. Avraham Cohen, who trusted and believed in my abilities. Your insights and perspectives helped me to expand what is possible! Thank you all for your willingness to read the thesis and provide feedback, and for all the enlightening ideas, knowledge, and passion as my committee member. To Sean Park and Tom Culham who are part of X-pod: thank you for always pushing me to see more of life! To my friends, co-workers, and community: without you, I would have graduated with much more stress and burnout. Additional thanks goes to the Orchard Recovery Center for letting me take time to finish the writing. Finally, to the earth, to Soul and to God for letting me BE That which I AM. May this work help to awaken all of us to become who we are and what we can become!
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<tr>
<td>ACT</td>
<td>Acceptance and Commitment Therapy</td>
</tr>
<tr>
<td>AQAL</td>
<td>All Quadrants, All Levels</td>
</tr>
<tr>
<td>DBT</td>
<td>Dialectical Behaviour Therapy</td>
</tr>
<tr>
<td>IER</td>
<td>Integral Evolutionary Recovery</td>
</tr>
<tr>
<td>IRM</td>
<td>Integrative Recovery Measure</td>
</tr>
<tr>
<td>MBCT</td>
<td>Mindfulness-Based Cognitive Therapy</td>
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<tr>
<td>MBSR</td>
<td>Mindfulness-Based Stress Reduction</td>
</tr>
<tr>
<td>PTSD</td>
<td>Post Traumatic Stress Disorder</td>
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<tr>
<td>SCR</td>
<td>Sustainable and Comprehensive Recovery</td>
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Glossary

(I) Individual internal (see AQAL Matrix)
(IT) Individual external (see AQAL Matrix)
(ITS) Collective external (see AQAL Matrix)
(WE) Collective internal (see AQAL Matrix)

Acceptance and Commitment Therapy
A “manualized cognitive-behavioural approach that targets ineffective control strategies, suppression, and experiential avoidance— which are the unwillingness to accept negative thoughts, feelings, and emotions” (Heffner et al., 2003, p. 379)

Addiction
Alexander (2010) explains: Addiction 1—Overwhelming involvement with drugs or alcohol that is harmful to the addicted person, to society or to both; Addiction 2—Encompasses addiction 1, and non-overwhelming involvement with drugs or alcohol that are problematic to the addicted person, society or both; Addiction 3—Overwhelming involvement with any pursuit whatsoever (including, but not limited to drugs or alcohol) that is harmful to the addicted person, society or both; Addiction 4—Overwhelming involvement with any pursuit whatsoever that is not harmful to the addicted person or to society (p. 29).

AQAL Matrix
Wilber’s (2000) integral, or what he calls the AQAL matrix (“All quadrant, All levels”), covers the physical, mental, and spiritual levels of reality from the perspectives of four quadrants: (1) The “I” quadrant is a spectrum that begins from a pre-conventional notion of ego, through the stages of ego development, expanding all the way to a unified consciousness with nature, the Cosmos or even “God.” According to Wilber, the ultimate “I” development is the realization of the non-dual view; (2) The intersubjective/relational or second person perspective (We). The “We” quadrant includes all the cultural, relational and intersubjective influences between two or more subjects. It also scales from complete alienation to a radical “I-Thou” moment with the “other” (person or nature); (3) The objective, external, or third person perspective (It); The singular “It” quadrant is that of the objective observer, free from interpretation, logical-reductionistic, meaning all aspects ones physiology; (4) The “Its” is the collective-exterior dimension (Wilber, 2000) and it includes the external world.
<p>| <strong>Chronosystem</strong> | The ecology of childhood that is always changing with time, thus a need for longitudinal perspective on human development (Brendtro, 2006). This chronosystem relates to the dimension of time, in the individual’s environments. |
| <strong>Circles of Influence</strong> | Microsystem, Exosystem, Mesosystem, Macrosystem, Chronosystem. |
| <strong>Dislocated Society</strong> | Dislocation is the lack or loss of psychosocial integration in one person or, in some cases, within society (Alexander 2010). |
| <strong>Ecosphere</strong> | The planetary ecosystem (which literally translates as ‘home’). The biosphere of the earth (or another planet), especially when the interaction between the living and nonliving components is emphasized. |
| <strong>Exosystem</strong> | The Exosystem is comprised of the larger formal and informal social and political institutions in the individual’s life. It defines the larger social systems that act as negative or positive forces on the child's life. |
| <strong>Integrative Recovery Measure</strong> | Includes ‘psychological flexibility’, ‘psychocultural diversity’, and ‘psychosocial integration’. |
| <strong>Macrosystem</strong> | Bronfenbrenner understands the macrosystems as “society’s ideological blueprint and includes the cultural beliefs and encompasses its economic, social, legal, political, educational, religious, and family institutions” (Verrecchia et al., 2010, p. 224). |
| <strong>Mesosystem</strong> | Mesosystem is not a definite structure among the nested tiers, but the relationships between two or more contexts in which development takes place. |
| <strong>Microsystem</strong> | The relationships between two or more contexts in which development takes place. The mesosystem reflects the mutual influence of the various structures on the individual and the individual on the structure (Hoare, 2009, p. 83). The importance of the mesosystem lies in the different and even contradictory experience an individual may have in different microsystem settings (McHale, Dotterer, &amp; Ji-Yeon, 2009, p. 1187). |
| <strong>Noosphere</strong> | From the Greek word <em>nous</em>, meaning “mind,” can be understood as the development of the collective memory or consciousness (Vilas, 2008) that expresses itself in human culture and society. |</p>
<table>
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<th>Term</th>
<th>Description</th>
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<td>Psychocultural Diversity</td>
<td>Key factor in our collective and personal psychic strength (Cohen, Bai, &amp; Rabi, 2015). It can be explained as the sense of identity and belonging to the “We” space—the global orientation toward intersubjective relationships, cultural themes, and cultural norms. I define psychocultural diversity as the existence of a healthy and growing capacity to hold diversity of imagery, mythology, and perspectives within consciousness. On an individual level (I), psychocultural diversity includes at least five aspects of the psyche: greater depth of subjectivity, expansion of (personal and non-personal) creativity, somatic integration, transformation (personal unity as soul) and psychological development.</td>
</tr>
<tr>
<td>Soul</td>
<td>The soul can be described as the “unknown component which makes meaning possible, turns events into experiences, is communicated in love and has a religious concern” (Hillman, 1975, p. x). I also deeply appreciate Grange’s (2011) view of Soul as an act of “expression that reveals the creativity lying within the womb of reality... Soul is at its most real when it can creatively integrate its various dimensions of desire, feeling, will, and reason” (p. 2).</td>
</tr>
<tr>
<td>Psychological Flexibility</td>
<td>Term developed by Acceptance and Commitment (ACT) theorists (Hayes et al., 2006). The six core aspects of psychological flexibility are acceptance, diffusion, contact with the present moment, the observing self, values, and committed action.</td>
</tr>
<tr>
<td>Psychosocial Integration</td>
<td>Psychosocial Integration is a term coined by Alexander in his research on addiction and globalization (2010). Psychosocial integration allows for social inclusion and a sense of belonging where the full spectrum of human needs can be met.</td>
</tr>
<tr>
<td>Total Sphere</td>
<td>The non-dual field or what is sometimes called ‘Spirit’.</td>
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Prologue

Addiction is in us and between us. Addiction does not happen only to ‘those people’; it is a phenomena that all humans, living in conditions of civilization, end up facing one way or another—from drugs and alcohol to sex, gambling, shopping, and even addiction to behaviours and thought patterns—we all ‘meet the beast’ at one point or another in our lives. The outcomes are often devastating to the people we work with and their families. Those who work in early recovery and in treatment centres know the struggles that clients have with controlling their urge to use alcohol or other substances even when they understand how devastating the results may be in their lives and on those of their families. It is as if they know what is good for them, accept it, and do the opposite.

As a recovery researcher, program developer, and therapist, I see people struggle with physical and psychological cravings, and self-doubt. In my role as the Clinical Program Director of a treatment center, I see clients relapse all too often. Some relapse to their drug of choice and others to new forms of addictions. I often find myself frustrated with and saddened by clients who I believed would stay committed to their recovery, only to learn that they relapsed and, in some extreme cases, have passed away. In the past three years, I have lost six clients to overdose (two clients died while reviewing my draft dissertation).

Each time I heard the news about another client dying of their addiction, a real sense of sadness and failure came over me. I felt sadness for the loss and a sense of failure that I was not successful in providing them with the tools and emotional support they needed after leaving the
center. I’ve had to process these feelings with my peers and supervisors, which motivated me to dig deeper and commit additional effort to developing better programs and curriculum for relapse prevention (or at least to understand the limitations of my current world view). Thus, the questions that are asked in this dissertation are not only about improving curriculum and theory. They are also about saving lives. With this deadly (pun intended) serious intention, I turned to my own personal and lifelong research for clues to the answers that I was seeking: integral and ecological philosophy and non-dual wisdom.

“Taking an Integral and Eco-contemplative Perspective on the Phenomenon of Addiction in Dislocated Societies: Beyond ‘Acceptance’ Towards Soul-making in Non-dual Awareness” is not just the title of my dissertation. Integral theory and the ecological view and contemplative lifestyle are literally my personal and professional passions and my own life supports, and they have been so for many years. Inquiring into, and growing familiar with, what is so typically taken for granted or even unidentified has been instrumental to my personal growth, the enrichment of my human experience, and to healing.

These three fields of being—the integral, the ecological and the contemplative—were critical to my own emotional, spiritual, creative, and ethical development as a human being. In search of psychological well-being and spiritual freedom, I have been meditating for almost twenty years, learning from great teachers in India, Nepal, Thailand, and Israel, living as a monk, participating in intentional communities, and taking part in long silent retreats. I have also been
teaching mindfulness and meditation in educational settings for the past ten years, and have created (alongside my wife) a not-for profit organization that teaches mindfulness.¹

I have experienced firsthand the profound impacts that a mindful life of contemplation and non-dual recognition can have on oneself: for example, in my youth, I suffered from anxiety, phobias, and depression. Through rigorous training and committed practice, I can happily report I now have (almost) none of these symptoms, although I still always welcome them as visitors.

I have also participated in and led (and continue to lead) groups that are dedicated to enriching and expanding human consciousness and psycho-cultural diversity using group work, art, dance, clown work and other modalities. I have worked closely with Dr. Avraham Cohen, Dr. Heesoon Bai and others to explore inner work within communities. I have also been leading inner work groups on Bowen Island and in workshops around BC. I have witnessed the transformational power of these groups and continue to be amazed at the innate capacity of people to heal and grow.

Through my long solitude retreats in nature and my academic research, I have woken to the profound interdependency, and connection we share with the natural world. The psycho-ecological insights that are woven throughout this dissertation are testaments to how truly transformative my dialogue with the natural world has been in my life and in my academic writing. Walking down a road on Salt Spring Island (after a shamanic practice of staying within a

¹ The term mindfulness will be explored extensively in Chapter Two. I agree with Potek (2012) when he described mindfulness as “a technique incorporating meditation and a particular mental orientation to experience that encourages becoming aware of present-moment experience in a way that is non-evaluative and minimizes over-engagement with thoughts and feelings. Extensive research with adult populations has documented a variety of therapeutic benefits including improvements in anxiety, stress management and improved emotion regulation skills among a variety of other applications” (p. 73)
confined space for three days in the forest), I recorded myself going through a heightened state of awareness:

*The most magical moments, the moments when I have utterly devoted myself to the place,* are the times when I have fallen deeply in love with life.... My chest hurts from love—my eyes are focused on the seed flying in the wind. This flying seed is dancing for the universe, the butterflies, the wind, the sound of the leaves. Everything is so awake [crying], and painfully beautiful. No wonder we don’t want to feel this way all the time, it is actually overwhelming (Rabi journal, 2013)

I see the people I work with and their families as spiritual warriors battling to overcome a condition that is destroying their lives and dramatically affecting others in direct and indirect ways. They are battling not only to ‘get better’, but also to thrive in life and with meaning for themselves and for others. The spiritual warriors of recovery use awareness, vulnerability, (self) compassion and embodied insight as their ‘weapons’, and the soul as their healing ground: I am forever grateful to be their guide.

My deepest aspiration is that the years of research that I have invested in this endeavour will be of benefit to those who are in need, and will service those who work in the field of addiction.

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2 The ‘place’ [Hamakom] in Hebrew (which is the original language I spoke on this recording is also a name of ‘God’. More on the usage of this idea, please see page 26.

3 Please note that when I write ‘Rabi journal,’ I refer to my unpublished journal entries, and when only ‘Rabi’ appears, it refers to those journal entry quotations that were cited in my MA thesis (2015).
Purpose of dissertation

Addiction is not only a disorder but also a symptom of human struggle. As such, my dissertation’s double-contribution (or interdisciplinary contribution) is at its core an intention to show the bigger issues of dislocation. Although clinical issues regarding relapse prevention will be addressed, the effects of dislocation on people in any circumstance and at any stage of recovery and healing are at the heart of my work. The three-fold alienation process—from the self, Community, and Nature—will be explored and a deeper understanding about human life and being will be pursued.

I am interested in improving the resiliency of people in early recovery through new psycho-educational insights, program adjustments, and effective curriculum. I believe that a clear (re)definition of the multidimensional challenges inherent in recovery, with the support of an integral lens (du Plessis, 2012; Wilber 2000a), can help addiction centers (and other health care providers) to develop better relapse prevention programs. As I will show, such programs will be rooted in what Gregory Bateson (1978) calls patterns that connect. This will then support clients to develop more flexible and adaptable coping skills.

My work is committed to the evolution of the field of recovery by reminding (and educating) health care providers about core holonic and multidimensional qualities of human existence and life at large, where every perspective of life (subjective, objective, cultural, structural) is honoured and addressed within curriculum development. A holonic paradigm can be visualized as: (1) a Russian doll (matryoshka) because of its nested qualities, ranging from the “big” picture and scaled down to the minutia of day-to-day therapeutic interventions; (2) a spectrum of psycho-educational knowledge; and (3) an interconnected grid representing a
multiplicity of truths co-existing in recognition, co-creating with consciousness and co-defining human reality.

My intention is to use the integral vision as a platform from which I can dialogue with the main themes of the dissertation. These include dislocation and distress in early recovery. Both go beyond addiction and speak to the current challenges most of humanity is facing. The integral vision covers what is considered by many to be the fullest known spectrum of cosmic and human evolution (Shealy, & White, 2013; Wilber, 2000). The spectrum includes: the inner life of the individual (I); his or her unique body-mind (IT); social and cultural context (WE & ITS); and the relationship to the natural world. I believe that any recovery model that does not take these domains of the spectrum into consideration is excessively narrow, and therefore is insufficient in being a theoretical ground for curriculum development. Wilber (2000) calls this multidimensional perspective the “All quadrants, All levels” (AQAL) matrix.

It is particularly important to recognize the integral platform in cases where psycho-educational interventions within the program overlook the phenomena of alienation and dislocation (WE & ITS) and focus extensively on inner (and individualistic) healing and recovery (I, IT), as in in most acceptance-based therapies, or when the focus is exclusively on behavioural/pharmacological solutions (IT) (Shealy & White, 2013).

I am suggesting that program developers re-think what should be taken into consideration when developing curriculum for relapse prevention. This, I propose, can be done by transcending already established and well-researched personalized and holistic psycho-educational methodologies toward a more integrative view to long-term recovery by including contextual
concerns and a wider ‘topography’ of what sustainable and comprehensive recovery (SCR) can look like.

I will make the point that treatment centers and health care providers have a clinical, educational, and ethical responsibility to introduce clients to aftercare programs that go beyond client-centred, holistic, and even acceptance-based approaches, because the issues clients are facing once leaving the residential treatment are much bigger than what individuals and (even) communities can deal with.

I will display the importance of program planners thinking of recovery as a reciprocity process, where clients recover together with (as well as within) their communities and in relation to the natural world. I also provide research that speaks to such expansions of understanding in relapse prevention programs. As such, the proposed integrative recovery model is as much an ethical standpoint and spiritual work as it is a psycho-educational requirement, because its outlook includes unseen challenges (that must become seen) and un-thought-of opportunities (Patten, 2013) in an era of increased isolation.

One example that illustrates the importance of the integral view is the effect of globalization and neoliberal values on people and communities (Alexander, 2015; Ghaumi, 2014; Sharpley, 2014). With so much reported social, cultural and technological change, there are growing concerns that we are not only losing biodiversity but also instigating the decline of our psychocultural diversity and psychosocial integration. According to Bruce Alexander (2010),

Kotz (2002) defines Neoliberalism as “both a body of economic theory and a policy stance ... Neoliberal theory claims that a largely unregulated capitalist system (a “free-market economy”) not only embodies the ideal of free individual choice but also achieves optimum economic performance with respect to efficiency, economic growth, technical progress, and distributional justice” (p. 64).
this leads people to a sense of alienation and increased psycho-spiritual disturbance, which, in turn, produces avoidance strategies that may lead to substance misuse and substance abuse.

Consequently, I will argue that when we develop recovery programs in general and aftercare programs specifically, we should include the full range of the AQAL model and its ability to integrate depth, span and complexity. Again, this outlook is as much an *ethical as well as ontological and spiritual standpoint* because the integral model challenges our views around who we are and what we can be (Patten, 2013; O'Connor, 2013; Winton, 2013; Divecha, & Brown, 2013).

It is essential to mention that my dissertation is not proposing a new therapeutic model, nor is it a clinical thesis. There are plenty of good theories, integral and otherwise, that do a wonderful job of helping clients with understanding, diagnosing, and healing substance abuse. Rather, my dissertation addresses factual and ethical concerns when developing aftercare and relapse prevention programs and curriculum. This is to say that my thesis is not focusing on clinical intervention but instead is shining the light on current gaps within program development that can be addressed. It goes beyond the narrow clinical point of view to include spiritual, humanistic and existential concerns that each and every one of us has dealt with or will need to deal with at some point.

As such, it is intended to support educators, therapists and program directors alike in their search of bigger and wider perspectives. My hope is that some of the philosophical insights

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5 Again, I am not offering a ‘new’ theoretical curricular model. I will then show how program leaders, clinicians and educators can address these concerns in aftercare programs.
presented in this dissertation will help treatment centers and other health care providers to develop a more sustainable and comprehensive recovery (SCR).

**Methodology**

In this dissertation I chose to engage in three main research methods: heuristic inquiry (Moustakas, 1990, 1994), phenomenological writing (Green, 2004; Snowber & Wiebe, 2011) and Autoethnography (Jones, 2005). Heuristic inquiry is a demanding exercise (Hiles, 2001) and I did (eventually) surrender to a process that took me on a different path on my PhD. journey than the one that I started with almost six years ago. It is interesting to note that following the qualitative methodology I chose, my research questions and perspectives changed after my retreats and data collection; before my 40-day retreat, I focused on ‘nature’s betrayal,’ the idea that we were ‘abandoned’ by nature and therefore felt innocuous rage toward it. However, once my 40-day retreat was over, that idea transformed (and I believe ‘matured’) into the theory that the natural world can be viewed as a source of secure attachment (Chapter four).

My personal and professional life are invested in this research, so it felt natural to invite my journal entries, contemplative inquiry, and my retreats in nature to be in relationship with the third-person research as a personal call for action to those who work in recovery. I have integrated a first-person voice throughout the dissertation (mostly from my retreats in nature) to enrich the writing and to bring a personal (and political) dimension to the research. Some of my writing was adapted into the body of the text and some was quoted. Most of the material was originally written in my native language, Hebrew, and then translated to English (by myself). Some of the subtlety of meaning may have been lost in translation.
It is also important for the reader to know that I used my footnotes not just to point to source materials or to comments about source materials but, additionally, as an extension of my main text (so as not to burden and block the flow of the main text). The footnotes reveal multi-layers of thinking (aloud) and reflecting, often commenting on my own ideas and thought processes.

In order to better understand my research questions and intentions, I engaged in what is called a ‘tacit process’ in which I have collected data and processed all of my journal entries comprised of notes from the retreats and my academic work, which eventually created (or uncovered) ‘whole experiences’ (Moustakas, 1990). I used the Evernote application on the computer to tag my writing and weaved together in a ‘creative synthesis’ all of my personal and academic research (inner work, contemplative practices, art-based inquiry, retreats, and journal writing) to organize the emerging themes and patterns. Through self-inquiry and dialogue with others (Moustakas, 1990), new contemplative, integral, and ecological insights were born.

The first and most important step I took in writing this dissertation was to simultaneously write an MA thesis titled “Psychological Flexibility and Sustainable Recovery in Early Recovery Within Residential Treatment Centres.” I pursued both my (second) MA program and Ph.D. program of studies at the same time so that I could build upon the research in my MA for my Ph.D. dissertation. (I hold another MA degree from a university in Israel, for which I wrote my thesis on mindfulness, sense of coherence, and recovery). What was the core discovery in my

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6 Some of the themes include myth, soul, ground (earth), earth, self/God, monarchy/ego, local ecology, abstractions, Anima Mundi, Unus Mundus, world consciousness, experience, wonder, sensuousness, awareness, body (flesh), listening, social context, man as microcosm, religion, depth, immediacy, kaya, freedom to imagine, emancipation of the imagination, oneness and multiplicity.

7 From City University of Seattle in the Master of Counselling program.
MA thesis has become the groundwork upon which my Ph.D. research is built. Therefore, some passages in the introduction, Part One and Two have been quoted (see ‘Rabi, 2013’ to reference personal quotations from my thesis) or were integrated into the text from my Master’s thesis in the Master of Counselling program.  

The second step of my research included a 40-day contemplative retreat in the woods of Salt Spring Island, five short research retreats on Bowen Island, and 250 hours of art-based inquiry through clown work and daily journal entries. The third stage consisted of thematic analysis, and the interpretation of the data accrued in the first step. 

It is important to mention that my intention is not to become an expert myself in all of the subjects I present in my dissertation, but rather to bring the experts into a dialogue to promote an integrative approach to recovery. My style of writing, I note, is syncretic and eclectic, and I am taking a multicultural and integrative approach. In other words, my work has more to do with creative synthesis than expertise. Although I use many psychological terms and psycho-educational research, I still locate myself as a researcher in the field of education, specifically, in the field of philosophy of education: I wish to contribute to the evolution of consciousness by developing better programs and better curriculum—education addresses this. In this sense, I am an educator in my heart. Indeed, I use clinical interventions with my clients, but, more importantly, I also ‘serve the Soul’ by being a ‘midwife’ for spirit. Therefore, I genuinely feel much more at ‘home’ in the Faculty of Education than in the Department of Psychology.

8 I discussed the use of my MA thesis for my dissertation with my Senior Supervisor, Dr. Heesoon Bai. She was supportive of this ‘piggybacking’ method.
9 It is noteworthy that the root of the word ‘therapist’ (therapeia) means, in Greek, to attend or serve.
The separation of psychology, spirituality, education, and meditation into fields of knowledge is important to developing expertise and depth. Still, I do feel that the fragmentation of these disciplines should be questioned. If we locate them on a scale—from total division and compartmentalization to full integration—we will be able to see that they not only dialogue but merge and influence each other. This is how I view my work and how I engage with clients and students. With that in mind, I locate this work as a fluid inquiry on the whole spectrum of multidimensional research. I reflect on this notion in my journal:

*Whenever I was lucky enough to meet an insight, I was delighted because these were the moments when I noticed my writings to be the most alive and when I felt that I was writing together and for the ‘Other’ (a person, the culture in which I live and work and the humanity at large). These were the moments when ‘psychic mutations’ occurred (One can call these psychic mutations also ‘insights’ or ‘revelations’. It seems to me that our psychic life resembles the quantum field more than Newtonian rules)—a kind of leap into new psychic territories that excited my imagination and brought to life the dimension of embodied soul making from which I discovered the passion and interest to research, synthesize, and write about these fields of interest. (Rabi journal, 2015)*

I assume that some readers will find the notions above anachronistic, pre-modern, and even romantic, lacking relevance to more cutting-edge research from neuropsychology (IT) that is de rigueur today. I tend to agree! I am bound by my cultural background (growing up Jewish and
Israeli), my spiritual interests, personal agendas, and developmental stage. Nonetheless, to critique my work only in this way would result in overlooking the bigger narrative that integral thinkers wish to address: that life is holonic, its depth endless, and its span unreachable. Every insight, truth, or perception is nested in and on something else, in a grid that is timeless and boundless. In this cosmic map, it may be misdirected to think we are ‘arriving’ anywhere.

Major sources & theoretical lenses

The major ideas presented in this dissertation are complex, and so I have done as much as I could to be lucid in my arguments and structure. I have done a certain amount of careful research, but I am still very much open to criticism and dialogue. I will be the first to admit that I am not a specialist in Buddhist scripture, recovery research, or ecological perspectives.

Be that as it may, I have committed the past twenty years of my life to inquiry and learning. I hold two master degrees on addiction, mindfulness, and relapse prevention. I have

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10 I write about my identity in my journal: “I was born, circumcised, and then became an unwitting member of an ancient tribe that after 2000 years was united in its “homeland,” which is today called Israel. I learned that I was member of a “chosen people,” the masters of the land, a people of the Bible. An Israeli. This was the story I was told as a child, and through osmosis it became my ethnic identity. It was the fabric that united everyone around me as I was growing up. Many words come to my mind as I consider this “story”: Zionism, Holocaust, Wars, Pogroms, Herzl, British, Israeli movies, food, public singing, Israeli dance, Bible, Israel Defense Forces (IDF), the Generals, Rabin, Channel One, Kibbutz, etcetera. All of this nostalgic propaganda was woven into the fabric of my life, and became central to my sense of identity. I grew up in a cultural environment that had clearly defined ideas about what is right and what is wrong. Through schooling, the celebration of frequent Jewish and national holidays, and the government-owned media (at that time), I was indoctrinated and came to take more or less for granted a clear set of values. These include solidarity, sacrifice, national pride, family and community values, and so on. These values were derived from a powerful dance between Western, Jewish and nationalist (esp. Zionist) narratives. But these aspects of the story form only the tip of the iceberg. Underneath this casing is a tangled, repressed dynamic that has been coming to the surface only in the past few decades. Divisive issues of political and religious orientation, skin color, gender, ethnicity, and education subdivide the population of Israel into sects with unspoken but nevertheless deeply entrenched hierarchies. These shadow aspects of my culture were at least equally as powerful in shaping my identity, values and systems of belief. These shadows formed the boundary of my social and cultural personality. That is to say, as I came to define my values and beliefs according to my culture, I also had to define what I was not. I was not an Arab, Bedouin or any other of the small minority populations. I did not have anything to do with “them” and “their” culture. I was born to a privileged, elite Jewish family—the son of the dominant culture in my neighborhood, city and state.” (Rabi journal, 2011)
also committed the past five years to do the best I could to immerse myself in the field of addiction research, integral research, inner work, eco-psychology and contemplative learning. As the Clinical Program Director of a major addiction recovery\textsuperscript{11} centre in Canada, I have been developing integral recovery programs and collecting daily, weekly, monthly, and yearly feedback from our clients. I have also produced two evidenced-based (internal) reports on the effectiveness of our programs and have been developing qualitative and quantitative methodologies for research in my work place.

I consider my approach to this thesis to be mainly philosophical as I engage in reflecting on and interpreting some key concepts from five main theoretical lenses (see below) that all address my research problem and purpose:

\textbf{First,} I covered key elements from Alexander’s (2010, 2012, 2015) dislocation theory and Bronfenbrenner’s, (1992, 1995, 2005) ecological systems theory. Reviewing both theories in Chapter One will help to inform the reader about one of the main ‘circles of influence’ (Bronfenbrenner, 2005) that are affected by global change. This will support the reader to see the challenges inherent in developing relapse prevention protocols in early recovery—challenges that I hope my dissertation will address. I have chosen to focus mainly on three out of the four concepts of addiction developed by Alexander (2010). I chose these three ways of understanding addictions because they fit the focus of this dissertation. These definitions are: (A) Addiction 1: overwhelming involvement with drugs or alcohol that is harmful to the addicted person, to society, or to both; (B) Addiction 2: encompassing Addiction 1 and non-overwhelming

\textsuperscript{11} For more information about the term ‘Addiction Recovery’ see White’s (2007) definitions and conceptual boundaries.
involvement with drugs or alcohol that are problematic to the addicted person, society, or both; And (C) Addiction 3—Overwhelming involvement with any pursuit whatsoever (including, but not limited to drugs or alcohol) that is harmful to the addicted person, society or both (Alexander 2010).  

Second, a great portion of Chapter Two relies upon Buddhist theory (Dowman, 2006; Epstein, 1999; Finn, 2007; Goleman, 1993; Grabovac, Lau & Willett, 2011; Kornfield, 2008; Magid, 2005, 2007; Preece, 2006; Rundnick, 2007; Welwood, 2000) mindfulness theory and acceptance-based treatment and intervention (Boyce, 2005; Bruce et al., 2010; Kabat-Zinn, 2005; Nisargadatta, 2005; Shapiro & Carlson, 2009; Siegel, 2009), mindfulness in the field of addiction (Bowen et al., 2007; Gifford et al., 2004; Linehan et al., 1999), acceptance and commitment therapy (ACT) in the field of addiction (Hayes et al, 2010; Harris, 2006; Heffner et al., 2003; Montgomery, Kim, & Franklin, 2011. Luoma et al., 2011), and the term ‘psychological flexibility.’ Acceptance-based treatment offers a shift from traditional western therapy because of it emphasis the already perfected nature of the mind. In order to better contextualize the six core principles ACT (developing psychological flexibility), I offer an in-depth exploration in the

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12 The fourth definition of addiction is focused on “overwhelming involvement with any pursuit whatsoever that is not harmful to the addicted person or to society” (Alexander, 2010, p. 29). Alexander’s four contemporary ways of using the word addiction is a helpful start to the so needed conversation. For example, Alexander writes, “Some people found themselves labeled ‘addicted’ in this loose sense (Addiction 2), simply because they used a drug from time to time that had been labeled ‘addictive’ by their society” (p. 33). This kind of insight can help liberate us from limited and limiting preconceived notions and support the growing understanding of how complex the field of addiction is. I will be using the term addiction throughout the paper in the same way Alexander is using it.

13 I (Shahar), engage in mindfulness practice as a human being, practitioner, and a therapist who works in the field of addiction. In mindfulness practice, one’s attention is focus (and yet open) to receive the present moment experience, without identifying automatically with judgments or reactivity (Ruth, 2006). This moment-to-moment observation can be developed through a regular practice of meditation, which in turn increases positive qualities such as “awareness, insight, wisdom, compassion, and equanimity” (Ruth, 2006, p. 27). There is no need to change anything in consciousness but just to “pay attention to the ways of the mind” (Fenner, 2003, p. 27). Harrer (2009) points out that research into mindfulness shows that different types of meditation cultivate different states of conscious. He wrote, “There are different patterns of activation in the brain if a person is concentrating on a mantra or an image, or is in mindfulness-meditation, or labeling affects, or in a state of loving-kindness or compassion” (p. 241).
second chapter of these terms (especially acceptance, diffusion, contact with the present moment, and the observing self) through a review of relevant literature on mindfulness and acceptance based treatments and interventions.

In the development of my work, the Buddhist trikayas were helpful because they captured my intention to bring together philosophy, psychology and physiology (spirit, soul and body). I also appreciate the trikaya because of its call for social change and action (Blumenthal, 2009) in the world as the unity of the three bodies is immanent in action and not as abstraction. These principal emanations are known as dharmakaya (translated as the absolute that is prior to creation), sambhogakaya (translated as blissful sovereign of the way) and nirmanakaya (translated as magical production, a hologram, or a phantom form).14

I am aware that I am writing outside of the context of Buddhist culture and ways of life (Atwood & Maltin, 1991; Engler, 1984; Goleman, 1981). Engler (1984) reminds us of the dangers in doing so: “When this therapeutic context [Buddhist] is eliminated, meditation is practiced as an isolated technique, with disregard for many other important behavioral, motivational, intrapsychic, and interpersonal factors such as right livelihood, right action, right understanding and right intention” (p. 35). I believe that my integral approach and personal understanding as a committed practitioner will be enough to bring awareness to this concern. For the sake of my research, I am using the trikayas as an inspiration for what I have come to call the Trinocular model and not as an ontological truth.

14 Rodney Devenish, a Tibetan Lama, helped me with these translations.
I relied on mythic-poetic and spiritual perspectives (Brann, 1991; Grange, 2011; Ringwald, 2002), depth psychology (Edinger, 1995; Giegerich, 2006; Hall, 1986; Hillman, 1975, 1982, 1997; Hollis, 2008; Jung, 1966, 1970, 1976, 1990a, 1990b, 1990c, 1996, 2002; Woodman, 1990), Eco-Psychology (Allen, 2000; Barrow, 1995; Clinebell, 1996; Cock, 1996; Collins, 2010; Fisher, 2002; Plotkin, 2008) and Eco-Educational theory (Abram, 1996, 2005, 2010; Bai and Scutt, 2009; Gordon & Tamari, 2004; Graham, 2007; Orr, 2004; Roszak, Gomes & Kanner, 1995), to illuminate how the human dimension in our current ecological crisis is connected to those aspects of our unconscious lives. The use of mythic-poetic expressions and “I-Thou” engagement with the natural world and with soul is important for two reasons. First, I wished to bring the voice of nature and the ‘voice of stillness’ into my work. I wanted to take this kind of risk because I wished to respect the co-writers of my dissertation. This is not intended to be a metaphor—I truly believe that we cannot take credit for our work without at least acknowledging the contribution of the natural world, the world soul and stillness. Second, I wanted to reach within to access mythical-poetic keys to the Makom (the Makom, which translates from Hebrew as “the place” or “the location,” is one of God’s names), a layer of psyche where a dynamic relationship among mystery, creativity, and the imagination moves freely.

Emerging from these theoretical frameworks are practices that are known for their ability to loosen the sense of self so that one can enter into the “world unconscious”—melting the boundaries of the social and egocentric selves (Aizenstat, 1995). Some examples include contemplative practices, inner work (Bai et al., 2014; Cohen, 2009), and transformative dialogue with the natural world (Macy et al., 1988). These practices require the intersubjective

15 This was inspired by Eckhart Tolle’s (2003) book titled Stillness Speaks.
dimension—the psycho-existential space of I-Thou relationality (Bai et al., 2014) where one is willing to stay open to the overwhelming mystery of the world (Kincheloe, 2008).

**Fourth,** I integrated attachment theory (Ainsworth, 1978, Bowlby, 1988; Cassidy, & Shaver, 2008; Hinde, 2007; Neufeld & Maté, 2005; Winnicott et al., 1984) into my research because I believe it has a vital role to play in helping clients to feel psychologically safe post treatment. I will demonstrate how secure attachment to the natural world can become an additional critical primordial practice in the early, more unstable, stages of recovery. Although using the same theoretical background of attachment and ecology, my proposition differs from what Adevi & Grahn (2011) write on “place attachment.” Their important work is mainly focused on types of landscapes and attachment while mine takes a more radical approach by proposing that attachment to the natural world can be active in every situational action-in-awareness (O'Connor, 2013). My proposition is that attachment theory provides a theoretical lens that can explain the unconscious impulse people have to hurt, neglect, abandon, and misuse themselves, their sources of nourishment, and the planet.¹⁶

**Fifth,** this work was also inspired by James Hillman’s (1972, 1975, 1982, 1997) invitation to rethink our relationship to the soul and his archetypal psychology. Archetypal psychology means examining ideas in terms of archetypes,¹⁷ and “looking at the frames of our consciousness, the cages in which we sit and the iron bars that form the grids and defenses of our

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¹⁶ For years I missed the subtleties of the ecological framework to which I now have been exposed over the past couple of years, and this truly allowed me to engage the integral model with new eyes.

¹⁷ Archetypes can be defined as “organizing principles that produce an unlearned tendency in a person to experience things in a particular way” (McClary, 2007, p. 156). Archetypes are the collective myths that reside in the unconscious of humankind, influencing feelings, experiences and behavior on the unconscious level of the mind (McClary, 2007; New York Association for Jungian Analysis, 2008). Some of the main archetypes in Jung’s theory include the Self, Shadow, Anima, Animus and the Persona.
perceptions” (Hillman, 1975, p. 127). When I began to read Hillman’s work, I felt as if I had
‘come home.’ A truly inspiring writer and psychologist, Hillman helped me to bring my feelings,
beliefs, insights, and thoughts together such that they could form a coherent expression.

Lastly, the work of Ken Wilber (2000, 2000a, 2001, 2006) and other integral theorists in
the field of education, psychology, research and addiction (Brys, 2013; Calleja, 2011; Divecha,
& Brown, 2013; du Plessis, 2012; Dupuy & Gorman, 2010; Dupuy & Morelli, 2007; Esbjörn-
Hargens, 2010; Esbjörn-Hargens, Reams & Gunnlaugson, 2010; Heitler, 2010; O'Connor, 2013;
Patten, 2013; Rutzou, 2014; Shealy, 2009; Shealy & White, 2013; Winton, 2013; Shirazi, 2010)
was influential to my research and the conceptualization of terms. Because the integral model is
complex (and some would say complicated), I will give here a very short overview of only the
relevant concepts of the integral theory (Wilber, 2000, 2000a).

Wilber’s (2000) integral theory, or what he calls the AQAL matrix (“All quadrant, All
levels”), covers the physical, mental, and spiritual levels of reality from the perspectives of four
quadrants: (1) The “I” quadrant is a spectrum that begins from a pre-conventional notion of ego,
through the stages of ego development, expanding all the way to a unified consciousness with
nature, the Cosmos or even “God.” According to Wilber, the ultimate “I” development is the
realization of the non-dual view; (2) The intersubjective/relational or second person perspective
(We). The “We” quadrant includes all the cultural, relational, and intersubjective influences
between two or more subjects. It also scales from complete alienation to a radical “I-Thou”
moment with the “other” (person or nature); (3) The objective or third person perspective (It);
The “It” quadrant is that of the objective observer, free from interpretation, logical-
reductionistic, meaning the physicality of our existence: From the different systems, anatomy,
homeostasis, and so on; (4) The “Its” is the collective-exterior dimension that includes the external world (from the atomic to the cosmic).

It was Wilber who brought to my attention the integral map, with its quadrants, stages and states. When I started my research on integral recovery, I did not know that others were also tackling the crisis of addiction from an integral lens. These researchers are attempting to go beyond the biosocial model to include an even broader perspective on human healing and growth (du Plessis, 2012a). Some are more ‘Wilberian’ than others, but all bring the essence of integral theory to their passion for recovery.18

Needless to say, I was also influenced by dozens of other brilliant theories and approaches that I honour here. Throughout my research, I was humbled by the amount of innovative work that has been done in the field of recovery in general and in aftercare specifically. I wish for my unique integration to be an additional effort to improve our long-term care for people who are struggling with substance misuse and abuse.

Structure of dissertation

This dissertation is comprised of two parts. Part One (two chapters) provides an overview of the challenges of relapse prevention in dislocated societies and then critiques the limitation of acceptance-based therapies in recovery from an integral perspective. Chapter One outlines the phenomenology of addiction and then reviews the theory of dislocation (United Nations Office on Drugs and Crime, 2010; Alexander, 2010) and its effects on both the social

18 Shealy & White (2013) write that the first ‘formal’ model of an integral recovery program was introduced in 2007 (Dupuy & Morelli, 2007; Dupuy & Gorman, 2010), and that other integral models followed (Shealy, 2009; du Plessis, 2010; du Plessis, 2012; Calleja, 2011).
and personal level. Chapter Two describes in detail the importance of acceptance-based therapies in recovery (specifically Acceptance and Commitment Therapy) in order to define the term ‘psychological flexibility,’ and then expands the concept of ‘psychological flexibility’ to include psychocultural diversity and psychosocial integration. This new ‘Integrative Recovery Measure’ (IRM) that has been developed through my Ph.D research points to an awareness that, unless our psychological needs at every stage of human development are deeply rooted in the creative impulse of the natural world (Aizenstat, 1995)\textsuperscript{19}, in Soul and in psycho-social integration (Alexander, 2010), our current research on relapse prevention will remain incomplete.

**Part Two** (three chapters) explores new understandings that can support sustainable and comprehensive recovery. Throughout the three chapters I provide insights to *always already* primordial perspectives that are available for discovery—in the here and now—in every situational awareness-in-action (O'Connor, 2013).\textsuperscript{20} The importance of non-dual recognition (Chapter Three), secure attachment to the natural world (Chapter Four), and soul-making (Chapter Five) as preventative measures and as primordial perspectives are explored. A short conclusion and summary chapter provide room for integration and final insights.

**Supporting the Reader**

Typically, dissertations are complex bodies of writing. Given the high and sustained level of complexity involved in argumentation as well as concepts that a dissertation deals with, it

\textsuperscript{19} This line, which I wrote, is quoted also in Cohen, Bai, and Rabi (2014), on page 32.

\textsuperscript{20} What amazed me in O'Connor’s, (2013) article on “Awareness-in-Action: A Critical Integralism for the Challenges of our Times” is that I found his research *after* I already intuitively felt the importance of non-duality, the natural world, and inner work as “always already ... situational awareness-in-action” that is “activating the primordial perspectives” (p. 281). This was not the first instance where my integral intuition was then confirmed by current integral researchers.
would be kind and expedient for the writer to provide guidance for the reader. With this in mind, I am going to offer a short preview of key concepts, theoretical lenses, and sources integral to my thesis. Please note that these are just previews for priming the readers’ cognition: their in-depth exploration and explications follow in subsequent chapters.

**Key point I: The Trinocular View**

Because my personal, academic, and professional lives are aligned, I was inspired to use this dissertation as a platform to dialogue among my three professional passions (acceptance-based recovery models, embodied soul making, and eco-psychology) with their ‘original’ *source-code*—the total sphere, the noosphere, and the ecospheres, respectively. These nested, interdependent, co-arising existential reality fields (Elgin, 2014) are reciprocal spheres of manifested awareness: (1) the ‘Total Sphere’ is the non-dual field or what is sometimes called ‘Spirit’; (2) the Noosphere (from the Greek word *nous*, meaning “mind”) can be understood as the development of the collective memory or consciousness (Shafer, 2002; Vilas, 2008) that expresses itself in human culture and society. The Noosphere contains within it everything that came before it: biology and ecology in the development of the universe (Wilber, 2000); and (3) the Ecosphere is the planetary ecosystem (which literally translates as ‘home’). All will be explained in detail in the coming sections.

Just as length, width, and height give us the geometric parameters for three-dimensional space, the relationship among these three spheres presents a view of recovery that is truly integral and unique. When they come together, they celebrate post-rational, symbolic,
contemplative, and soul-oriented\textsuperscript{21} perspectives about human potential and development (Grange, 2011; Hillman, 1997; Kessler, 2000; O'Connor, 2013; Patten, 2013; Plotkin, 2008).

Throughout my dissertation, I will refer to these psycho-spiritual, integral, and ecological perspectives as the “Trinocular View” or “Trinocular Insight” because together they present a multidimensional view of change, and in the case of this work, the ‘stages of change in recovery’ (Connors et al. 2001). As a program director and curriculum developer, I wish to produce insights that are integral in their view, ecological in their embodied experience,\textsuperscript{22} and contemplative at their core. Therefor, my thesis advocates the need for integral research that is non-dual\textsuperscript{23} in essence and embodied in practice, where all three manifestations of life (total-sphere, the ecosphere, and noosphere) are seen simultaneously as one and as three (Knight, 2014).

The criticalness of the Trinocular view will reveal itself when the dissertation expands upon the ‘problem’ of addiction to include ‘contextualized’ recovery. Too often, recovery happens within social-cultural topographies that are currently counter-productive to sustainable and comprehensive recovery (Alexander, 2010). In other words, my contention is that focusing relapse prevention on the client and their families alone without including major contextual

\begin{itemize}
  \item \textsuperscript{21}Grange (2011) writes about the inscape of soul as Subjectivity, Intensity of feeling, Creativity, Integration and Transformation Personal Unity. These dimensions of soul will be explored in Chapters Three, Four and Five.
  \item \textsuperscript{22}Embodiment here means inhabiting or re-inhabiting one’s body with self. This means that one brings awareness to sensations, feelings and behavior (this includes new or habitual patterns) of the body (Knight, 2014).
  \item \textsuperscript{23}Chapter Three is dedicated to Non-dual recognition in recovery. For now, I consider the non-dual ground (or Dharmakaya) to be the “pre-reflective world, which is the background of all reflection” (Mereau-Ponty in Milloy, 2005, p. 548). As such, it is not a metaphysical abstraction, but a reality that can be experienced right here and now. According to Dowman (2006), non-dual reality is the “source of spontaneous creativity” (p. 22). Here we begin to see the connections between what Eastern traditions consider to be the absolute reality and what some Western psychological traditions call the unconscious.
\end{itemize}
influences limits the success of that client. This point will be clarified in Chapter Two and onwards.

**Key point II: Integrative Recovery Measure (IRM)**

The Trinocular view speaks to the possibility that Bateson (1978) described as a new order of information about ourselves, our sociality, and nature, which in turn gives us additional capacity to see beyond our current horizons. Specifically, the Trinocular view helps us to see: (1) the three ‘spheres’ in their global and individual expressions (which includes the cultural, individual, physical, and structural/social realms of existence) and the way they affect recovery; and (2) a new order of integration that comes from the relationship among the three ‘spheres’ (Knight, 2014) that I termed “Integrative Recovery Measure” (IRM). IRM includes ‘psychological flexibility,’ ‘psycho-cultural diversity,’ and ‘psycho-social integration.’

**Psychological flexibility** is a term developed by Acceptance and Commitment (ACT) theorists (Hayes et al., 2006). The six core aspects of psychological flexibility are acceptance, diffusion, contact with the present moment, the observing self, values, and committed action. A psychologically flexible person is “willing to remain in contact with negative experiences rather than trying to avoid, alter, or control negative experiences” (Flederus et al., 2010, p. 2372) and is able to be in the present moment more fully.

**Psychocultural diversity** is a term I have developed for my dissertation that factors in our collective and personal psychic strength beyond what ACT offers. It can be explained as the sense of identity and belonging to the “We” space—the global orientation toward intersubjective

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24 The three measure of IRM will be discussed at length in Chapter Two.
relationships, cultural themes, and cultural norms. The ‘WE’ I speak of is holonic in its nature, transcending and including all ‘WE’ structures within the noosphere. It includes at least five ‘aspects’ of the psyche: Greater depth of subjectivity, expansion of (personal and relational) creativity, somatic integration, transformation (personal and relational unity as soul), and psychological development. All five emerge through intra-subjective inner work, contemplative practices, peer support (or group therapy), art-based inquiry, psychotherapy, solitude in natural environments, and many other forms of soul inquiry and psycho-cultural interventions.

When I write about noospheric reality, which, from a holonic point of view, includes everything before it, I am reflecting upon everything that is still denied inclusion as part of our conscious (and intra-relational) world. This, I will show, is also where we exclude the intra-relational dimension we share with the natural world. Vilas (2008) writes, “The noosphere is not simply a layer of consciousness that lies over the biosphere. It is a many-layered reality that extends back in the evolutionary process to the beginning of life itself, carrying with it into human experience elements of all that has gone before ... in the collective unconscious” (p. 9).

Please see glossary for a definition of these terms.

According to the Critical Dictionary of Jungian Analysis (Samuels, et. al. 1993), the psyche is the totality of all psychic processes—conscious as well as unconscious. The psyche can also be seen as a perspective on phenomena. Then there is the issue of plurality and fluidity of the psyche, the existence of relatively autonomous components within it, and its tendency to function via imagery and associative leaps. Finally, the psyche as a perspective contains intimations of pattern and meaning discernible by the individual. The psyche is also systematic and flexible in that development at one point sends ripples throughout the entire system. It is a structure that is made of movement, growth, change, and transformation. (p. 114)

For Jung, our conscious experiences, manifesting as thought, feelings, sensations and intuition, are like the surface of the skin upon a vast unconscious sphere of unknown extent. He writes, “We do not know how far the unconscious rules because we simply know nothing of it” (Jung, 1990b, p. 7). From a Jungian point of view, consciousness emerges from a boundless expanse, full of uncertainty; a vast and unknown unconsciousness condition (Jung, 1990b, p. 8). This unconsciousness condition has no inside and no outside, no above and no below, no here and no there, no mine and no yours, no good and no bad. Jung calls the content of the personal unconscious “feeling-toned complexes,” which represent the personal and private sides of psychic life (Jung, 1990a, p. 21).
Psychosocial integration is a term coined by Bruce Alexander (2010) in his research on addiction and globalization. Psychosocial integration allows for social inclusion and a sense of belonging, where the full spectrum of human needs can be met. In other words, when social rules are expected, understood and mastered, life is experienced as more meaningful, manageable and comprehensive (Antonovsky, 1987). Psychosocial integration can be viewed as the ‘field of solidarity,’ where the unseen ‘glue’ of communion offers us a more predictable, secure, and coherent existence.

My hope is that IRM’s can challenge current reductionism in the field of addiction because they go beyond the definition of addiction as a ‘brain disease’ (IT), to include psychological flexibility (I) and a much needed social and cultural context (WE & ITS). With this awareness, it is much easier to understand why any client-centered modality (I/IT), peer or group work (WE), or social critique and legislation (ITS) will be effective only to a certain degree. From the research I have done, many programs and clinical interventions either overlook or choose to not take all perspectives in to consideration. I will then suggest that sustainable and comprehensive recovery (SCR) can be understood by increased psychological flexibility, psychocultural diversity, and psychosocial integration and by a decline in episodes of relapse.

27 This will be expanded on and explained in the next section and throughout the dissertation.
Figure one: The AQAL map.
PART ONE: TOWARD INTEGRAL MEASURES OF COMPREHENSIVE RECOVERY
Introduction

“The opposite of addiction is not sobriety. The opposite of addiction is connection” (Johann Hari’s 2015 TED talk)

Although we share more knowledge and have better research and theory than before, the search for sustainable and comprehensive recovery is far from complete (DiClemente, 2003). With so many ways to understand addiction, and ever-growing data to take into consideration (age, stage of change, gender, stage of human development, social and cultural background, personality type, personal history, biological and genetic conditions, needs, comorbid conditions, and so on), it is no wonder that the field of addiction is exploding with new research, methods and programs—many of which contradict or dismiss each other (Miller, Duncan & Hubble, 1997; White, 1998).

If we wish to support clients in early recovery, it is important to understand what makes the process of recovery effective and long lasting while simultaneously exploring the limitations of current relapse prevention programs. It is also important to ask how treatment centres, addiction counsellors, and the recovery community at large can improve success rates of recovery in their treatment and aftercare plans when we know how difficult it is for people in early recovery to abstain from misusing substances and therefore to prevent relapse.²⁸

In my own work in residential recovery centres, I have seen many wonderful and committed clients, who, after 90 days in treatment, leave the centre only to stop at the local bar and drink. Two of my clients died due to overdose this past year alone! Both understood the

²⁸ Current research suggests a 40-60% chance of relapse after treatment (Natural Institute of Drug Abuse, 2010).
severity of their addiction and took action to stay in long-term recovery but eventually relapsed and died.

It is not only difficult for clients and their families to admit that there is a chronic, compulsive dependence on a substance, it is even harder to take the time (and invest the money) to attend residential treatment. That is why from my own work and from current research (Sinha, 2012) the gloomy picture of relapse post-treatment is so devastating—many willing, intentional, and committed clients who chose to go through treatment, still find it extremely difficult to refrain from misusing and abusing their drug of choice post-treatment.

All of this has motivated me to do my best to understand what I am missing and what can be added to aftercare plans that will deliver comprehensive and sustainable recovery (SCR) to clients. Accordingly, Part One is dedicated to defining some of the main concerns my dissertation will address regarding addiction, relapse and relapse prevention from an integral lens.

Chapter One can be viewed as a short literature review that will touch on the diversity of definitions and the academic and clinical disciplines that are invested in understanding and addressing addiction and the concern of relapse post-treatment. It provides a glimpse into one of the most challenging and (sadly) growing global epidemics we are currently facing. The chapter also targets two major obstacles for sustainable recovery—dislocation and psychological distress—that lead people in early recovery to relapse.

Chapter Two begins with an in-depth exploration of the term *psychological flexibility* (especially acceptance, diffusion, contact with the present moment, and the observing self),
through a review of relevant literature on mindfulness and acceptance-based treatments and interventions. I will then use ACT as my case study to show how this evidence-based therapy provides only one measure termed ‘increased psychological flexibility.’ Although research (Biglan, 2009) views ACT as a therapeutic intervention that has potential to influence cultural change, the scope of psychological flexibility stays mostly within the ‘I’ quadrant. Therefore, I then explain that if we wish to develop SCR, relapse prevention programs must take into consideration additional factors like dislocation (ITS), psychosocial disintegration (I/WE) and psycho-cultural diversity (I/IT/WE) into their scope of measured health.

Part One highlights the importance of integral (AQAL) and existential elements that are so fundamental not only to our basic needs but also to our psychological flourishing. Sadly, some of these elements tend to be overlooked in recovery and especially in long term relapse prevention, because many treatment centres focus on managing psycho-pathological symptoms (I, ITS) in their treatment and aftercare plans.²⁹

Part One concludes with the need for additional primordial perspectives or ‘practices’ like inner work (or ‘soul making’ understood by increased psychocultural diversity) and the influence of the environment—both the natural world and social settings, which can be measured by an increased sense of psychosocial integration and sense of belonging.

²⁹ Fledderus et al. (2010) write, “In recent decades, the focus of public mental health has been on the prevention and treatment of mental illnesses. Fewer studies have focused on developing and testing interventions that primarily aim at enhancing positive mental health” (p. 527).
Chapter One: The Challenges of Relapse Prevention in Dislocated Societies

“Everyone is responsible, no one is to blame” (Al-Anon Family Groups)

Introduction

This chapter provides a short overview on the phenomenology of addiction, its definitions, and consequences. It then proceeds to identify two of the major obstacles for sustainable recovery that may contribute to relapse in early recovery post residential treatment: namely, (A) the globalization of addiction and its effects on the different circles of influence (Bronfenbrenner, 2005) and the theory of dislocation (Alexander, 2010; United Nations Office on Drugs and Crime, 2010); and (B) psychological distress and negative affect as causes of relapse in early stages of recovery.30

I will provide research that shows a link between the emergence of free market societies and the spread of addiction within these societies (Shaw, Egan & Gillespie, 2007; Sharpley, 2014). This means that recovery cannot be sustainable (on a social level) as long as the focus is only on the individual who is suffering from substance misuse—or on the individual’s neural-connections (Morell, 1996)—and ignores the need to include solutions that take into consideration the inherent isolation, separation, and alienation that are the result of family and community breakdowns. I have come to believe that there is an additional need to understand the ‘bigger picture’ of the client’s life, or, in the words of Shealy & White (2013), an ‘integral truth about the client’ in the AQAL context. Alexander’s (2010; 2015) view on the sources and causes

30 I wish to remind the reader that some sections in this chapter were taken from my MA. As mentioned in my Methodology section, I have written my second MA thesis parallel to my Ph.D. work for extensive research into the field of psychology (something that my educational background lacked) as part of my Ph.D. research.
of addiction will be explored, as it is one of the most unaddressed (and yet critical) phenomena in the development of aftercare and relapse prevention programs.

In observing the effects of dramatic social change on the individual level, there is substantial empirical research that speaks to the positive relationship between negative affect and relapse (e.g., Hayes, & Fletcher, 2012; Luoma et al., 2012; Petkus & Wetherell, 2011; Vieten et al., 2010; Sheff, 2013). Therefore, the last part of the chapter will be dedicated to negative affect and psychological distress, which are among the most common reasons for self-reported challenges with controlling drug misuse and dependence (Gudgeon et al., 2005) and relapse after treatment in the general population (McKay et al., 2006). Once explored, these two issues will then be addressed in the following chapters of the dissertation.

Addiction is a global problem, yet recovery (and healing) occurs between individuals in their local environment—it happens in therapy rooms, Twelve-step groups (Kaufman, 2011), and communities. If we wish to understand addiction (in all its forms and manifestations) and overcome it, we need to take into consideration the social, cultural, and historical context of addiction at large and the personal social-cultural narrative of those who struggle daily against the effects of substance misuse. I believe that it is paramount that the social-cultural context of addiction—is explored—even if briefly, so the reader may understand the forces at hand when searching for sustainable recovery solutions in early recovery.

31 Alcohol misuse encompasses two diagnostic categories: alcohol abuse and alcohol dependence (American Psychological Association, 2000). According to Heffner et al. (2003), alcohol abuse refers to recurrent alcohol use despite legal, social, and occupational problems. Symptoms include arguing with significant others about drinking, missing work or school due to being drunk or hung-over, or being arrested on alcohol-related charges, such as disorderly conduct or driving under the influence (DUI). Alcohol dependence is marked by psychological and physiological dependence, and includes symptoms of withdrawal and tolerance (p. 378). I will be using the term alcohol misuse and abuse throughout the chapter.

32 This includes the diverse populations like adolescents, adults, and older adults, with or without comorbidity.
Phenomenology of addiction

Addiction has been identified as having multiple cause and effect factors and can be understood as a social affliction (Alexander, 2010), a chronic, often relapsing “brain disease” (National Institute of Drug Abuse 2012, p. 1), a psychological disorder (American Psychiatric Association, 2000), and a symptom of the crisis of the soul (Hillman, 1997; Hollis, 2008). All may lead normative and otherwise highly functioning individuals to compulsive drug and alcohol abuse, even when it has negative consequences for themselves and others.

With new research, recovery institutions, recovery blogs, treatments centres, health-care experts and an ever-growing awareness of the (multidimensional) costs of addiction, it is not surprising that the debate around what causes individuals to abuse substances and what the best long-term care options should be are still very much an open and alive debate—the polarization around abstinence versus harm reduction is one example of such tension within the recovery community (Marlatt & Donovan, 2005). In order to better understand the complexity and scope of addiction, the first section of the chapter is dedicated to the phenomenology of addiction: its known (and much debated) causes, the financial, social, and personal price of addiction, and the issue of high rates of relapse post residential treatment.

For many years people who suffered from substance misuse were labeled as selfish and as manipulators (Cohen, 1992; White, 1998). They were looked upon as people who did not care about the damage they caused to themselves or how their actions affected others. Addiction was
seen as a ‘choice’ and those who struggled with addiction\textsuperscript{33} were judged as people exhibiting poor judgment or lacking moral imperative.

Today we know that the development of addiction involves a range of complex physiological, psychological, and contextual reasons that lead to compulsive patterns of drug use (Robinson & Berridge, 2003). We also know that the ‘choice” to misuse substances can be understood as a symptom of a chronic and progressive ‘brain disease’ (Sheff, 2013) on a personal level that has become a major global phenomenon (United Nations Office on Drugs and Crime, 2010). The National Institute of Drug Abuse (2012) found three factors that need to be considered when attempting to understand substance misuse: biology, environment, and development.

(1) Biology: Genetic factors, combined with environmental influences, can account for about half of addiction ‘susceptibility’ (The National Institute of Drug Abuse, 2012). Gender, ethnicity, and other mental disorders may influence risk for drug misuse and relapse patterns. Although the initial choice to experiment with a substance happens on a voluntary base, the changes in the brain that occur through misuse challenge self-control and the ability to resist the impulse to eventually abuse the substance (Harvard Medical School, 2007; Ostafin et al., 2008). When normative functioning is impaired and jeopardized, then behaviours, thoughts, and emotional regulation can be affected in both the short and the long term (National Institute of Drug Abuse, 2010). Choice is taken away and the person becomes obsessed with the next ‘shot,’

\textsuperscript{33} In order to reduce wordiness (i.e., repeating lengthy constructs such as “people who suffer from substance misuse”), I have used what could be interpreted as a labeling term. No offense is intended.
‘fix,’ pill, or drink. In such cases, the individual is no longer in control, as powerful chemical reactions manipulate, distort, and hijack normal mental and emotional functioning to fulfill what is now experienced as a survival need.

(2) Environment: Family relationships are the first in an individual’s life to influence and develop either a healthy or a maladaptive personality (Swick & Williams, 2006). The immediate contexts (physically, socially, and psychologically) are how the person learns about the world. The National Institute of Drug Abuse (2012) wrote:

A person’s environment includes many different influences, from family and friends to socioeconomic status and quality of life in general. Factors such as peer pressure, physical and sexual abuse, stress, and quality of parenting can greatly influence the occurrence of drug abuse and the escalation to addiction in a person’s life (Para 12).

(3) Development: Larger formal and informal environmental, social, and political institutions interact with critical developmental stages and may affect addiction vulnerability.

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34 According to Harvard medical school (2007), studies have shown that addictive drugs stimulate a reward circuit in the brain. The circuit provides incentives for action by registering the value of important experiences. Rewarding experiences trigger the release of the brain chemical dopamine, telling the brain "do it again." What makes permanent recovery difficult is drug-induced change that creates lasting memories linking the drug to a pleasurable reward. Recent research shows that addiction involves many of the same brain circuits that govern learning and memory. Long-term memories are formed by the activity of brain substances called transcription factors. All perceived rewards, including drugs, increase the concentration of transcription factors. So repeatedly taking drugs can change the brain cells and make the memory of the pleasurable effects very strong. Even after transcription factor levels return to normal, addicts may remain hypersensitive to the drug and the cues that predict its presence. This can heighten the risk of relapse in addicts long after they stop taking the drug (par. 1).
There are many working definitions of substance misuse. Some have been mentioned and others will be unpacked throughout this dissertation. Each and every one of these definitions deeply influences the choices and actions that individuals and health-care providers take in the development of recovery programs and aftercare interventions and the kind of interventions that will be used.

For example, substance misuse can be viewed as the result of a “complex multifactorial interaction between repeated exposure to drugs, and biological and environmental factors” (United Nations Office on Drugs and Crime, 2010, p. 6), and as a “chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences” (National Institute of Drug Abuse, 2010, p. 1), both of which can have long-term effects on a person’s health and psychological functioning (Ostafin, Marlatt, & Greenwald, 2008). The result of such views (I would add reductionist views) on substance misuse will most likely lead clinicians and recovery programs to greatly emphasize pharmacological and cognitive-behavioural solutions.

While the National Institute of Drug Abuse and others (Everitt & Heberlein, 2013) emphasize the biological component of substance misuse, other researchers focus their attention on spiritual needs (Wilson & Shoemaker, 2013), soul deprivations (Hillman, 1982, 1997; Hollis, 2005, 2008), co-occurring concerns (Pearson, Janz, & Ali, 2013; Smith & Rabdall, 2012),

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35 In the biological model of addiction, substance misuse changes the sensitivity of the dopamine synapses in the mid-brain and therefore directly affects the individual’s internal baseline of pleasure by lowering and re-calibrating at a new point below the normal or average before the person started using (Anthenelli, 2012)

36 This is a reference to the original “big book” of Alcoholic Anonymous.
behavioural changes (Connors et al., 2001), Acute Stress Disorder\(^{37}\) and Trauma\(^{38}\) (Arvidson, 2011; Bonanno, 2004; Bottalico & Bruni, 2012; Brewin, 2008; Briere & Scott, 2008; Flouri, 2005; Gabowitz et al., 2008; Khoury et al., Korn, 2009).

Others, like Alexander (2010) and Morell (1996), point to social conditions such as disempowering groups, poverty, and lack of fair opportunities. Alexander (2010) takes this one step further as he locates substance misuse as part of a global phenomenon arising from complex historical changes (Schaef, 1988) in the social and economic structure. I will unpack Alexander’s notion of dislocation soon, after a short description of relapse and its costs.

**Relapse and its Many Costs**

*In the end of time, humanity has exhausted itself, and we fell asleep. Some into horrible nightmares... (Rabi journal, 2014).*

Many individuals in early recovery who choose to attend residential treatment centres report struggles with purpose and meaning, finding hope, growing resilience, managing their emotional (inner) lives, living with ambiguity, and dealing with the physical aspects of addiction. Others report feelings of isolation and dislocation (Sharpley, 2014). In some cases, unresolved issues (such as grief, unprocessed anger, or depression), combined with previous trauma (Briere & Scott, 2008; Gabowitz et al., 2008; Korn, 2009), lead people to question their ability to stay

\(^{37}\) Acute Stress Disorder (ASD) was introduced into the DSM-IV to identify clients in the acute phase of trauma exposure who are at high risk for developing posttraumatic stress disorder (Cardeña & Carlson, 2011).

\(^{38}\) Research supports the claim that childhood trauma can lead to lasting changes in the structure and function of the brain, with lasting neurobiological effects (Jovanovic et al., 2009). This could make the child more susceptible to later “cognitive deficits and psychiatric illnesses”, as well as difficulties in establishing secure attachments (Khoury et al., 2010, p. 1078). Early and chronic exposure within the child’s caregiver system to sexual, emotional, and physical abuse, neglect, torture, domestic violence, chronic combat exposure, severe social deprivation, and loss (Gabowitz et al., 2008), *can* lead to an “organized and complicated array of problems” as adults (Dyer et al., 2009, p. 1100).
sober (Ostafin et al., 2008; Wetherell et al., 2011). In addition, many individuals in early recovery worry about relapsing (Marlatt & Donovan, 2005) because they are aware that a high number of their peers have relapsed.

Addiction—like other more chronic diseases—often involves cycles of relapse and then remission (American Society of Addiction Medicine, 2011). Current research suggests that without treatment (or engagement in recovery activities), addiction is “progressive,” and can lead to “disability or premature death” (American Society of Addiction Medicine, 2011, para 1). These cycles of periodical remission and then relapse are often triggered by anxiety (Smith & Rabdall, 2012), stress39 (National Institute of Drug Abuse, 2006), trauma (Brady & Back, 2012), environmental influences (Alexander, 2015; Schaef, 1988) and psychological distress (Vieten et al., 2011). It is important to note that Vieten et al. suggest that when treating substance dependence, and attempting to prevent relapse, clinicians and program developers need to acquire better tools to skilfully identify relapse triggers. This is especially critical when attempting to support people in early recovery who suffer from any kind of comorbidity. This point will be made clearer in Chapter Two.

‘Triggers’ are always related to social and cultural influences, and to personal history. For example, clients with early-life trauma report the use of alcohol to cope with trauma-related symptoms (Brady & Back, 2012), because early trauma exposure is “highly correlated” with the development of adult mood and anxiety disorders, post-traumatic stress disorder (PTSD), and substance abuse (Jovanovic et al., 2009, p. 1018).

39 Stress here is defined as a threat, real or implied, to the psychological or physical integrity of an individual (Anthenelli, 2012).
Another major trigger in early recovery is anxiety. In their research on anxiety and alcohol use disorders and comorbidity, Smith & Rabdall (2012) wrote that co-occurrence of anxiety disorders and alcohol misuse is around twenty percent. Their extensive literature review shows how comorbid anxiety disorders can worsen and perpetuate relapse and affect the quality and success of aftercare programs in the following ways:

People with social anxiety disorder endorsed greater alcohol dependence severity and had more dependence symptoms than alcoholics without social phobia...The presence of social anxiety disorder and generalized anxiety disorder predicted increased long-term mental distress among treatment-seeking, substance-dependent patients.... Alcoholic inpatients with anxiety disorders had increased severity of alcohol withdrawal.... Comorbid panic disorder with agoraphobia and generalized anxiety disorder were related to increased risk of persistent alcohol dependence.... Symptoms of generalized anxiety disorder and social anxiety disorder can interfere with substance use treatment.... Anxiety disorders are associated with elevated risk for relapse following alcohol treatment (Smith & Rabdall, 2012, Para 4).

The emotional, spiritual, and financial costs of relapse in these early stages of recovery are significant and cannot be covered in this short chapter. At times, individuals have invested a significant amount of their, their family’s, or their employer’s money in residential treatment and may not be able to afford to return for a second round. But there is also a psychological level to the cost of relapse—clients may shame themselves or be shamed by significant others, which can
lead to feelings of defeat and hopelessness (Marlatt & Donovan 2005). Relapse can also mean the end of a client’s relationship with a loved one, friends, siblings and parents.

Feeling disempowered, clients may lose hope and fall deeper into their addiction or other maladaptive behaviours. There have been cases, and I have witnessed a few, where family members have disowned a client after a relapse. I have also seen cases where clients have lost their jobs due to relapse. What is so devastating about these examples is that it is at this point that clients need more connection and support and less shaming and isolation, especially if we take into consideration the ‘bigger picture’ of addiction.
Globalization and Psychosocial Distress in Early Stages of Recovery

The implication is that drug addiction is not a moral failing or physiological malfunction, but an adaptive response to circumstances. It would be the height of cruelty to put rats in cages and then, when they start using drugs, to punish them for it. That would be like suppressing the symptoms of a disease while maintaining the necessary conditions for the disease itself. Alexander’s studies, if not a contributing factor in the drug war’s slow unraveling, are certainly aligned with it in metaphor. (Eisenstein, 2014, par. 7)

As we have seen, the conversation about the causes of addictions and recovery solutions are vigorous and dynamic. From the vastness of topics to consider and the depth of research that still needs to be conducted, I have chosen to focus on only two major concerns, which, from the perspective of my research, need additional attention in program development and aftercare planning: (A) The social phenomena of dislocation (ITS, WE) and (B) therefore the internal challenges of psychosocial distress and negative affect (I, IT). Both phenomena challenge the capacity of individuals to stay sober post-treatment.

Phenomenon A: The painful outcomes of dislocation

It has been estimated that the total overall cost of substance abuse in the United States alone, “including productivity, health and crime-related costs, exceeds $600 billion annually. This includes approximately $193 billion for illicit drugs, $193 billion for tobacco, and $235 billion for alcohol” (National Institute of Drug Abuse, 2012, Para 2). These numbers and other statistics (United Nations Office on Drugs and Crime, 2012) tell the story of the scope and size of the program. The billions attributed to substance abuse in the U.S suggest that addiction is
also a costly concern here in Canada, as well as around the world (United Nations Office on Drugs and Crime, 2012).40

A hundred years after the United States began its war on alcohol usage, more and more people in North America (and around the world) are suffering from some sort of addiction—and the numbers speak for themselves. From the United Nations Office on Drugs and Crime, (2010): Number of people who inject drugs aged 15-64—11 to 21 million. Number of "problem drug users" aged 15-64—16 to 38 million. Number of people who have used drugs at least once in the past year aged 15-64—155 to 250 million (P, 123). And these numbers refer only to alcohol and drug issues. They do not cover other forms of addiction with which so many are dealing.

The financial costs also provide a glimpse into the globalization of addiction and the impact of the free market economy on the spread of drugs and alcohol around the world.41 This is to say that the causes of addiction need to be seen as parts of a bigger and integral truth, a truth that Alexander (2010) and others (Bronfenbrenner, 2005) bring to our attention. Alexander presents a socio-historical perspective on addiction that identifies its spread as an aspect of globalization and neoliberalism and the loss of psycho-social integration. He writes,

Globalization of free market society produces a general breakdown of psycho-social integration . . . within free-market society the competitive marketplace

40 Pearson, Janz & Ali (2013) write: In 2012, a total of 2.8 million Canadians aged 15 and older, or 10.1%, reported symptoms consistent with at least one of the following mental or substance use disorders: major depressive episode, bipolar disorder, generalized anxiety disorder, and abuse of or dependence on alcohol, cannabis or other drugs. Over the course of the lifetime, rates of substance use disorders were higher than the rates for mood disorders. About 6 million Canadians met the criteria for substance use disorder, while 3.5 million met the criteria for mood disorder (P. 1).41 Please see full report for detailed information and statistics.
becomes the matrix of human existence. As free market expands, its scope becomes ever more engulfing and its corporations become multinational, ...families and communities live with financial uncertainty, people routinely change neighbourhoods, occupations, co-workers, technical skills, status. (p. 116)

Alexander’s insights about the strong ties between addiction and the free market society are becoming more known and accepted within policy making and in the general public, even as the ‘war on drugs’ is not showing the results wished for. According to Alexander, there might be billions of “severely dislocated people” in the world because dislocation is ingrained in the ideology of the free-market society (p. 60). I reflect on Alexander’s ideas as a therapist and curriculum developer:

*I understand the need to respect the unique self in front of me, to celebrate his or her ways of being and perspectives, but is that all? Can I see we are trapped in an ideology that wants us to feel separate and isolated? As if we are only two ‘brains’ in a room—one brain helping to fix the other brain .... If Alexander is right, then free market society has much to do with how clients understand themselves, how they processes their thoughts, and how they develop their narratives [i.e, what is success, what makes them happy, what they need]. If this is indeed the case, the sense of dislocation the client feels has a context that is not present (as clearly and loudly as it should be) in client centred programs and after care plans—it assumes autonomy and by that assumes that individual

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42 See the BC Centre for Disease Control and its harm reduction program; the development of safe injection sites and needle exchange programs like ‘Insite’ in Vancouver, BC; decriminalization of drug Abuse in Portugal as a successful case study; Hari’s (2015) TED talk titled “Everything You Think You Know about Addiction is Wrong” that have become ‘viral’; Dr. Gabor Maté’s advocacy work in Canada and many other examples of change in policy.
transformation happens in a psycho-social ‘vacuum.’ Again, in my role as a therapist I need to understand the ‘unseen’ ideology between ‘us’, and how that ideology impacts treatment outcomes. (Rabi journal, 2012)

Dislocation theory, which identifies the fundamental need for psychosocial integration, has its roots in experimental psychology of the 1970s, in which studies on rodents began to illustrate important ideas regarding the relationship between the lived environment and the power of substances on subjects (Sharply, 2014). Psychosocial integration is defined as a “profound interdependence between the individual and society that normally grows and develops throughout each person's lifespan” (Alexander, 2010, p. 58). When such interdependence between individual and society is low or lacking, a sense of dislocation grows and people develop substitute lifestyles through excessive habits that may include drug use or other forms of compulsive behaviours (Alexander, 2001). Alexander emphasizes that dislocation should be seen as both individually painful and socially destructive because human nature is not meant to be psychologically self-sufficient.

Alexander (2010) adds that the lack or loss of belonging leads to a terrorizing sense of loss, alienation, separation, and psychosocial anxiety—or, in Binswanger’s words (1941), anxiety that is “the result of man’s being cast out of absolute security as provided by love and loving communion into a kind of existence which is full of pain and constantly implies the danger of becoming isolated” (p. 204).

43 Alexander (2010) wrote, “dislocation . . . denotes psychological and social separation from one's society, which can befall people who never leave home, as well as those who have been geographically displaced” (p. 59).
When people reach their psychosocial threshold, the distress is so strong that the individual will attempt to dull or avoid the anxiety by acting in ways that hurt themselves and their loved ones (Yang, Staps, & Hijmans, 2010. In this view, addiction can be seen as an act of despair and an unconscious attempt to hold on to what was once alive and now is (spiritually) deemed dead. Addiction can also be seen as an unconscious (and yet highly effective) buffer against psychological pain. If an individual cannot feel safe enough or capable of processing his or her confusion and grief over being ‘exiled’ from an original cultural home and from psychologically supportive environments, at least he or she may act out in maladaptive behaviours that serve as coping skills.

The reduction in psychosocial unity leaves the individual isolated within a consumer reality: “To say that an addiction is 'adaptive' is not to imply that it is desirable, either for the addicted person or for society, but only that, as a lesser evil, it may buffer a person against the grater evil of unbearable dislocation” (Alexander, 2010, p. 63). I agree with Alexander on this point because, to some degree, all human beings suffer from some form of addiction stemming from their attempt to avoid pain and suffering (Kornfield, 2008; Krishnamurti, 1958, 2004).

Alexander’s insight also demands that we ‘zoom out’ in our recovery conversations to include the existential agony of dislocation. As I mentioned before, some people become addicted to emotional patterns that could be just as devastating as misusing alcohol. Others become addicted to ideologies that bring temporary ease from the pain within. They become beggars for connections in the form of narcissistic reflections through others that reinforce the alienated and estranged identity. Taken to the extreme, most humans, at some point in their lives,
will slip into this grotesque and artificial existence in order to hide the loss of genuine connection. Hillman (1982) writes:

Of course I am lonely, unrelated, and my existence throwaway.... Of course I am in desperate narcissistic need, not because I have been neglected or still neglect my inmost subjectivity, but because the world without soul can never offer intimacy, never return my glance, never look at me with appeal, with gratitude, nor relieve the essential isolation of my subjectivity (p. 88)

Alexander’s (2010) description of psychosocial integration and dislocation is paramount for understanding why addictions (including forms of addiction such as shopping, prescription drugs, gambling) are growing (United Nations Office on Drugs and Crime, 2012). These terms are central to the recovery movement because without them it is impossible to understand the difficulty of helping clients recover. In my own words,

From what I have been experiencing in the past two years of working in a recovery centre and from the research I have done about addiction and mindfulness, I came to believe that there is (fundamentally) only one addiction and only one fear but endless (creative, one needs to say) ways to be an ‘addict’ and to be afraid. Those who get caught in the addiction cycle are looking for a way to end the suffering caused by the profound sense of loneliness, fear and isolation. (Rabi, 2014)

44 I will re-visit these important points in all other chapters
45 The reader can relate my personal comments here to Addiction 3 and Addiction 4.
While Alexander (2010) focused on the concept of dislocation to describe a major cause of the current addiction epidemic, the ecological systems theory (Bronfenbrenner, 1992, 1995, 2005) brings additional awareness to the critical role that our ‘circles of influence’ have on our behaviours, stressors, coping mechanisms, and developmental challenges. Each circle varies systematically in relation to environmental context and the characteristics of the individual, and offers an ever-growing “diversity of options and sources of growth” (Bronfenbrenner, 1995, p. 624).

According to ecological systems theory, the behaviour and development of each person reflects the interactions that occur within his or her circles of influence. The theory provides details to the stressors that people face once major ‘circles of influence’ are jeopardized. The theory also brings attention to the complex layers of the environmental micro-systemic circles of influence in the immediate environment and macro-systemic vicarious influences—all to support a wider understanding of the nature of human life and human relationships. According to Bronfenbrenner, the world of any individual consists of five systems of interaction, appearing as layers of environment in the individual’s circles of influence (Hoare, 2009).

The ecological model brings the context of stress to the forefront of research on human development. In this way, one can gain insight into the ways in which the diverse stressors that clients face in their development are functions of unique environmental conditions. Bronfenbrenner (1992) proposed that age, sex, and ethnicity are “so potent in influencing the course of future development that they need to be distinguished in every study, irrespective of the particular hypothesis under investigation” (p. 224). Lohman, Kaura, & Newman (2007) wrote

46 I will return the importance of these influences when I write about psychosocial integration (Chapter Two).
[the] Ecological systems theory argues that development is influenced directly by the interactions that take place within a single microsystem (such as the family, school, or peer group), and indirectly by the similarities and differences in patterns of interaction that occur across these systems (Lohman, Kaura, & Newman, 2007, P.3)

Bronfenbrenner’s description of these complex layers of environment and their interaction supports the understanding of the human dynamic of relationships. His attention to micro-systemic circles of influence in the immediate environment and macro-systemic vicarious influences provided a framework for counselors and researchers to understand the diverse impacts on the lives of and on the interactions between people. Through awareness of the diverse contexts in which stressors occur, counsellors can become more effective helpers.

Bronfenbrenner (2005) writes that since stress is both psychological and biological, any complete theory of behaviour must be “bioecological” in scope. Bioecological influences can be stressful (divorce, sickness of a parent) or supportive (mentor, loving relationship). For example, there is a growing amount of research demonstrating a correlation between normal or delayed brain development in children and their coping strategies with challenges and stress in the family (Brendtro, 2006, p. 164). Nevertheless, while past behaviour problems may influence current states of development, the ecology of childhood changes over time. As the child's ecology transform in time, so does his or her future experience (Brendtro, 2006).

In this regard, it is important to note that Bronfenbrenner introduced the concept of “dynamic stability” to reference a corresponding relationship between the individual and the environment, as in mesosystem. As Lohman, Kaura, & Newman (2007) note, the relationships
between one microsystem (e.g. family, work) with others (e.g. school, work, friends) need to be explored if one wishes to thoroughly comprehend the influence of stress on the development of people (p. 9). For example, mesosystem research examines the manner in which “multiple roles are managed under conditions of stress”, and how a child’s adaptation to multiple roles in different microsystems can enhance wellbeing and reduce stress factors (Mcintosh et al, 2008, p. 89).

Evidently, the ecological model brings the context of current relational stress to the forefront of research, providing a better understanding of the unique and diverse situation that each specific person (and family) is facing, focusing inclusively on the cultural, social, economic, and educational dynamics that are a part of their systems: “Our understanding of families must be broad enough to include sensitivity to cultural forces that may be hidden beneath the surface of daily life activities” (Swick & Williams, 2006, p. 375).

To conclude, Alexander’s (2010) and Bronfenbrenner’s (2005) research and insights speak to the shattering consequences of what can happen once fragmentation appears in one or more of the basic ‘circles of influence’. When we understand how deeply global changes and the forces of the free market ideology have effected each and every level of our social-cultural engagement (from micro to macro systems of interactions), we start to register that like any other force, current global economics are carving our social typography and redefining the ways in which we understand ourselves and our place in the world.

These are real concerns because they have real impact on billions of people around the world, all of them trying to adapt to these catatonic shifts. I wish to summarize this chapter with
a quotation from Eisenstein, (2014) from the article named “How to Enslave People With Addiction,” because it really brings to life the effects of dislocation on all circles of influence:

Remove as much as possible all opportunities for meaningful self-expression and service. Instead, coerce people into dead-end labor just to pay the bills and service the debts. Seduce others into living off such labor of others ... Cut people off from nature and from place. At most let nature be a spectacle or venue for recreation, but remove any real intimacy with the land. Source food and medicine from thousands of miles away ... Move life—especially children’s lives—indoors. Let as many sounds as possible be manufactured sounds, and as many sights be virtual sights ... Destroy community bonds by casting people into a society of strangers, in which you don’t rely on and needn’t even know by name the people living around you ... Create constant survival anxiety by making survival depend on money, and then making money artificially scarce. Administer a money system in which there is always more debt than there is money ... Divide the world up into property, and confine people to spaces that they own or pay to occupy... Replace the infinite variety of the natural and artisanal world, where every object is unique, with the sameness of commodity goods ... Reduce the intimate realm of social interaction to the nuclear family and put that family in a box. Destroy the tribe, the village, the clan, and the extended family as a functioning social unit... Make children stay indoors in age-segregated classrooms in a competitive environment where they are conditioned to perform tasks that they don’t really care about or want to do, for the sake of external rewards ... Delegitimize or illegalize folk knowledge of how to heal and care for one another, and replace it
with the paradigm of the “patient” dependent on medical authorities for health.

(Par. 5)

**Phenomenon B: Psychosocial distress & negative affect in early stages of recovery**

Why is it so hard to refrain from using alcohol or drugs (Ostafin et al., 2008)? Why is sustainable recovery so difficult? As we have seen in the introduction, early recovery can be challenged not only by the misuse itself, but also by other bio-psycho-social factors that complicate treatment and sustained recovery. Addressing psychosocial distress and negative affect in residential treatment centres (and aftercare) is important because many clients may experience heightened stress, anxiety (Smith & Rabdall, 2012), or trauma symptoms (Brady & Back, 2012; Briere & Scott, 2008; Korn, 2009) for the first time in many months, or even years, without the buffer of the drug.

Treatment centres are safe environments for clients to explore and understand their inner life, but they also are places where they are being asked to process parts of themselves that they disowned and suppressed. Because of the exposure to painful emotional experiences through seminars, group therapy, addiction counselling, and shared living arrangements, clients may be at high risk to seek emotional soothing in drugs and alcohol while in treatment or
immediately after. Many studies provide research that shows how psychosocial distress\textsuperscript{47} and negative affect are associated with the development and maintenance of alcohol dependence to the point of alcohol misuse (Luoma et al., 2012; Outlaw et al., 2012; Petkus & Wetherell, 2011; Vieten et al., 2010). Vieten et al., wrote:

Taken together, both psychological and neurobiological findings lend support to the long-standing clinical observation that people abuse alcohol and other substances despite serious consequences in part in order to regulate negative affect and cope with distress. (2010, p. 109)

The capacity to regulate negative emotions is critical if clients are to respond to the distressing experiences they experience in residential treatment everyday life and in the early months after (Modinos, Ormel, & Aleman, 2010). In other words, it is almost impossible to separate the outcomes of relapse while in and/or after treatment from psychosocial distress, negative affect, and the client’s ability to self regulate. If we wish to understand the difficulties encountered by clients in early recovery, it is imperative to understand the relationship between relapse and unconscious avoidance strategies, in order to find ways to help clients regulate emotions.

\textsuperscript{47}When it comes to psychosocial distress, it is critical to at least mention two sub populations that are uniquely vulnerable: Adolescents (Bava & Tapert, 2010; National Institute of Drug Abuse, 2006; Potek, 2012; Jacobus et al., 2009; Johnston et al. 2011; Wetherill & Tapert, 2012) and older adults (Briggs et al., 2011; Lin et al. 2011; Rodriguez et al. 2010; Schonfeld et al., 2010). Williams et al. (2012) make the point that adolescents experience “wider extremes of emotion” and have a “more limited time perspective” than adults (Williams et al., 2012, p. 1053). In treating substance abuse and preventing relapse in adolescence, Potek (2012) suggests that clinicians acquire unique skills to identify and avoid relapse triggers (such as stress and anxiety) and provide tools that can “increase tolerance for difficult cognitions, emotions, and craving states” (p.114). Thus, it is important to note that treatment for adolescents who are abusing substances differ from adults in important ways that affect treatment outcome (Kelly & Urbanoski, 2012). One example is that adolescents often show lower intentions and readiness to change substance use behaviors (Wetherill & Tapert, 2012).
As mentioned before, a defining characteristic of addiction is the difficulty of clients to refrain from abusing a drug of choice even when they have strong intentions of doing so (Ostafin & Marlatt, 2008). In order to better understand this phenomenon, researchers have increasingly been using the cognitive psychology construct of automatic mental processes (Shiffrin & Schneider, as cited in Ostafin et al., 2008) to model the tragic impulsive and automated nature of addiction:

Automatic processes are differentiated from controlled processes in that automatic processes are usually defined as being: (1) unintentional, (2) efficient (i.e., effortless), (3) difficult to control, or (4) not involving awareness whereas controlled processes are defined as being: (1) intentional, (2) relying upon limited attentional resources, (3) controllable, and (4) occurring within awareness (Ostafin & Marlatt, 2008, p. 405).

Automatic processes can lead clients in early recovery to act on behavioural impulses (like leaving treatment and going to the local pub), even when they intended to do otherwise. I have had clients report to me that while their conscious mind told them not to, their body took them to the pub.

When we understand that substances can be both a reward and a stressor (Anthenelli, 2012) for people with addiction, we can better understand the nature of automatic processes: (1) the rewarding properties of substances may counterbalance or mask its stress-provoking effects, which means that while the act of drinking alcohol actually increases stress in the client, the brain ‘registers’ the experience as stress relief; (2) the brain resists or adapts to repeated alcohol stress hormone elevation, which means that the more a client drinks, the less likely he or she will
notice how stress-inducing the drinking is on their body/mind (Anthenelli, 2012). Ostafin et al. (2008) wrote:

Substance use becomes less influenced by a deliberate ‘‘mental algebra’’ and more under the control of spontaneous, nonvolitional responses to substance use cues...the mere presence of a substance cue may automatically (i.e., unintentionally, without the need for deliberate introspection) activate positive attitudes and approach behavioural tendencies... these results suggest that dyscontrolled alcohol use is a function of self-control resources and of spontaneous motivational responses to alcohol. (pp. 1210-1211)

Regulating negative affect and psychosocial distress in early stages of recovery is not always a deliberate, thought-through process. As seen with substance use cues, unintentional and effortless thought suppression and emotional control strategies have led clients to avoid aspects of their emotional and cognitive inner world, which in and of itself may lead to relapse in early stages of recovery in treatment or immediately after. In this act of self-preservation, clients will take action to avoid feeling specific negative affects, which leads them back to using substances. However, avoiding these specific negative affects and other unwanted thoughts and feelings actually counter-productive to psychological functioning (Murdock et al., 2012).

Automatic mental processes do not only relate to spontaneous, non-volitional responses to substance use cues but can—and usually do—involvon thought suppression and emotional control strategies that stop or protect a person from becoming aware of unpleasant thoughts, emotions, and feelings. Yet these kinds of avoidance strategies can actually increase unwanted perceptions and negative self-talk—the more the client does not want to feel, the more powerful
the feelings might become; thought suppression, emotional control strategies, and avoidance strategies can also exacerbate, rather than diminish, unwanted thoughts (Bowen et al., 2007).

In closing

By now the reader can detect the importance of a theoretical platform that is flexible enough to hold a wide diversity of perspectives on recovery. This theoretical platform should also be critical enough to locate the fields of knowledge (and therapeutic insights) in a holonic range (interventions and/or theories nested within bigger and more inclusive theories) and on a developmental hierarchy (the stage of change, the stage of consciousness, the states in consciousness, and most importantly, the ever changing psycho-spiritual needs). Once we discover the tendency of relapse prevention programs to focus on person-centric modalities that ignore powerful (and unseen) forces like globalization and their outcomes, we will become more careful to include the personal, cultural, physical, and social aspects of the recovery process.

By limiting the pursuit of recovery and relapse prevention to person-centric modalities, we have, on the one hand, increased the reliance on pharmacotherapy, solution focused, and goal oriented (short term) counselling approaches and, on the other hand, inflated therapeutic interventions (‘let’s try everything!’), which causes some recovery programs to lack

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48 As much as it was tempting to focus my dissertation on developing new therapeutic skills and tools for relapse prevention, I have decided against it because with each day, new therapeutic theories, methods and practices are being developed around the world, and with them an abundance of therapeutic interventions (Melchert, 2011). The marketplace of psychological theory and practice is full of offerings. Clinicians and program developers need to just ‘pick and choose’ what works for them (Prochaska & Norcross, 2010). As Melchert argues persuasively, there’s an oversupply of options when it comes to therapeutic persuasions. We have witnessed a huge inflation of brand-name therapies in the last 50 years. Recent estimates put the number well over 400 and growing (Melchert, 2011, p. 40). Prochaska & Norcross (2010) note that developers of new systems usually claim between 80-100% success, despite an absence in many cases of controlled outcome research. Miller, Duncan & Hubble (1997) share their concerns about the fragmentation of the field of psychology into smaller and smaller parts (or sects) that do not communicate among themselves.
consistency, coherence, and integrity. While there are many benefits to the diversity of therapeutic interventions, this increase can be seen as both a blessing and a curse. In my own view, the proliferation of methods and protocols in the field of recovery seems (at times) like an anxious reaction to an overwhelming and painful reality. There are days when it feels that no matter what we do, the concerns around addiction as a local and global epidemic just seem to get worse.

Without condemning much-needed progress and proliferation of methods, I wonder if we are also able to turn our attention not only to therapeutic ‘technologies’ and clinical interventions, but also to fundamental and common human issues—that is, to philosophy—and to ask if the proliferation of knowledge and fragmentation in the field of addiction is leading us closer to core integral wisdom, or whether, in our constructed ‘Tower of Babel’ of recovery, each and every point of view can speak only its own language? That is why I feel it is important to bring integrative philosophy to the work of building the foundation for a contemplative, soul-centric and ecological outlook in aftercare programs. The point I will make is that integrative measures and interventions should be included to challenge psychosocial fragmentation. The next chapter will be dedicated to exploring what this may entail.
Chapter Two: Comprehensive Measures for Comprehensive Recovery

Introduction

As we have seen in Chapter One, dislocation and its negative psychological effects should not be overlooked as a source of serious concern for post-treatment relapse. I have shown a positive causal link between the emergence of the free market society, the spread of addiction within these societies, and the phenomenon of psychosocial fragmentation. As long as programs avoid accepting these phenomena on a personal and social level (in all ‘circles of influence’), the less aftercare programs will be able to deal with the risk of relapse.

I also explored the relationship between negative affect, experiential avoidance (unwillingness to accept experiences), and relapse in early stages of recovery. I have shown that negative affect is one of the most common reasons for self-reported challenges with controlling substance use dependence and misuse (Gudgeon et al., 2005) and for relapse after treatment in the general population (McKay et al., 2006).

With this in mind, Chapter Two is dedicated to the question of how recovery programs can achieve higher degrees of sustainability for their clients and hold a greater understanding of what should be included in aftercare. Chapter Two begins by reviewing Acceptance and Commitment Therapy (ACT) and Psychological Flexibility (Hayes et al., 2006). 49 My hope is that the coming chapter will contribute to the existing literature on the benefits of increased

49 The section titled “Acceptance Based Treatments & Psychological Flexibility” was extracted from my MA thesis with slight changes.
psychological flexibility in early stages of recovery (I have also dedicated a long Appendix for additional research I have done about psychological flexibility in recovery).

This critical measure for comprehensive recovery will be enriched by adding two additional measures: Psychocultural Diversity and Psychosocial Integration. If we view acceptance and commitment therapy (ACT) as an example, we can see that this evidence-based theory provides only one primordial perspective (O'Connor, 2013)—increased psychological flexibility—but is missing others, like inner work (or ‘soul making’, realized through increased psychocultural diversity)\(^{50}\) and the environment (both the natural world and social settings, which can be measured by increased sense of psychosocial integration and sense of belonging).

What I will present in this chapter can be viewed as a holonic paradigm (Wilber, 2000; Wilber 2006), which adds a much-needed multiplicity to recovery theory at large, and to integrative recovery and acceptance-based therapies specifically. I will propose utilizing an integral model for recovery as an important step towards understanding what is needed for a comprehensive and sustainable recovery plan (Dupuy & Gorman, 2010; Dupuy & Morelli, 2007; Shealy & White, 2013). I intend to also illustrate the need to bring into both our clients’ and our own awareness all three manifestations of life—the Ecosphere, the Total-sphere, and Noosphere—as a non-dual embodied-happening (Elgin, 2014), where all three are seen simultaneously as one and as the many because all are aspects of the one actuality.

My main concern is that both independently and when integrated, the manifestation of these ‘spheres’ is at times unintentionally neglected in the pursuit of sustainable recovery and

\(^{50}\) Chapter five is dedicated to this topic. Grange (2011) writes, “Without a rich source of difference to draw upon, the ‘thisness’ so necessary for genuine Soul making is inaccessible” (p 24).
aftercare plans. This means that any integrated recovery model should be understood to include an awareness of simple-being (or ‘aliveness’, ‘suchness’ or ‘stillness’) that accommodates diverse and ever-growing perspectives (me, you, we, they and that). These integral and reciprocal ‘spheres’ manifest as our local ecology, the psyche, (the totality of all psychic processes), social-cultural context, and spirit (non-dual recognition).

Again, I remind the reader that once we recognize the significance of the integral platform in program development, there is no need to develop new methodologies because there are already many well-researched and evidence-based interventions on all three primordial perspectives. My hope is that the new integral measure will provide a better theoretical synthesis that may contribute to the effort of finding unifying aspects and common factors in psychotherapy practice and language (du Plessis, 2012; Miller, Duncan & Hubble, 1997; Wilber, 2000, 2000a).

**Acceptance Based Treatments & Psychological Flexibility**

Mindfulness and acceptance-based treatment are part of what can be called the ‘third wave’ of cognitive and behavioural therapies (Harris, 2006). All of these emphasize the development of mindfulness skills and acceptance of unwanted internal experiences as a core therapeutic component.

Mindfulness and acceptance-based interventions (which have their philosophical roots in an Eastern understanding of the mind) have been contributing to the Western understanding of

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51 Harris (2006) added: “along with Dialectical Behaviour Therapy (DBT), Mindfulness-Based Cognitive Therapy (MBCT), Acceptance and Commitment Therapy (ACT), and Mindfulness-Based Stress Reduction (MBSR) (p. 3).
addiction for more than forty years and have been proven to provide a practical approach to emotional regulation in the general public for stress, anxiety and trauma (Berkow, 2003; Deatherage, 1975; Emerson, 2009; Epstein, 2005; Kabat-Zinn, 2005; Levine 2005; Siegel, 2010), support therapists (Christopher, 2010), student (Adams, 2000) and (in the case of this research) people in early recovery (Bowen et al., 2007; Gifford et al., 2004; Kissman & Maurer, 2002; Linehan et al., 1999; Ostafin & Marlatt, 2008; Zgierska and Marcus, 2010).\(^{52}\) Such interventions foster in clients the perspectives, tools, and skills that are so necessary in early recovery, and can teach clients to develop healthy and adaptive coping skills to the more challenging internal experiences such as shame or negative self-judgment—which addiction can cause—and are a vital part of any holistic approach to recovery.

Acceptance and Commitment Therapy (ACT) is a “manualized cognitive-behavioural approach” that targets ineffective control strategies, suppression, and experiential avoidance, which is the unwillingness to accept negative thoughts, feelings, and emotions (Heffner et al., 2003, p. 379). ACT incorporates \textit{mindfulness} as one of its main interventions. This means that the focus of the client’s attention is opened to receive the present-moment experience, without identifying automatically with judgments or reactivity (Ruth, 2006).\(^{53}\)

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\(^{52}\) Mindfulness may target mood, anxiety, and other psychological symptoms through two major processes: psychological and biological (Marchand, 2012). The biological process of mindfulness has been shown to have an impact both on brain function and structure (Marchand, 2012; Siegel, 2010), and the psychological process brings a shift in perspective where the client may experience a fundamental shift in psychological ‘location.’ It is not only a paradigm shift in the way clients relate to their thoughts, emotions, and sensations but also an existential experience that is radically different from the regular experience of thought, emotions, and sensations.

\(^{53}\) This moment-to-moment observation can be developed through a regular practice of meditation, which in turn increases positive qualities such as “awareness, insight, wisdom, compassion, and equanimity” (Ruth, 2006, p. 27).
By incorporating mindfulness interventions and practices as part of its therapeutic approach, ACT therapists stress the development of greater acceptance to life events when acceptance is defined as being “experientially open” to the reality of the present moment (Vieten et al., 2010, p. 110). In other words, there is no need to change anything in consciousness—“one need only pay attention to the ways of the mind” (Fenner, 2003, p. 27). The combination of ACT with mindfulness training is particularly effective because both interventions promote a kind of awareness that allows negative thoughts, feelings and sensation to arise within the mind without the need to change or suppers them. This is combined with a value-based way that set the tone for the long-term commitment of the client to his or her healing process (Fledderus et al., 2010).

In the words of Biglan (2009),

ACT employs metaphors and experiential exercises to help people accept unpleasant thoughts and feelings and defuse from them. People fuse with their thoughts when they behave as if those thoughts are literally true. That is, they do not distinguish between the thought and what the thought describes. For example, a person might think, “That person doesn’t like me,” and might react without noticing if the thought is true or not. ACT also helps people clarify their values. The critical question is, “What do you want your life to represent?” As people learn to accept and defuse from their thoughts, they become better able to connect fully with situations they face and to make the choice to act consistently with their values. (p. 17)

In addition to the importance of mindfulness in ACT, the therapeutic procedure is value oriented and focused on fewer symptoms (Luoma et al., 2011). Harris (2006) proposed that when
clinicians put resources into eliminating symptoms, they in fact increase the likelihood that the clinical disorder one is trying to overcome will persist: “As soon as a private experience is labeled a ‘symptom,’ it immediately sets up a struggle with it because a symptom is by definition something pathological” (p. 3).

In ACT, thoughts are not viewed as the actual cause of behaviours and emotions but as “covert behaviours,” which like conscious behaviours are in a kind of ‘relationship’ with environmental events (Hayes et al., 2010, p. 7). Behaviours are then contextualized as incidences within life’s events.

At the core of ACT is the emphasis on the relationship one has with ‘unpleasant thoughts and emotions’ rather than a more traditional focus on the content of such experience, or the attempt to get rid of or change them (Luoma et al., 2011). In ACT, the client learns that unpleasant thoughts and emotions are emerging from an unconscious identity that is habitually activated, unconsciously driven, hidden from awareness, isolated, and in need of relational connection in both the inner and outer worlds. Once the client progressively learns to ‘surf the waves’ of distress, and accepts uncontrollable and undesirable internal reactions to life events, the therapist encourages commitment toward valued life directions (Hayes & Wilson, 1994):

Unlike goals, values focus on directions and processes; that is, values focus on the journey, not the destination. Values are continuously pursued and never fully satisfied, and because they involve life-long pursuit, the client's commitment to valued directions may enhance the maintenance of treatment effects long after the final therapy session... The use of ACT to treat alcohol dependence differs from other conventional approaches by directing change efforts toward developing and
pursuing a number of value-related goals in addition to the goal of staying sober.

The journey is process-oriented rather than outcome-driven. (Heffner et al., 2003, p. 379)

Although ACT focuses on the value-oriented process, setting goals is still an important part of treatment and prevention: “Values underlie goals and goal setting allows a client to move in a valued direction” (Heffner et al., 2003, p. 379). It is important to make a distinction between outcome goals that give a client direction (such as staying sober) and process goals that demand a long-term commitment to change (Heffner et al., 2003). The clients are motivated to bring their attention to the process of recovery and to let the outcomes happen by themselves. For example, instead of focusing on staying sober, alcohol-dependent clients can be assisted to notice the process of leading a fulfilling life that is defined by their core values (Heffner et al., 2003).

ACT’s main purpose is to increase a client’s ability to stay psychologically flexible. Psychological flexibility can be defined as “the ability to contact the present moment more fully as a conscious human being, and to change or persist in behaviour when doing so serves valued ends” (Hayes et al., 2006, p. 6). In the words of Biglan (2009),

Psychological flexibility refers to a mindful orientation, in which people are aware of their thoughts and feelings, as thoughts and feelings, and are able to act consistently with their values, even when they have thoughts or feelings that discourage them from doing so. Recent research in clinical psychology indicates that, as people become more psychologically flexible, their willingness to care more for others increases, while their prejudice and stigmatization of others decrease. Although this work is in its infancy, existing evidence is sufficiently
promising that it seems appropriate to encourage further research on the implications of this line of thinking by influencing the direction of cultural evolution (p. 15)

A psychologically flexible person has the capacity to engage with negative, positive and natural points of view without trying to avoid, transform or control such experiences (Fledderus et al., 2010). This new ability to stay present and grounded even with difficult emotions is facilitated by a committed action to live accordantly with one’s authentic values.

Years of manipulation, self-deception, alienation from family, friends, and (in extreme cases) from society at large has brought many clients to face the painful truth of what their addiction has done to them (Messer, 2012). Drifting in the sea of addiction, acceptance and mindfulness can become a life-boat—clients are still in the middle of a dangerous environment that is threatening to drown them, but are now able to take rest, re-evaluate their position, and do their best to find a safe haven.

**Sustainable and Comprehensive Recovery Plan for Clients**

*Such an approach grounds contemplative efforts as praxis, as a way of being and working in the world: Mindful awareness with respect to the subjective realm of bodily states, sensation/perception, intellect, mental dispositions and emotion; mindful awareness of the many dynamics of interactions with others and of sociocultural influences in the realm of the intersubjective (Bai et al., 2014, p. 6).*

Now that we have examined two essential phenomena that individuals in early recovery will have to address (concerns emerging from dislocation theory and day-to-day psychosocial distress in early stages of recovery) and reviewed (initial) research on mindfulness, acceptance
based treatments and psychological flexibility, it is time to deepen the conversation by providing a critique on what I perceive to be a well-established theory, one limited by its inability to fully address the magnitude of psychosocial disintegration and the loss of psychocultural diversity.

There are plenty of well-researched, evidence-based programs that do an admirable job helping individuals in early stages of recovery.\(^5\) I use many of these therapeutic modalities when I design programs as a clinician. As Calleja (2011) writes, new treatments have “woven together many narrowly focused methodologies to create multifaceted programs that help addicts achieve sustained, balanced recoveries” (p. 93). It is also encouraging to see that new integral recovery modalities are being developed and implemented (du Plessis, 2012; Dupuy & Gorman, 2010; Shealy & White, 2013). For example, the Shealy & White, (2013) theoretical vision for integral recovery, titled ‘Integral Evolutionary Recovery,’ is an admirable attempt to cover the whole range of the AQAL map:

Integral Evolutionary Recovery acknowledges and provides tools for addressing addictive and destructive patterns within the individual and in collective culture, structures, and systems. It offers an expanded kosmocentric mythology for a post-postmodern world, as well as a path of shadow integration and ego-transcendence to further the evolution of the whole. IE Recovery incorporates post-personal group dialogue, embodied awareness, and transparent communication practices as a complement to individual spiritual practice and recovery-supportive health behaviours. In doing so, it will be attentive to issues of self-structure development

\(^5\) Examples include Dialectal Behavior Therapy (DBT), Cognitive Behavioral Therapy (CBT), Rational Emotive Behavior Therapy (REBT), Mindfulness-Based Cognitive Therapy (MBCT), Acceptance and Commitment Therapy (ACT), Motivational Interviewing (MI) and Mindfulness-Based Stress Reduction (MBSR), and Narrative Therapy.
and offer appropriate support and trauma-informed care when and where it is needed. (p. 77)

Indeed, I find the diversity and depth of current research in the field of addiction worthy of celebration, and acknowledge that some common therapeutic interventions in recovery are narrow by choice. Practitioners in each therapeutic protocol and intervention carve a niche by promoting their unique view of evidenced-based recovery. This specialized approach enhances depth in research and practice, and my dissertation is not a critique of that. While specialization is necessary, the concern is that in some cases the result of these therapies overlooks not only the complexity of creating a truly effective multifaceted program (which is a subject by itself), but it may also overlook a few of the core ‘spheres’ of human existence when designing relapse programs (Dupuy & Gorman, 2010; Dupuy & Morelli, 2007; Shealy, & White, 2013; Wilber, 2000a).

This section presents the idea that sometimes forgotten in the specialization of addiction theory and practice is the ‘bigger picture’ (or foundation) of human complexity and the forces at play within all quadrants. Think of a house as a metaphor for what I just discussed above: some of us may be so intrigued by the design of each room of the house (its unique color, the different shapes of the space and what kind of furniture is needed to make the house functional and ‘warm’) that we may forget to pay attention to the foundation of the house—the thing that keeps the house standing. We all agree that when designing a house, a proper foundation should be installed, but because we take the foundation, the land on which the house was built, and even

55 This list includes narrative therapy, psychodynamic therapy, cognitive therapy, behavior therapy, acceptance based therapy, holistic therapy, client centered therapy and so on. I will expand on this notion shortly (Prochaska & Norcross, 2010)
the engineering skills needed for granted, we eventually forget about all those initial and critical matters and become transfixed on the interior design and living conditions.

If this were the case for the conceptualization of a house, would it not be true when we design a recovery program (or a clinical intervention)? There are forces that are foundational in any recovery program and they not only influence the ‘what, how, where, and when’ of the program, they also affect how clients and clinicians interact with each other. From an integral perspective, observing recovery from only one of the four quadrants (or only one recovery modality) inevitably results in a fragmented understanding of the human experience, which may lead to limited outcomes in recovery (du Plessis, 2012a; Dupuy & Gorman, 2010; Shealy & White, 2013). Because each quadrant is a lens on reality that produces distinct theories, truths and perspectives, clinicians can miss whole aspects of human life to the extent that they only focus on one.

When program developers and clinicians address only one quadrant (e.g., focusing only on neuropathology and neuropsychology or only on the spiritual or psychological factors of addiction), they are in jeopardy of reducing human experience to only one “truth.” By fully opening and embodying the spectrum of what an integrative model can provide, people can grow into becoming closer to a sense of wholeness. ‘Whole’ does not mean a “final destination.” The term ‘whole’ in this context speaks to the richness of human experience, which is always changing, developing and evolving.

If we wish to help our clients stay in long-term recovery, we need to address not only intrapersonal concerns, but also the inter-subjective dimension, the Macrosystems and the Mesosystems. This is to say, to take into consideration the degree to which we are relational
beings with all their social and ideological blueprints (both in regards to other humans and to our ecology). Moreover, it is imperative that we take into consideration the dramatic (I do not say this lightly) effects we all share due both to social and ecological disintegration (Alexander, 2015; Divecha, & Brown, 2013; O'Connor, 2013) and to the loss of psychocultural diversity. I will show that as evident as this statement may seem when we read it, there is a tendency to overlook its impact in day-to-day aftercare programs because of the hyper-attention and natural bias we invest in individualist treatment plans.

Finding how to integrate all of the above into a recovery program is not an easy task. Each perspective is a lens; when immersed in each we can easily forget that it is only one way of knowing and seeing the world. And yet, in my view and the view of others (Divecha, & Brown, 2013; Hillman, 1997; Jung, 1976; Orr, 2004; Patten, 2013; Roszak, 1995; Woodman, 1990), the planet, society, and human beings need to be healed together because our psyche (I/IT) cannot be separated from its environment (ITS), be it the natural world (WE, ITS) or a socio-cultural context (WE). This view, I believe, is also true for individuals who suffer from addictive behaviours, because, as we have seen throughout Chapter One, the strong correlation between psychosocial fragmentation, dislocation and relapse has been established.

**Integral Measures for Comprehensive Recovery**

*We are creative participants, as autonomous yet embedded interpreters in a co-evolutionary unfolding of reality. It is a complex process where both the universe and we are mutually creators and created. What seems to be unfolding is not only a recovery of the Anima Mundi, but a new relationship to it (Tarnas, 2002, p. 9)*
As we have seen, the claim that “psychological flexibility” is one of three (or more) key factors in treating and preventing relapse in addiction is a fundamental proposition of this dissertation. If psychological flexibility is crucial in changing substance use patterns, and if psychological flexibility can be taught, supported, and enhanced (Biglan, 2009; Fledderus et al., 2010), then a logical question arises: what can increase psychological flexibility? The other important question should then be asked: Is increased psychological flexibility (as a measure for sobriety) enough to refrain clients from abusing drug and alcohol after leaving treatment? The answer to the first question has been partly answered by ACT theory and throughout this Chapter (and in the Appendix); despite the central insights of ACT theory, however, I wish to critique the limitations of its philosophical standpoint.

I begin my critique with the concern that in “Western culture there is also a tendency to confuse meditation with psychotherapy” (Engler, 1984, p. 34). Contemplative practices that focus on transcendence or enlightenment (i.e., the dissolution of the self), without the Western understanding of ego development (the importance of the stable and healthy ego) and Jungian notion of the shadow, can become a pathological way to dissociate, suppress, and ‘spiritually bypass’ negative thoughts and emotions (Engler, 1984).56 Epstein (1999) notes, “While the Buddhist practices lay great emphasis on illuminating the representational process, they make little direct effort to resolve inter-psychic conflict” (p 126).

56 To make this point clear, the healthy development of the ego is crucial for our psychological well-being. Engler (1984) points out in strict continuity with Jung that the ego is a “collective term designating regulatory and integrative functions. To ‘transcend the ego’ in this frame of reference would mean to surrender the very faculties which make us human—the psychological structures that make it possible to think, to plan, to remember, to anticipate, to organize, to self-reflect, to distinguish reality from fantasy, to exercise voluntary control over impulses and behavior and to love” (p. 26).
In other words, while practitioners of acceptance-based modalities may show “non-defensiveness” when experiencing conflict, in some cases there is no real change in the actual inter-psychic conflict. Epstein (1999) writes that even if the capacity of the practitioner to sustain conflict grows, such equanimity can be used as a defence mechanism. The client can deal with pain by saying things like: ‘Oh, this is just a thought, I am just resting in awareness. It does not bother me,’ while in fact there is an avoidance of emotional discomfort and abandoning of psychological needs. We can see that the danger of detachment becoming spiritual bypassing can grow when introducing a client to mindfulness practice. Clinicians could misidentify pre-egoic states as transpersonal experiences (Wilber, 2000b) because even the highest teachings can be hijacked by fear and other forms of spiritual bypassing.

Going beyond this, the greater concern is that mindfulness and acceptance based treatment do not always address other integrative ‘truths’ of being in the world sufficiently, such as soul work (and meaning), social disintegration, ecological perspectives and so on. This point

57 I believe that a theoretical approach that also offers a healing space for the integration of the self is needed. This is the foundation (or ground) for the transpersonal Self to emerge, where one is truly connected to a deeper existential and contemplative life (Friedman, 1964), a life that is for self and others as well as for the planet at large. Therefore, we need to begin with (1) Integration of shadow, developmental psychology, cognitive or behaviour adjustment, somatic therapy, and the exploration of one’s narratives and values (all with consideration to the issue of diversity and coming from a client centered approach). This can help clients reach a certain level of clarity about their needs and how to express them, insight into their values and narrative, and a higher sense of wellbeing and self-love. It also supports the exploration of one’s emotional life and of one’s capacity to have healthy transactions with others and with oneself; (2) This becomes the ground for the transpersonal, where through contemplative practices and an introduction to a wider map of the human psyche we can support (or suggest) a higher potential for a deeper existential life, where clients recognize their unique self, their expression, their poetic life AND also go into the domain of the Self (world soul or nature mysticism) endlessly expanding, evolving, exploring inner and outer domains. Both steps 1 and 2 are engulfed by the non-dual view. They are both points of view within awareness.

58 Prendergast (2003) suggested that the intimacy of this shared field can bring up a client’s resistance to being present and letting go. He noted that clients may report “negative self-judgments, strong feelings such as fear, shame, anger or grief” when sitting in the space of awareness (p. 101). The shared field of awareness may even cause clients to project that the therapist is a critical, abusive or uncaring caretaker (Prendergast, 2003). In other words, by illuminating everything, the darkness too comes forth and clients discover that they are not who or what they think they are. Clients may discover unpleasant aspects of themselves, which may bring shame and guilt. This is especially true with addicts and alcoholics who have hurt others.
is very important for the implementation of mindfulness and acceptance-based treatment in recovery settings because without this in mind, our chances of becoming aware and thus incorporating other concerns into relapse prevention programs decline.

If we understand the dramatic impact that dislocation has on relapse statistics and on negative affect, should we not add relevant measures to capture it? This is why I propose to incorporate two supplementary measures that can capture what psychological flexibility cannot. The two are Psychocultural Diversity and Psychosocial Integration. I suggest that sustainable and comprehensive recovery can be subjectively ‘measured’ by the reported increase in psychological flexibility, psychocultural diversity, and psychosocial integration and by declined events of relapse.  

**Psychocultural Diversity**

I have developed the term psychocultural diversity to describe the richness of our psychic reality that is in “reciprocal relationship with its local surroundings” (Cohen, Bai, & Rabi, 2014). I define psychocultural diversity as the existence of a healthy and growing capacity to hold diversity of imagery, mythology, and perspectives within consciousness. It can be seen as a key factor in our collective and personal psychic strength and the ability of a culture (or an

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59 There are current tests that do measure psychological flexibility but none developed for what I termed ‘psychocultural diversity’, which is an important next step in my research. However, through therapeutic conversations and with the client self-reported sense of aliveness, connection and increased embodied self-awareness (and a decline in reported relapse and cravings), there can be a subtle way to see if clients are increasing their inscape of perspectives and creative potential.

60 Please note that some sentences in this section were taken verbatim from a chapter titled *Relationship as Teacher of Sustainability: Post-Individualist Education* (2014). This chapter was written in collaboration with two of my PhD. supervisors—Abraham Cohen and Heesoon Bai. I have chosen to integrate them directly because they were taken from my dissertation draft. The usage of the sentences is done with their approval.

61 Barreto (2006) explains, “The element of irrationality in this modern attitude or form of relation corresponds precisely to the denial of the reciprocal dependence between man with this technological power, on the one hand and nature on the other” (p, 261).
individual in that culture) to access creative, and imaginative depth. As the variety of psychical forces push or pull upon an object, so do Noospheric forces push or pull on the psyche—the tension between fate, grace, choice, surrender and the \textit{volumetric mass density} of our pain shapes our inner (I) and intra-inter (We) ecology. Paraphrasing from a famous movie, psychocultural diversity is the “good, the bad and the ugly” of humanity.

Psychocultural diversity is the pool of discovered and discoverable creativity and social-cultural solutions.\textsuperscript{62} It is the \textit{deep democracy of the soul}\textsuperscript{63}, which is the return to multiplicity and diversity within (and between) and the discovery that we are the ten thousand things within or what Austin (1975) calls "an interior society" whose relations suggest "a community of internal agents" (in Beebe, 2002, p. 267).

On an individual level (‘I’), psychocultural diversity includes at least five aspects of the psyche: greater depth of subjectivity, expansion of (personal and non-personal) creativity, somatic integration, transformation (personal unity as soul), and psychological development.\textsuperscript{64} I believe that all five of these psychic vectors should be addressed in recovery modalities and aftercare planning because by providing room for the whole spectrum of inner and intra inscape, we expand from the trivial, vague, and narrow (Grange, 2011) to include the whole non-linear psychocultural evolution.

\textsuperscript{62} Some solutions are horrific (like genocide and the mass extinction of species due to our ignorance), others are more healthy and progressive in their nature.

\textsuperscript{63} This is a term I coined for my work, inspired by Arnold Mindell’s (1985) prominent terminology of \textit{deep democracy}.

\textsuperscript{64} These aspects of soul are an integration of my own intuitions and those of Grange’s (2011) inspirational and expansive research on Soul.
Psychocultural diversity can also be explained as the sense of identity and belonging to the “We” space—the global orientation toward intersubjective relationships, cultural themes, and cultural norms—all in the process of spiral evolution (Beck & Cowen, 2005). There is no cause and effect in the usual sense of the word in this process. Instead, we open ourselves for a dialogue while keeping in mind the full range of reality (the three ‘spheres’ and four quadrants are part of this spectrum). That is to say, greater depth, expansion, maturation, and development happens when we learn to speak in the native tongue of the soul. Donfrancesco (1993) speaks to this when he writes that “Psychology ... is called upon to correct its adopted language. It has to harken to a language which is from the soul and for the soul and is psycho-logical” (p. 40). I, too, reflect on the ‘the native tongue of soul’ in my retreat:

Our (ecological) parents are teaching us to think, talk and understand symbols from the moment we are born but we choose to teach our children to read only ‘human’ symbols. We do that through books, with another person (parent and teachers mostly) or through passive staring in front of the television or computer. Now try a language with endless symbols! (not 26 letters). Try to imagine a language that is always in dialogue with you... Imagine a symbolic system that has all of the answers to all of your questions and your soul ‘gets it’ so immediately.... So why are we so hostile to our true native tongue? Why do we only want to meet it in its “organized” forms and not in its wild, deep, scary versions? In my dialogue with you [nature], I learn to expand my language from Hebrew and English to the language of these woods, which allows me to take part in the book of life. (Rabi journal, 2014)
If we wish to support the growth of psychocultural diversity, we must include nature’s creativity as an additional guide and engage with its symbols, so that any interventions or actions taken are less about ‘fixing’ people and more about awakening and expanding possibilities in their psychic life:

Dead words are like a seed waiting for rain and sunshine. The seed was once a part of a tree. With the force of rain and sun, the seed will flourish once again to give fruit. The same with our psyche—if we take everything that has been said thousands of times and is now dead, and make it sacred again with loving silence, it will once again bear fruit. Then we will find out that everything is holy, even death. Breathe love into your thoughts and awaken them from hibernation! They will bring nourishment to you and to others once again. (Rabi, 2013)

Psychocultural diversity can also be understood as the ‘soil of the soul’—the ‘thicker’ it is, full with the rich ‘organisms’ of mind (the noospheric forces within), the healthier and sustainable it becomes. Grange (2011) writes “Any process of growth must sink its roots into deep, rich soil” (p. 15). In this view, it does not really matter what we are learning or what kind of therapy we choose. It is more about the deepening (or thickening) of psychic life:

*What we see today is mostly a romantic version of cultural and personal change—we feel but then forget. We experience an emotional peak and crash back into the mundane grounds of daily existence. When I talk about the need to create new layers of*

65 When we reject this impulse, we disturb the social order and can observe the “knower” which has separated us from the natural world and from each other. Consequently, psychocultural diversity needs to come from a place that is aware of the knower (which is unquestioned social-cultural assumptions about life).
consciousness, a richer psychological soil, I mean that this inner ‘thickness’ of consciousness expands the possibilities and choices for transformation and evolution. There need to be more connections that can be made, more creativity in our solutions. With diversity we have additional physiological force to penetrate into an intersubjective field that is the world soul (Rabi journal, 2014)

Another metaphor for psychocultural diversity is a rain forest. Greater species diversity ensures natural sustainability for all life forms and healthy ecosystems can better withstand and recover from a variety of disasters (Shah, 2014). So it is with our psyche. When it comes to the Noosphere, psychocultural diversity is a key factor in our collective and personal psychic strength. Without diversity, consciousness is weak and it is more easily threatened or manipulated. Without diversity, consciousness is narrow, thus affecting our wellbeing and vitality:

Thoughts can be healthy or poisonous just like plants and fruit in a forest. This does not mean they are not beautiful to watch or to notice when they appear in the mind and it does not make them ‘not natural’ or something that we need to get rid of. Like in nature, we have thoughts that are part of our internal balanced ecology. They have a reason and purpose as part of the whole psychological ecology even if we do not understand that yet: Maybe like a poisonous fruit, our negative thoughts bring balance to our self as it brings diversity to the forest. If we push it away or try to ‘kill’ this thought, we might make our psyche less diverse (flexible?) and consequently less healthy. (Rabi, 2013)

Reflecting on the idea of psychocultural diversity in recovery, I wrote:
Let’s take corn as an example. There are dozens of varieties of corn with a multitude of diverse colors, tastes, adaptability to different climates (not to mention the aspect of beauty). Although corn is one family of grain, its diversity allows it to flourish. Once we created a “terminator seed”, we risk more (and more) pesticide control and we lose the natural ability to adapt and evolve. The same can be said about the mind: If we say that the ways we understand the world should only be one way, we lose adaptability, perspective, and beauty. Some forms of psychiatry (like with the big seed companies), wish to create dependency on their diagnosis. In this hierarchical model, the farmer on the one hand and the patient on the other hand, becomes dependent and ‘enslaved’ to the diagnosis/system in order to receive treatment/seeds.... We should be wary of the voice that speaks of ‘efficiency in therapy’ or ‘an easy method of controlling symptoms’ because these ‘improvements’ can become “killer seeds” to the mind. They can jeopardize inner abundance... Because of this, (pushing away other ways of knowing, other ways of understanding), we are truly creating a mono-psyche. This is happening in our minds as it is happening in the world (the loss of bio-diversity). Creativity and human imagination is the force that gives rise to psychocultural diversity. It is the dynamic energy that is unbound by the literal. (Rabi, 2013)

Psychocultural diversity includes and transcends development; when only development defines who we are, we are locked into a vertical, time-bound existence.⁶⁶ When the psychic

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⁶⁶ “When psychic reality is equated with experience, then ego becomes necessary to psychological logic. We have to invent an interior witness, an experiencer at the center of subjectivity—and we cannot imagine otherwise” (Hillman, 1983, p. 78)
possibility allows for only one state of matter, we diminish our existential possibilities. This is another reason why we need a view that can show how development occurs along any one of countless vectors of the imaginative: “Our primordial existence consists in this inhering in depth in a pre-objective world of inexhaustible richness, irreducible to any attempt at a complete grasp” (Sally, 2002, p. 56).

Like Sally, I believe that there is inherent creativity in the Cosmos, a creativity that has no direction, no finality nor end. We are made of (literally) stardust, informed by the Cosmos, and by the natural world on the most foundational of levels. We touch this in those precious moments when we find ourselves sitting just for the sake of sitting, or looking just for the sake of seeing. It is the activity of disturbance of routines. It is also love making because life moves through us freely as we tap into our own vitality. In this view, we consider the possibility of entering into dialogue with the world from as many different angles (or lines of development) as wished for and needed. In other words, psychosocial diversity is not only about “growing up” as a person or a culture, but is also about initiating depth and span that allows the psyche to know itself from the countless layers and perspectives of existence:

Undirected movement toward the new, the non rational, the playful. It is the flow of experience, vital, spontaneous, open to the unexpected, yielding and responsive to being acted upon...its effects are the uplifting, ecstatic inspiration that comes from the experience of transformed awareness. (Kanner & Gomes, 1995, p. 119)

The loss of psychocultural diversity due to imposed (and mostly unaware) values reflects the diminishing balance of the ecosystem. If we assume that the human psyche is an integral part of nature, it is critical that the individuation process involves healing the modern split between
inner and outer, consciousness and unconsciousness, self and other/Other, so that we can produce a soul-centric outlook on life: “Mind arises, and dwells, between the body and the earth, and hence is as much an attribute of this leafing world as of our own immodest species” (Abram, 2010, p. 111), and Jung (2002) adds “The fact is that western man is in danger of losing sight of his shadow altogether, of identifying himself with his fictive personality and of identifying the world with the abstract picture painted by scientific rationalism” (p. 59).

Again, this is one of the most crucial aspects of an ecological outlook that examines and expands the possibility of who we are. Therefore, what is needed is an acknowledgment of our psychic inquiry. Although not a new idea, my concern rests in the fact that this way of knowing and being is slowly being forgotten.

**Psychosocial Integration**

Psychosocial Integration is a term coined by Alexander in his research on addiction and globalization (2010). Psychosocial integration allows for social inclusion and a sense of belonging where the full spectrum of human needs can be met. When social rules are expected, understood, and mastered, life is more meaningful, manageable, and comprehensive (Antonovsky, 1987; 1993; 1994). Psychosocial integration is born for what I term the ‘field of solidarity.’ This unseen noospheric force is what brings us closer or further away from each other. When it is strong, people’s lives are psychologically predictable, structured, and explicable (Antonovsky, 1987). When psychosocial integration is weak, people’s levels of stress, anxiety, and alienation grows (Alexander, 2010). Alexander views psychosocial integration as the goal of human development. He writes:
Psychosocial integration [is] a profound interdependence between individual and society that normally grows and develops throughout each person's lifespan... Psychosocial integration is experienced as a sense of identity because stable social relationships provide people with a set of duties and privileges that define who they are in their own minds.... Psychosocial integration makes human life bearable and even joyful at its peaks. Moreover it is a key to the success of the human species, which flourished by simultaneously evolving close cooperation and individual creativity... Lack or loss of psychosocial integration was called 'dislocation'. (2010, p. 58)

Ghaumi (2014) reflects on what he calls the “next generation” of understanding on the relationship between psychosocial integration, addiction, and globalization:

In this regard, it is reasoned that the life style concerns and the harmful tensions for health have been multiplied in developed and industrialized societies and addiction is one of the consequences of mass production in free markets.... According to this viewpoint, addiction is a type of adaption to the universal social conditions in which searching for meaning and individual identity is increasingly assigned to personal actions and attempts. Regarding the cultural policies related to addiction, David Forbes (1994) refers to the difficulties in satisfying the needs such as power, security, and self-expression, and claims that addiction is a political and cultural issue and as well as a compensatory mechanism. As Norman Denzin (1993, p. 8) states, addiction could even be considered as a representation of cultural failure from a social criticism perspective. (Ghaumi, 2014, p. 75)
When we take into consideration how important psychosocial integration is to human health and prosperity, we start to realize the magnitude of our problems with addiction. The global phenomenon of dislocation and its outcomes in people and community have been discussed in Chapters One and Two. That is why I feel it is important to include psychosocial integration in the new scale for IRM. Below I have used the Bronfenbrenner (1982) circle of influence to show how psychosocial integration is critical for well-being and a sense of coherence:

**Microsystem**: Family relationships are the first in the individual’s life that influence and develop a healthy personality that is based on trust and mutuality. The caring relationships between the child to his or her parents, siblings, and immediate caregivers, are the early microsystem for “learning how to live” (Swick & Williams, 2006, p. 373). Bronfenbrenner (1992) points to parents as the “most powerful influence on child development and the persons most sensitive and responsive to their children’s behaviour” (p. 218). The child’s immediate contexts (physically, socially, and psychologically) are how the child initially learns about the world. Moon, Patton, and Rao (2010) wrote, “The family environment plays a vital role in prediction of adolescent violence and future substance use. One strategy to aid in prevention of both substance use and violence could be to enact early childhood home visitations” (p. 851)

**Exosystem**: The exosystem is comprised of the larger formal and informal social and political institutions in the individual’s life. It defines the larger social systems that act as negative or positive forces on the child's life. The structures in the exosystem have an influence that impacts peoples development by interacting with the structures in their microsystem (Paquette & Ryan, 2001).
**Mesosystem:** Mesosystem is not a definite structure among the nested tiers, but the relationships between two or more contexts in which development takes place. The mesosystem reflects the mutual influence of the various structures on the individual and the individual on the structure (Hoare, 2009). The importance of the mesosystem lies in the different and even contradictory experience an individual may have in different microsystem settings (McHale, Dotterer & Ji-Yeon, 2009). The mesosystem provides the connection needed between two or more circle of influence in which a person lives (Swick & Williams, 2006).

**Macrosystem:** Bronfenbrenner referred to macrosystems as “society’s ideological blueprint and includes the cultural beliefs and encompasses its economic, social, legal, political, educational, religious, and family institutions” (Verrecchia et al., 2010, p. 224). For Bronfenbrenner (2005), the macrosystems influences what, how, when, and where we relate and interact with others. Hence, the macrosystem is a more abstract influence that reflects a shared assumption, among people, of "how things could be done" (Verrecchia at al., 2010, p. 226). Macrosystem forces are not unidirectional but are “shaped by forces at every level of the social ecology, including the choices children make about their daily activities” (McHale, Dotterer, & Ji-Yeon, 2009, p. 1196).

**Recovery Through a Wide Angle Lens**

Emerging from my research, as well as from my own personal experience as a clinician and educator, I have came to believe that when recovery modalities put aside (or are ignorant of) the context from which the growing concern of addiction arises, the outcomes of such efforts are limited. The reader should keep in mind the statistics about recovery: 40 million North Americans suffer from one or another form of substance misuse and substance abuse; that is one
in seven. Only three in ten of all people currently in treatment for drug and alcohol addiction will remain sober once they leave (Dupuy & Gorman 2010). With all the current funding dedicated to the control and eradication of addictions worldwide, along with all the advances in clinical research, the proliferation of addictions (in all of their manifestations) seems to be growing even as the outcomes worsen!

If we are interested in the deeper healing of people in early recovery, then we will need to view the challenges of addiction through an integral, contemplative and, psycho-ecological framework—one that views recovery through a wide angle lens. As we have seen, such a framework is critical to addressing real life concerns about developing SCR for relapse prevention.

I have started to address one of these concerns through what I have termed, integrative recovery measures (IRM). These measures constitute an expansion of items that should be included in SCR’s—psychological flexibility, psychocultural diversity, and psychosocial integration. Cultural and social context, and the relationship with the natural world are all aspects of SCR that need to be acknowledged and addressed. Only via the soul-full opening into all these contextual aspects (the first, second, and third perspectives of human existence) can our clients grow into wholeness and health.

The UN Office on Drugs and Crime writes that "expressed in monetary terms, some US$ 200 billion-250 billion (0.3-0.4 per cent of global GDP) would be needed to cover all costs related to drug treatment worldwide. In reality, the actual amounts spent on treatment for drug abuse are far lower…one in five persons who needs such treatment actually receives it" (World Drug Report, 2012, p. 4).
The same way good intentions are not enough to protect people from tropical storms and hurricanes, our well-intended therapies cannot manage the dramatic global impact on communities and nations (Alexander, 2010; Fasenfest, 2010; Ghaumi, 2014). Dislocation and alienation have led many to feelings of powerlessness, isolation, and deprivation from cultural and spiritual meaning. In time, such feelings of powerlessness, isolation, and deprivation led people and communities to deal with their emotional and spiritual suffering in the best way they could: some chose avoidance, other indulgence.

Undoubtedly, context is everything. According to Colin Sanders, a professor at City University (personal communication, May 26, 2012), clinicians need to look at the ‘biggest picture’ possible on the preponderance of addictions. In his view “there is so much violence, loneliness and (therefore) addiction in the world that it has become accepted.... We are chasing after happiness and that kind of worship is not working” (personal communication, May 26, 2012). Addictive behaviours can also be viewed as violence turned against the self, which can easily be seen as part of the cultural distortions that are omnipresent (Avraham Cohen, personal communication, August, 4, 2015). This ‘pursuit of happiness,’ which in fact is an act of psychological avoidance, has caused millions of North Americans to engage in maladaptive patterns as a means to avoid suffering (myself included). Some become addicted to sex, substances, and gambling while others become engulfed into ideologies that bring temporary ease from the pain within (Staff, 1988).

It is important to mention that both human suffering and the relational-ecological crisis are not new phenomena, nor are our reactions to them. Humanity has had thousands of years to ‘improve’ its avoidance strategies and denial while abusing and plundering the earth. No matter
whether we zoom in to the level of individual suffering or zoom out and observe society and the planet as a whole, the patterns repeat themselves.

However, the free market economy has seemed to ‘perfect’ the perception that the earth is a warehouse of resources (which sadly includes us humans), thereby objectifying the planet and its life forms to become consumer goods. The meta-dynamism of neoliberal ‘market forces’ and their outcomes on societies and on the ecosystem are well felt around the world as this type of world view has been affecting more people than ever before and has been creating more damage than we are willing to admit (Alexander, 2010; Bai et al., 2014; Divecha, & Brown, 2013; O'Connor, 2013; Orr, 2007; Patten, 2013; Winton, 2013).

If we cannot ‘get rid of,’ or even affect, globalization and its tectonic shifts to our ways of life, what can we do? I believe that we can at least seek refuge in what is always available to us. Using integral theory as my platform and the “Trinocular” view as the field of inquiry, I have chosen three “primordial practices” (O'Connor, 2013, p. 281) that can be viewed as core psycho-spiritual safe havens, or ‘anchors.’ For O'Connor (2013), the primordial practices are “always already active in every situational action-awareness.”68 (p. 281). These practices are:

Relatively content-free in the sense that these do not convey applicable knowledge of what we can, should, and do know, yet radically content-oriented in the sense that these do convey actionable knowledge of how we can, should, and do learn…These practices are context-transcendent norms of human action in all

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68 O'Connor (2013) defines awareness and action as “…the many real action situations (AN) in which each and every one of us is indeterminately constrained in our capacities to ultimately realize each and every one of us as unique members of a universal civilization committed to the authentication of freedom (AFN), legitimation of justice (LJN), and confirmation of truth (CTN), and therefore indeterminate realization” (p. 286).
its forms and fields and context-immanent evidence of human action in all its particular manifestations…These practices are tacit knowledge of human action that we already possess and latent potential for human action that we have yet to realize...These practices are fractal by design and (re/de)constructive at all degrees of depth and scale throughout the potentially infinite, yet always indeterminate meta-structure of triadic quadratic perspectival (TQPN) awareness-in-action. (pp. 281-282)

O'Connor’s definition of the primordial practices is the most precise description I could find of what I intend to illustrate in the following three chapters; The definition covers the qualities that are so unique to these primordial practices within the field of awareness.

The primordial practices provide the most fluid, caring and creative kind of stability when it is needed the most in the form of (1) non-dual suchness as wakeful awareness; (2) the more-than-human world as our timeless community\(^6^9\) and as a source for secure attachment, and (3) ever deeper roots in Soul (what Hillman (1997) calls ‘growing down’)\(^7^0\) and what Park (2014) calls embodied inner work. In the next chapters, I will illustrate that when we bring our awareness to these primordial perspectives—already available for discovery—and recognize their impact on us, we tend to report feeling more secure (Lumiere, 2012), connected (Bai, &

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\(^6^9\) Abram (2005) speaks to the debt we owe the sensuous world (p. 174). He adds: “Can we not also speak to these powers, and listen for their replies? Can we not cry out to the winds, whisper to the river and the deer, offer our tears to a tree, challenge the mountain with our questions?” (p. 189).

\(^7^0\) It is interesting to notice that this notion is somewhat similar to that of the three jewels in Buddhist teachings. The three jewels are identified as Buddha (essence of being and the primordial inner-teacher), Dharma (the teachings), and Sangha (community). According to some Buddhist tradition, no one can achieve enlightenment without all three jewels. I believe that it is much harder to achieve sustainable and long lasting recovery without an integrative approach to recovery.
Scutt, 2009), at peace (Nisargadatta, 2005; Dowman, 2006), and able to regain meaning and identity (Plotkin, 2008).

In closing

As we have seen, acceptance based therapeutic modalities at large and ACT in specific—like other recovery interventions—provide limited measures for comprehensive recovery by excluding contextual concerns which often result in people returning to substance misuse after treatment. These ‘limited topographies’ also mean fewer psychological ‘anchoring points,’ less attention to psychocultural diversity and psychosocial integration (which always correlates with sustainability), and narrower existential horizons. I have argued that when it comes to acceptance-based modalities—by reducing recovery to one privileged domain or measure of success—we limit our ability to deal with crises, let alone with a crisis such as the psychological, social, and spiritual affliction of addiction.

When working with clients who are in the early stages of recovery, it is important to provide an immediate and available experience that allows them to find peace when they feel overwhelmed by negative affect and social dislocation. By expanding our psychological, cultural, and social ‘view points’, we might be able to better protect what is vulnerable and dear in this precious human life. I believe that when clients are introduced to this path of wonder, innocence, and courage, their boundaries begin to shift and the spectrum of subjectivity expands to include more of themselves.

I have shown that if we wish to embrace SCR as a practice of transformation, all three perspectives need to be recognized as equally important and implemented by all participants to
the extent of their current abilities. Without a balanced view among all three perspectives, some dimensions of the therapeutic, spiritual, relational, educational and meditative potential of dialogue could be ignored or even marginalized.

In the next chapters of my dissertation, I will argue that it is imperative to enrich people in early recovery via additional frames of reference—references that not only target their needs, goals, values, issues of hope and purpose, but also re-immerse them in core existential and embodied insights about their humanity, their connections with each other, the more-than-human world (Abram, 2010) and their unique manifestation and potential. The reader is welcome to view the coming chapters as a symbolic attempt to dialogue with what Hillman (1982) calls a “meta psychology that is a cosmology, a poetic vision of the cosmos which fulfills the soul’s need for placing itself in the vast scheme of things” (p. 82).
PART TWO: INTEGRAL INSIGHTS, ECOLOGICAL VIEW, CONTEMPLATIVE ESSENCE
Introduction

Our contemplative and ecological shelters—We find refuge not only to protect ourselves, but in order that we can be reborn into the new! The ‘cocoon-ness’ of the shelter gives birth to the new. Not a different kind of person, but a new person (not a caterpillar with wings but a butterfly). This is how we witness the new and birth patterns that have never existed before... Hold on to death, because it will give you life... Wherever you look, see the opposite. This is how you will let go of the known and discover the world. (Rabi journal, 2014)

The current challenges and their ‘side effects’ of dislocation and addiction (to name two) bring with them also opportunities and—to those who listen—may awaken the creativity to think ‘out of the box’ of orthodox clinical and educational interventions. In addition, when we see what clients in early recovery have to face on a psychosocial and psychocultural level, we realize the growing need to provide them with tools that cover the full spectrum of SCR.

As we have seen, enhancing recovery with an integral philosophy and frame of reference is an important stride toward a better understanding of what is needed by clients post-treatment. What I have presented in Part One is a demonstration of how the integral paradigm enriches what needs to be taken into account in recovery theory and practice. I did not address the many complexities of the integral theory with its ‘stages of development’ and ‘states of consciousness’ because I am more interested in giving a broad stroke of how that view can impact what researchers and clinicians should take into consideration when developing measures for recovery.

As identified in Chapter Two, when we offer our clients only one kind of refuge/support (as acceptance based therapies do), we miss contextual issues that cannot be resolved by acceptance because, as we have seen, acceptance (even mindful and value based models) is
limited in its power to heal in the other parts of the AQAL matrix: the intersubjective, objective, and collective-exterior dimension.

Therefore, Part Two is dedicated to enriching the new field of integral recovery by exploring insights from three epistemological fields that I believe provide (at least) a philosophical and theoretical framework that eventually can inspire Soul-centric, ecological and contemplative interventions. These three separate—and yet very ‘intimate’—fields of knowledge provide the kind of embodied wisdom and practice that (in my view) are critical if we wish to develop a sustainable treatment plan for people in early recovery. They are: Inner work, non-dual recognition, and secure attachment to the natural world.

These three fields offer us—through engagement—the opportunity to improve transparency, increase possibilities of choices, and expand one’s capacity for accountability (O'Conn, 2013). The relevance of the practices and the opportunities they provide for clients in early recovery will be thoroughly explained. What I intend to demonstrate is that no matter how lost clients are in their suffering, emotional pain, confusion, and agitation, they can always seek refuge in these ‘shelters/practices.’

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71 O'Connor (2013) wrote:

(1) Transparency generally means disclosing and acquiring all the relevant knowledge and information within the relevant perspectives pertaining to a particular action, free of any deception or distortion that may undermine one’s ability to reason, act, and learn. Ultimately, it refers to the primordial transparency of one’s own triadic quadratic perspectival self-imaging/world-viewing... (2) Choice generally means taking perspectives and making decisions in the context of one’s awareness, free from coercion by others and free to create by oneself, however deliberately or spontaneously. Ultimately, it refers to the primordial choice to enact one’s own triadic quadratic perspectival self-image/world-view within choiceless awareness... (3) Accountability generally means accepting responsibility for one’s thoughts, feelings, words, and deeds, following through on commitments made, sharing responsibility for the intended as well as unintended consequences of action, and learning from experience in all perspectives. Ultimately, it refers to the primordial accountability for one’s own triadic quadratic perspectival self-imaging/world-viewing. (p. 282)
Part Two presents how each of these primordial practices contributes to an IRM and subsequently to SCR. They provide an organic and timeless solution to the struggles clients face in early recovery, because when clients leave treatment they go back to what scholars call a ‘dislocated culture’ (Ghaumi, 2014).

I will show how all three develop added layers of wisdom, insight, connection, compassion, safety, and clarity. I will indicate how each of these primordial practices (or primordial perspectives) is unique in their healing capacities and why they are so critical for SCR. My wish is that the insights to follow will be of benefit to people who work in the field of addiction and to those who are still struggling to gain their life back after making the initial commitment to staying “clean and sober”72—and to anyone who wishes to live a fearless and awakened life.

72 “Clean and Sober” is a statement that is used by people who are in AA/NA program.
CHAPTER THREE: NOTHING NEED BE DONE—REFUGE IN NON DUAL REALITY IN EARLY RECOVERY

*The end of duality is the end of evil. (Byron Katie)*

**Introduction**

I have established throughout this work that dislocation is to human consciousness as severe weather patterns are to their environments. The same can be said about psychological disturbance, heightened stress and early trauma: they all affect the quality of one’s inner environment profoundly, and sometimes dramatically. I have also made clear that these two phenomena are an *unavoidable* reality that we must face fearlessly if we want to help our clients. For that reason, Chapter Three reminds us that the open sky is unaffected by even the worst of storms—and yet the storm happens within it. The sky, metaphorically speaking, keeps its presence without rejecting the storm or trying to change it. That is, the sky is already “liberated” from and at the same time *is* the storm. The sky ‘rests in silence’ while the storm passes through it, leaving no trace. In accordance with this metaphor, I intend to explore the possibility that if we can help our clients and healthcare providers to realize the *sky within* then they can find refuge in even the most difficult of times.

I will illustrate that the realization of the sky within, which I will name ‘non-dual reality,’ is a brave act of resistance to current global turbulence and unsustainable value systems. Once a person discovers that they are the space in which everything happens, there is an increase in resilience, accountability, creativity, and the ability to take wise actions. In other words, radical
non-duality begins the process of therapy at its end—we are always already liberated and free, and from this perspective, the only act in therapy is the recognition of that reality.

Non-duality has many names: Non-dual reality, the ground of being, the Self, Great perfection, Unus Mundus, Dharmakaya, to name a few. Throughout the chapter I use ‘silence’ and ‘awareness’ to explain the contemplative quality of non-duality, and other times I use the term ‘non-dual reality’ to point at the essence of this term.

The relevance of this chapter to the dissertation can be found in the capacity of non-dual awareness to provide immediate resilience that goes beyond regular acceptance (as it is a refuge that is not bound by time or space). As such, it is available in any situation and at any level of psychological and developmental level. I will first begin the chapter with a short overview of the main concepts and then explore their contribution in early stages of recovery and as a vital practice within any SCR.

What is Non-dual recognition?

All beings just as they are, are already Buddhas, whether they know it or not...
Buddha nature is not a potential, it is the way we already are (Magid, 2007, p. 48).

Beyond personal and collective ideas, social structures, and even time and space, reality is! (Namkhai & Adriano, 1999). Like images appearing in a mirror or waves in the ocean, the non-dual reality field is the ultimate state of consciousness; it is unaffected by anything and yet is everything. With no beginning or end and without limitations, it can be likened to the open sky,
never affected by the clouds: “there is no separation between being and non-being, action and non-action, oneness and diversity … [it is] pure suchness…the body of ultimate quiescence, the infinite body, the diamond body…The oneness of the realm of reality is the everywhere equal” (Cleary, 1986, p. 64). Keith Dowman (2006), a Buddhist scholar and spiritual teacher with whom I studied, has one of my favourite descriptions of this reality field:

Reality is inexpressible and the adjectives used to describe it all point to that ineffability through negation. It is non-dual, superseding time and space, pleasure and pain, and the five passions; it is not created, it is non-discursive, it cannot be objectified; it is insubstantial; it is unelaborated; it is signless and it cannot be accomplished or attested. On the other hand, reality can be defined as pure mind, as the here and now, as pristine awareness, as equality, as the Dharmakaya identity, as totality; its nature is spontaneous pure pleasure; it is a display of bliss; it is the Dzogchen modality itself; it is identical to loving kindness and compassion. It is timeless unchanging moment. (p. 96)

And Nisargadatta, the great Indian non-dual sage (and one of my most important teachers), reflects on this existence,

It is, and yet it is not. It is this as only as I want to see it and take part in it. To the Self the world is but a colourful show, which he enjoys as long as it lasts and forgets when it is over. Whatever happens on the stage makes him shudder in

73 That is to say that if all expressions are limited and dual by nature, what is aware of them is not.
terror or roll with laughter, yet all the time he is aware that it is but a show.
Without desire or fear he enjoys it, as it happens. (Nisargadatta, 2005, p. 229)

Manifesting as human consciousness, the non-dual field can be understood as the ultimate state integrating AQAL in one expression that manifests as localized events of unified reality. It is the capacity of consciousness to be seen by itself, from a diversity of perspectives (people or nature) that are not two. It is a paradoxical realization that the one is many, and yet, no “other” is present. It is the source of all psychological forces as they appear in the psyche of the individual, in culture, and society.

Non-dual reality and the various forms of consciousness to which it gives birth contain “divine/human relation within the reciprocity of consciousness with its unconscious source and inspiration” (Dourley, 2011, p. 523). It can be visualized as a space of “generative emptiness charged with potential” (Safran, 2003, p. 209), nurturing all experiences as a localized expression of unified reality (Krystal, 2003) that is the “source of spontaneous creativity” (Dowman, 2006, p. 22).

The statements above may sound like metaphysical abstractions, but they are not. I am continuously surprised by how quickly clients understand this as an embodied experience once they are introduced to it. I see their faces relax, their eyes shine, and their enthusiasm grows as they discover this ground breaking insight into who they are. Being who they already are, there is no process of learning a new technique or mastering a therapeutic intervention (including mindfulness based interventions!), but a simple awareness of what is. Clients spontaneously
recognize moments of clarity where they see that nothing needs to be done.\textsuperscript{74} In these experiences, the inter-subjective dialogue of “We” is transcended and a new form of post-relational—but still localized—expression of non-dual awareness is born. Suddenly disturbing and obsessive patterns can be seen and engaged with compassion and curiosity instead of negative self-talk (Berkow, 2003). Clients then discover that non-dual recognition is a reality that can be experienced right here and now.

Every moment becomes an opportunity for deep peace with all my being and with nature; with all the exiled parts somewhere in the forgotten depths of the subconscious. I really can understand now what the "collective subconscious” means. It is the deep place within all of us where the most basic fears and longings are actually shared with everyone else. This is where all minds connect to one field where there is no separation between the personal and the collective. They are simply inseparable. (Zelinkovsky, 2011, personal communication)

Again, non-dual recognition should not be understood as a supernatural or esoteric state (Theriault, 2011). Instead, non-duality allows for a deepening into the human experience (embodied, in day-to-day life, in relationship with the other and the earth) by providing clients with a fearless capacity to explore themselves. Introducing clients to their already present awareness (as the ground of all experiences) can increase the likelihood that they will be willing

\textsuperscript{74} On the other hand, when we present the notion of a non-dual reality to clients, we must be devoted to see, with integrity, the moments where our fantasies of perfection and blissfulness take over our open inquiry. I am aware of the danger that any non-dual view has in its core. Therefore, even the highest teachings can be hijacked by fear and spiritual bypassing. Using spiritual practices and philosophy to avoid suffering is fear disguised as the search for enlightenment. It is when one loses sight of the actuality of all psychophysical events, which include impermanence, “their inability to satisfy even the simplest of desires, their lack of enduring substance, and dependence on conditions, which also change from moment to moment” (Engler, 1984, p. 34).
to address basic urges, needs, and values (Kessler, 2000)\textsuperscript{75} that might have been untouched due to social indoctrination and political propaganda.\textsuperscript{76} What I propose is that non-dual recognition can be viewed as the meeting point and the end of the split, where non-duality can be visible (and experienced) and the metaphysical abstractions of non-duality are rejected. The split between awareness and its content ends and what we are left with is a field of possibilities, a ground for creativity, the space of infinity. Embraced by the timeless and spaceless freedom-field of non-dual perception, all experiences of the human psyche take place as embodied sensation, perception, and feeling, in an interdependent co-arising existence with one’s environment.

**The importance of Non-dual recognition in early recovery**

*The field of experience is perfected as it stands and nothing needs to be done to actualize it as pure being. In whatever manner the pure essence of mind appears, the appearance itself finds its own intrinsic reality. Its seeming appearance is recognized as inconceivable and so its manifestation is free of mental structuring and only as such, free of constructs, can it be enjoyed.* (Dowman, 2006, p. 11)

When clients first come to treatment, the last thing on their mind is that they have ‘natural perfection.’ Instead, clients feel that they need to be ‘fixed or healed’ from their afflictions, and in most cases they are filled with shame, self-doubt, and self-hate. That is why I emphasize the word “embodied” because what really matters is that clients get to experience this throughout their stay in treatment. When clients feel that they are truly accepted, honoured, and seen, they begin to have glimpses of their innate natural perfection. This is a subtle and yet

\textsuperscript{75} These include, among others, passion about life, the urge to live and be free, to understand, to create, to enjoy, to connect and to transcend (Weaver & Cotrell, 1992).

\textsuperscript{76} Knight (2014) writes “Social norms and cultural worldviews are embodied or physically expressed through the habituated shapes and behaviors of one’s individual body, and this in turn affects how one identifies and sees oneself” (p. 89).
critical difference between mindfulness modalities and non-dual recognition. What I’m pointing at is a much more spontaneous and inclusive act of immediacy in the always-already activity that is the essence of every situational action-in-awareness. In my own work, I readily sense the difference between teaching clients about mindfulness (or doing a mindfulness-based modality), and being in dialogue from the space of non-dual recognition:

When Self-love fully blooms in this moment, there is order again in life and a bit more sanity in the world. I find myself to be part of a great story... When I work with my clients I work with all of life—with the cosmos herself! We are so much more than our stories. We are beautiful beings that can journey into places of life that until now we were afraid. Only this can bring true transformation for families and communities. (Rabi, 2013)

Absorbed in this new view (even just for a few moments), clients can discover a place that is simultaneously personal and communal. A place that does not need to be changed, developed, fixed, or disciplined. They ascertain a resting ground within where they are loved for who they are. Clients can then (and maybe for the first time in their lives) accept what they have done to harm themselves, and others, without shame.

In the world of treatment centers and aftercare programs, the concept of ‘resting as the sky within’ in the midst of psychological storms is not an easy task. Clients move out of treatment and return to their busy lives, and in many cases find that they have no time to ‘sit and wait’: there are deadlines to meet and bills to pay. And when it comes to solving the problems of addiction, ‘just resting’ might seem a bit selfish, disconnected, and a ‘waste of time’ for clinicians and program developers.
But ‘just resting’ is not a passive state of attention; it is a non-dual awareness that includes all states of consciousness while simultaneously remaining unaffected by them. The recognition of the non-dual field brings great importance to any philosophy of change and, in our case, to any recovery model, because it contains the original meaning of the word ‘ecology’ in Greek—that is, the study of our (ultimate?) home. Absorbed in this view, no progress, no development, no discipline, no discrimination, is required. In addition, none and nothing needs to change. As much as this sounds radical, this view is extraordinarily liberating for clients—and all of us—who have been obsessed with negative self-talk toward themselves and have been ‘institutionalized’ to believe that there’s something broken in them.

The non-dual field allows clients to have an embodied experience that has no prejudice or bias toward life: “Whatsoever occurs in everyday experience, excluding nothing, is suffused by the primal awareness and moment by moment dissolves into it” (Dowman, 2006, p. xvii). All is perfect as it stands, so no rejection or avoidance is needed. Thus, we can teach our clients that in the immediate moment there is never a conflict. Instead, there is peace and security and total acceptance of what is, where they are (already) beautiful, whole, and good, and despite the madness within, they can know this freedom in themselves and in relationships.

To choose moments of resting as the sky within is a profoundly brave act of resistance because we have been trained (via education) to be effective, efficient, and productive. In the rush to constantly improve, we miss what is already perfect. When the psychosocial storm of dislocation and alienation comes in the form of psychological distress, having access to the non-

77 “Non-duality is thus a description of the extra-ordinary perception that the universe is a unity entirely indivisible and hence non-dual” (Sharma, 1993).
dual field may be our greatest ally. Therefore, knowing one self (also) as perfection is by
\textit{definition} transcendence beyond the pressures of current societal values into a much wider
definition of humanity.

It is true that we cannot “fix” the problem of addiction. But even if our issue is global and
seems overwhelming, we can always choose to resist and disrupt the ‘business as usual’ of
addiction by choosing a path of psychospiritual courage and wonder—the courage to feel it all
and the wonder to trust what will emerge. When we see reality as it is (and rest in our genuine
experience of alienation, loneliness, and grieving the loss of meaning and identity), we come to
realize new possibilities and identify the enlightened aspects of the ‘wheel of life’.\footnote{Henderson
and Kesson (2004) write that this kind of seeing helps us respond “more deeply to what we
already experience, and to appreciate what we already essentially are” (p. 168). Our willingness
to see can help us reconnect to our basic flexible, adaptable, coherent, and stable selves—rooted
in an authentic expression (Shepard, 1995) of the individual:

To truly suffer is to be human. Despite the negative connotations attributed to the
word, suffering, when considered as permission, engenders a deepening into life.

(Cooper, 2007, p. 131)

And Bai and Cohen (2008) add,

\footnote{Samsara Is Nirvana’— no matter what we do, we are all subjected to decay, old age, disease and death. No amount of self-sufficiency will ever save us from the fate of suffering (dukkha). Epstein (1999) writes, “Buddhist Psychology ... takes the core sense of identity confusion as its starting point and further claims that all of the usual efforts to achieve solidity, certainty, or security are ultimately doomed” (p. 6). Buddhist psychology theorists direct us to examine how craving, aversion and grasping operate in one’s life. As Kornfield (2008) notes, “We suffer not because we have sinned but because we are blinded by ignorance” (p. 14). As long as humans are driven by craving and aversion, they will remain ignorant of their own natural goodness and will be bound to the wheel of suffering (samsara). In this view, suffering is created by the mind and therefore the causes of suffering (mind created) are also the means of release (resting as the nature of the mind, or resting as the content of the mind).
What prevents the ability to be fully present and fully attentive are all the conditioned mental-emotional-physical-behavioural habits that get built up and create an overlay that buries the authentic self. (p. 49)

When there is no more resistance to the ‘flow’ of our somatic and emotional life, when we agree to see, feel, and listen, we discover that we cannot bypass life—what we have done (for better and for worse), as an individual and as a collective, needs to be seen. In other words, there is no true liberation from suffering except through suffering. Everything that we agree to feel (physical and psychological) is what naturally moves us to the next chapter of our personal and collective life. Krishnamurti remarks on the power of being open to the vulnerability of our experience:

We are powerful when we can be vulnerable and open—whether we are open to tears or anger or love, for we then stand firmly in the power of our emotional truth. This vulnerability is a power that can triumph over outer failures and defeats, for then we can flexibly cope with life and move on. (In Cortright, 2007, p. 121)

79 In this view, suffering can be seen as the psychological distance between ‘what is’ and ‘what should be.’ Because the resolution of suffering involves seeing things as they are, the release from suffering is achieved through a change in perception and not through a change in mental and/or physical phenomena or conditions. Goldman (1981) writes that the path to psychological freedom is constructed by moments of awareness, through meditation. Therefore, meditation is the means and the antidote. Goldman writes, “Buddhist psychology assumes that, in order to become truly healthy you have to transform the processes of consciousness. Meditation is simply the sustained attempt to retrain attention” (p. 121).
Don’t just do something, sit there!

*There is only one human being attending with another human being. Treatment, then, becomes the fantasy, often detrimental and subjugating, of the clinical, medical model (Sanders, 1995, p. 45).*

I agree with Magid (2007) when he argues that psychoanalysis “by its very nature refuses to be time-limited, symptom focused, or outcome oriented” (p. 50). Magid’s statement might sound anachronistic to a world that is obsessed with goals and clear outcomes, but as a therapist and educator I know this to be true even in the midst of a therapy session. The urge to ‘fix’, ‘change’, ‘help’, and ‘do something!’ is a profound psychological force. Only through great awareness and a deep trust in the ‘magic’ of therapy do I manage to listen from the depth. Jung speaks to the importance of doing so in therapy,

Therapy is the art of letting things happen, action through inaction. Letting go of oneself as told by Mister Eckhart, became for me the key that opens the door to the way. We must be able to let things happen in the psyche. For us, this is an art of which most people know nothing. Consciousness is forever interfering, helping, correcting, and negating, never leaving the psychic process to grow in peace. (Jung, as cited in Moacanin, 1986)

Indeed, I have come to believe that in the spiritual, moral, and religious dimensions of existence, therapists have little to offer but their ability to be witness, in sacred silence, to their clients’ unfolding. Both client and therapist (WE) may find refuge in the sacred ground of deep

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80 And I would remind the reader that the ability to witness is not a technique but rather a state of being that can be cultivated by a therapist or teacher.
silence because the silence I speak of is infused with so much intelligence and creativity that any reaction and ‘doing’ pales in comparison to its wisdom. Lao Tzo speaks to this wisdom,

Without opening your door,
You can open your heart to the world.

Without looking out your window,
You can see the essence of the Dao.

The more you know,
The less you understand.

The master arrives without leaving,
Sees the light without looking
and achieves without doing a thing.

(Lao Tzo, in Mitchell, 2005, p. 47)

As we can see, this silence (non-dual recognition, Dao, space, ground of being, etc.) is not imposed on the mind, but rather is the essence of the mind (Almaas, 1988; 1996). It comes naturally when one is no longer in conflict between what is known and the one who knows it. Silence, as a contemplative state of being, becomes a “non-place” where one is free from

81 To be able to act through not doing is magic! In my own life, this ‘magic’ was not that easy to perform: for many years, I had a difficult time holding at once the non-dual and the dual qualities of my experience of life. Either I used non-duality to forget my body and emotional pains, or I indulged in my human experience, forgetting the freedom that awareness can offer. I swung between being a passionate dancer and yogi, striving to find the answers to life, and being like an ‘old man basking in the sun’ of the non-dual freedom. I think I am finding the balance of what Knight (2014) calls “Spirit casting itself downward to manifest itself through the diversity of form” (p. 91).
habitual thoughts and imposed ideologies, thus can act with greater wisdom and insight. Silence allows the clinician and client to reflect on their own limitations and grow the capacity to stay open, which then support a braver inquiry into their life (Krishnamurti, 1974, 1975, 1981). This ‘silence’ is the most liberating and (some would say) most terrifying dimension of human existence. It is the great letting go:

Letting go is a free fall from the 'cliff of Beliefs' and (At the same time) the discovery we were born with wings... All is passing, all is changing and in the heart of all phenomena, a great silence is. It is the silence that we came from, where we are always in and where we will return to. Everything is changing moment by moment, and I cannot hold on to anything. It is a free fall and there is no ground. No ground. Ever! Small examples from my life reveal this wonder: What was once so meaningful (my writing, my ideas, my sense of self) and gave some meaning, a ground, a place to relax for a while eventually ends, and all I am left with is a memory. And here I am, free falling again. (Rabi journal, 2013)

As a practitioner of non-duality, I have seen the miracle of deep realization and its transformative powers over my personal and professional life. With moment-to-moment recognition, finding refuge in the essence of reality has been a source of creativity and well-being beyond anything I could have ever imagined. I do my best to introduce clients to this realization because it is at the root of all their experiences and it goes beyond their identity, attachments and psychological distress (and at the same time is all that). Being the only thing that

82 Just to be clear, one does not need to jump! One can also just stand there and enjoy the view for a while or decide to take a U-turn and slowly come down from that cliff.
never changes and can never be affected, this profound always-present perspective/practice is critical for anyone whose life is in chaos and instability,

Non-dual awareness is the only thing that is truly secure in this existence. This is true because it is the one constant that cannot be changed or destroyed. It is the ultimate secure base because it is available at all times, even if that is overlooked or not consciously known. Non-dual awareness is the only thing that can never leave us or let us down in any way. Where would it go? It is the substratum of all existence! It could never reject or fail us in any way. The non-dual presence of our true being is pure love. In other words, it unconditionally allows everything to fully be as it is. It would not be possible for any human relationship alone to offer the same (Lumiere, 2012, para. 12).

As soon as the non-dual field is acknowledged, the psychological freedom that is at the base of all human beings can be felt even in the midst of intense psychological distress and negative affect: “The projections of the psychological environments of hungry ghosts or power-freaks…may still be in place, but now the hair-raising figments of imagination that populate those environments are like the ferocious yet empty masks of lama-dance” (Dowman, 2006, xxii). From this silence we can come back to the ‘messiness of life’, but this time truly fall in love with it without fearing its power over us,

*We are born into time and we end with it. It will take everything we love from us and ourselves from those who love us. It is the fabric of who we are: The sense of self IS time bound (or time addicted)... With time even the whole universe will become timeless space, nothingness. So I sit with this and feel the sadness. But I also know that love can only*
happen in time and the greatest love story is of God to its creation. Maybe that's why there is an end. To everything. I do not dare to use the "here and now" metaphor/empty words to make everything okay. Yes, everything is okay in the vastness of space, in the core of reality, but I want to stay for a while in the Beauty and terror of time. I want to honour this force and see its magical spell... I really do love life. (Rabi journal, 2015)

This example shows two qualities of the non-dual field—one is fearlessness and seeing through psychic structures (even the basic ones like time) and the other is the ability to totally ‘drop in’ to the same psychic structures without the need to change anything. This ability to hold both emptiness and fullness of each phenomenon can enable clients to achieve a greater capacity for self-reflection—to see the nature of the mind (Nixon, 2010; Theriault, 2011; Henderson and Kesson, 2004). Once seen, the anxious and reactive aspects of the mind are reduced and replaced by what Krishnamurti (2004) termed ‘total care’, in which a compassionate attitude (toward the self and moral discrimination towards external forces are cultivated,

Being human, I fear death and fear the wasteland inside. And that is OKAY... In the resting experience, the ability to move between perspectives, to be present with all of them, with the need to define who “I” am is one of the most amazing phenomena of liberation. From that, I discover endless compassion to each and every voice and perspective and I can move freely in the world. I am every single element in this forest and I am nothing at all. (Rabi journal, 2011)

Non-dual recognition is the pulsation of pure being in action, the extra-ordinary in the ordinary. It is the love that can never be accumulated by ‘any-one’ and that can only be pointed at. The non-dual moment allows for clients to explore themselves in one more uncharted and
unknown, spontaneous exhibition of love. Suddenly, nothing needs to be done and the client (maybe for the first time) can feel overwhelming emotions in a safe and nonjudgmental space. Clients can then discover that they do not need to be ‘fixed’, and that they are complete as they are. When this realization happens again and again, clients can have a ‘home’ to come back to in whatever situation happens.

Krishnamurti (1981) sees ‘fixing’ people as an act of cruelty, imitation, and acceptance of authority without questioning. When clinicians reject the impulse to fix their clients, they not only end the indulgence of negative self-talk by the client, but also disturb social order because they refuse to take part in the anxious and fear based avoidance of core existential realities. Then, through inquiry, clients may deconstruct the “known”—which is the personal and collective story of separation and isolation—into a more lucid and spontaneous sense of self. By doing so, clients are enabled to explore values and needs from a place that is free from the known (and from external authority). Only then can they have self-knowledge that gives full permission to be who they already are—whole and connected.83 Jeff Foster, a non-dual spiritual teacher and therapist, speaks to this goal of therapy:

Seen from this perspective, no client is ever really broken, damaged, or lost—they are always already whole, even in their experience of being broken, incomplete, separate, even in their pain, their fear, their distress, their devastation.

The goal of true therapy, then, is not to fix the client, not to move them from 'negative' to 'positive' experiences, not to turn their pain into pleasure, their depression into joy, not to lead them towards what they think they are looking for,

83 I am aware that this kind of statement is by its very nature a view that is part of a developmental epistemology. I am also aware that it is deeply influenced by the assumptions that we are free.
not to 'do therapy' on them, but to expose, without compromise, the root assumptions underlying their experience of separation. (Foster 2011, p. 4)

The act of seeing and engaging one’s own limitations, opinions, and shadows is the beginning of freedom, because through awareness we discover cognitive structures, and with awareness we see the emptiness at their core. As such, non-dual recognition as a contemplative practice can erode habitual patterns of thought and provide increased resilience to accept uncomfortable feelings. The capacity of meditative awareness to call habitual thoughts into question awakens one’s capacity for self-observation and witnessing experience (Cohen, 2009), and leads to integrated, reflective, coherent, and beneficial agency (Siegel, 2009).

Non-duality also naturally releases the rigidity of the sense of self so that we can become more inclusive and present with its unconscious needs. Yunt (2001) wrote: “when we recognize the common symbolic realities arising from the collective unconscious, we begin to see that the boundaries we establish between the "I" and the "Other"--the borders of our personal identity— are quite arbitrary (p. 102). In other words, when we inquire carefully into the question of identity, “the creation of self is discovered to be a moment to moment process” (Kornfield, 2008, p. 74).

For example, by reflecting on their inner lives, clients can become aware of the fact that emotions and thoughts that seem private and personal (e.g., sadness, joy, greed, envy, love, anger, and so on) are actually universal human patterns (Krishnamurti, 1974). As such, self-reflection through non-dual awareness supports the discovery of a transpersonal human experience that evokes a natural, uncontrived compassion and openness, which can—as we now know—increase psychosocial integration.
The initiation into non-dual recognition for clients in early recovery might sound strange. Some readers might find my premise abstract. But from my own research and engagement with clients in early recovery, I can assert that this is not the case. From the standpoint of non-dual recognition, there is a psychological shift (and eventually an ontological and perhaps an epistemological shift) in one’s sense of responsibility toward oneself, the other, and nature, because experience becomes less and less personal and more and more collective and trans-collective. Non-dual reality supports direct recognition of our unity with others and with nature itself. Every moment is experienced as a treasure that is pregnant with the possibility of discovering greater depth in, as, and through the wonderful complexity of the mind and the natural world.

In closing

When the experience of the non-dual field is explored with clients in early stages of recovery, then the doing of therapy is truly transformed. In such space of inquiry, clients discover that where there was once separation, there is now unity, and that they can find lasting joy in the center of their pain. This psychological reconciliation can be seen as a movement toward genuine well-being and may combat psychosocial disintegration.

I have proposed that non-dual recognition can support real time access into the all-inclusive reality-field of awareness within an individual—a unique body (Knight, 2014)—which includes all forms of separation, while also transitioning to a deeper sense of personal, collective, and environmental ‘presencing’. And as clients move from ‘what should be’ to ‘what is,’ they also move toward a realm of existence that is not in conflict with what is actually going on.
What I have tried to demonstrate in this chapter is that finding stable ground on which to start walking can only be located in what is really going on. Non-dual recognition is not an abstract ground; it is an awareness of the content of the moment without any manipulation. If it is true that the way we choose to perceive the world impacts the ways we act in the world, then perhaps the most important starting point for authentic transformation in the world and ourselves is what and how we perceive.

From this space, we can take chances, live without fear, become dwellers of the deep, and serve as an unrepeatable articulation—as ourselves (this does not exclude feeling fearful, incarcerated, or any other psychic condition). Being ‘ourselves’ is not in itself a thing, because the freedom to imagine (Hillman, 1975) is the freedom of the undiscovered self to know itself as endless shapes. Reality researches itself and shifts, from moment to moment, to create new formations (or patterns) of knowledge and possibility.
CHAPTER FOUR: REGAINING A SENSE OF BELONGING—FEELING SECURE WITH THE EARTH

Introduction

By acknowledging links between the inner, psychological world and the perceptual terrain that surrounds us, we begin to turn inside-out, loosening the psyche from its confinement within a strictly human sphere, freeing sentience to return to the sensible property of the earth. We are in it, of it, immersed in its depths. (Abram 1996, p. 262)

The strength of the divergence between the economy and ecology paradigms appears to be growing, not diminishing, as conflict, war, and environmental disasters engulf our world. Our political leaders often present us with the demand that we choose between them—jobs or wilderness, economic growth or environmental protection, the old song of guns or butter. This is not a demand we can ignore or a choice we can make. (Walck, 2004, p. 172)

This chapter examines the challenges many clients report after leaving treatment and how their renewed relationship to the natural world (Abram, 2010; Glendinning, 1995, 2007; Greenspan, 2004; Jordan, 2009; Macy, 2007, 2010) may offer some hope in addressing these challenges. The chapter’s starting point is that once we become aware of the inescapable, life-giving, and interwoven connection we share with the natural world, we can find our place in the
world at large and as an embodiment of nature (Cohen, Bai, & Rabi, 2014; Bai et al., 2014; du Plessis, 2012; Plotkin, 2008; Wilber 2000).  

I will make the case that the implications of viewing the natural world as a secure holding environment is important because nature (like a good therapist) can ‘model’ healthy attachment to clients, and develop a deep sense of connection and safety. I will explain that when it comes to the health of our ecologies—the ecology within, without, and between—we cannot only speak theoretically about the psychological and environmental crisis. If we do, we risk extracting the ‘real’ and leaving an empty shell: some sort of ‘it’ to be spoken about. We end dialogue and begin theorizing— which is a move from ‘speaking with’ to ‘speak about.’

The chapter includes insights that have opened my heart to new ways of knowing and being with the natural world, where real dialogue is possible, where shame can come to an end and true connection can take its place. My personal reflections throughout this chapter are pointing at what the natural world has given me and what I try to share with my clients. Most of the insights in this chapter (including the ones about the earth as a source of secure attachment)

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84 More traditional views (and yet very important) on the affects of the natural world on the stress reduction and increase well-being are well researched and defined (Adevi & Grahn, 2011; Keniger, 2013; Sahlin et al, 2014). Adevi & Grahn (2011) summarize, “An increasing number of research findings have also indicated that recreation in natural environments can bring about a quick and strong recovery in stressed individuals (e.g., Nilsson et al., 2011). And the links between natural landscapes and health are continuously recognized, as seen in the emergence of new studies on the ameliorating effects of exposure to green spaces on stress levels (e.g., Annerstedt et al., 2010). According to the European Landscape Convention, natural landscapes are a key factor in individual as well as social well-being (Landscape Convention, 2000)” (p. 36).

85 Again, I remind the reader (as I already have in the methodology chapter) that my proposition differs from what Adevi & Grahn (2011) call “place attachment” or what Gruenewald (2003) named place-conscious.

86 The sense of belonging and connection with the natural world allowed me to develop a strong experiential awareness of what Pryer (2001) calls the “never sated erotic life force” (p. 134) This movement of eros/life showed me that there is no need to justify our inquiry into the depths: “Eros, the force that wakes the flesh in movement forth, marries with the kinesthetic sense of orientation toward a meaning. Upon reflection, words continue to shape, to open up, to embrace the self, which can then move into the world in search for more” (Milloy, 2005, p. 548).
have come from my retreats in nature, and as such I have integrated them not only as qualitative research but also as a more personal way for the reader to engage with the material.\textsuperscript{87} I have also added some of the artwork created in my retreats as an invitation into the inspirational and life-changing experiences I have realized in nature.

\textsuperscript{87} I was inspired by Kull’s (2009) one year solo retreat in the Patagonia wilderness. I met him in a conference and heard him speak about his experience.
Forgetting our (original) home

How can I help clients’ heal and develop when the ground is so unstable? How can I help when their core relationships with nature, with themselves and with their community are so fragmented? And what can fill the vacuum that has been created by such displacement? (Rabi journal, 2013).

Figure 2: “The shock”
As we have seen in Chapter Three, the psyche of humankind is split into inner and outer, known and unknown, good and bad, self and other. Jung views this split as a result of the “clash between a child’s bodily limitations and environmental reality” (Samuel et. al., 1993, p. 51). Frustration promotes refuge in consciousness, which eventually becomes the ego (Samuel et. al., 1993).

This psychic split creates a subjective experience that also functions as a *shock absorber* to bear the pain of separation from parental figures and with the natures’ rhythm (Giegerich, 2006; Mazis, 2006). Jung (1959) writes that men and women feel themselves isolated in the cosmos because they are no longer involved with nature:

> The more civilized, the more unconscious and complicated a man is, the less he is able to follow his instincts. His complicated living conditions and the influence of his environment are so strong that they drown out the quiet voice of nature. Opinions, beliefs, theories, and collective tendencies appear in its stead and back up all the aberrations of the conscious. (para. 40)

What Jong is pointing out is that recognition of our mutual existence with nature was compromised for civility, and the more we became ‘civilized,’ the more we fenced off parts of the psyche and of nature, and therefore began to experience ‘otherness’ in nature (Bai, 2015) (and with people who don’t look, think or behave like ‘us’). This phenomenon also happens on the social level. Yunt (2001) explains,

> To establish dominance over nature, our differentiated consciousness seeks to eliminate any connection between the assumed objective and subjective realms by
consciously withdrawing (rationalizing), or unconsciously repressing its projections. (p. 109) 

This crisis of attachment and connection to the natural world relates to the unique actual and symbolic expression in all cultures and throughout time (Barreto, 2006; Tarnas, 1991; Wilber, 2000). Being the main source of nourishment, wisdom, context, and meaning, the transformation of the natural world into a “world without soul” (Hillman, 1982, p. 88) has been manifesting dissociation, repression, and forgetfulness of the interdependent co-arising existing relationship we have with, in symbolic terms, our ‘ecological parents/ world parents/ archetypal parents’—the prime symbol of everlasting life (Neumann, 1970, Sleeth, 2010). Sleeth speaks to these archetypal forces:

Besides his personal [parents] there is a ‘higher,’ archetypal, father figure, and similarly an archetypal mother figure appears beside the personal mother... Even where the personal parents play a part—and in practice they always do—their personal share is relatively small, while that of the transpersonal parental imago acting through them is enormously important. (p. 447) 

Humanity has managed to step further and further away from a meaningful relationship with nature and by doing so, it has managed to transform the natural world into an ‘IT’—an objective reality that can be dominated and exploited.

88 To be clear, there is no intention to ‘regress’ to some kind of ‘fusion’ with the natural world. I am not taking what Wilber (2000) critiques as a romantic ‘return’ to Paradise. Instead, the chapter is attempting to fully embrace the rational mind and human development without “loosing our rootedness” (Mazis, 2006, p. 5).
Figure 3: “I gagged mother”
The more we objectified nature, the more we felt the need to distinguish ourselves from ‘that.’ As the psychological connection with our ecological guardians is eroded, more people find that the only place remaining for meaningful relationship is a human-centric. Nature has become of less value to many of us, and so our capacity to use it for our needs without feeling too much guilt has grown. Rushmere (2007) explicates this dysfunctional relationship:

Simplistically put, domination can be conceived of as a relationship in which one party is construed of as lesser and marginal in value (say, nature) in relation to another party (say, humans). Generally one party privileges itself and devalues the “other.” Abstraction and reification provide the vehicle for moving toward this devaluing subject-object relationship by taking something that is whole, breaking it up into smaller pieces, and then leaving those pieces open for use in a hierarchical ordering of the world, wherein one piece becomes less worthy than the other. (Rushmere, 2007, p. 84)

Bai and Scutt (2009) add that who we take ourselves to be is in direct relationship with how we relate to the world:

Who we are, how we relate to and act in the world, depends crucially on who we think we are in relation to the world...If we think that humanity (mind) is separate and independent from nature (matter), and moreover, that the former is superior to the latter, then it follows (psycho)logically that humans can manipulate, control, exploit, and even destroy nature. (p. 94)
The dissociation and repression of this fundamental connection has led us to a point in time where the natural world, which was once experienced as relational, inter-subjective, and a healing/soul invoking environment, has been transformed in our collective consciousness into an object, a commodity, or dead matter. From this perspective, current personal and social problems can also be viewed as a result of the saddening fact that many people have lost the ecological immediacy that has nourished richer cultural contexts and social continuity for millennia.

As the archetype of the world parent is unavailable, the parental-child relationship transforms into a literal, psycho-emotional connection (Wilber, 2000), one that no longer represents the connection to the natural world. The loss of the immediate connection also means that unmet needs are now personified and projected onto our parents, family, and culture. No one can give us the answers for which we are searching because even our guides have lost their way. Richard Tarnas, a cultural historian, writes:

It is a collective dark night of the soul, a deep separation from the community of being, from the cosmos itself. We are undergoing this rite of passage with virtually no guidance from wise elders because the wise elders are themselves caught up in the same crisis. (Tarnas, 2002, p. 8)
Figure 4:” Looking at the sky”
The ‘removal’ of nature as a source of nourishment placed all of that responsibility on the wounded family and an ever-displaced society, and subsequently personified the original connection to source (Hillman, 1982). As the split between the natural world and society deepens, the ongoing suppression of our unprocessed emotional disturbances toward broken wholeness will continue to grow and, therefore—in correlation—so will our addictions:⁹⁰

The more our collective anger is buried beneath the asphalt of the conscious mind (choking the earth, choking our health), the louder, larger, and more efficient our machinery of self-destruction becomes. Avoiding the real issues fuels these symptoms. This gushing force of untamed rage demands attention and it will not end until we chose to look at it straight in the eyes. Unaware of the forces at play, we feed this shadow-beast with our tormented souls and earth as the offering. We become the executioner of nature, and by extension, also of ourselves. (Rabi, 2013)

Modern visions of humanity and the world have numbed our imagination,⁹¹ precluding the possibility that the animate terrain is speaking and listening to us (Abram, 2010; Bai, 2015). The (modern and post modern) experience of being separate from (and in a place of I-ITS relationship), autonomous of nature, has divided us from what is now a “soulless world” (Tarnas,

⁹⁰ I am speaking of the unconscious archetype of the world parents that is forgotten by the child and we should not take any of this literally. The archetypal forces arising from the world unconscious are the directors of the imaginary, not experienced reality per-se. In other words, what I am suggesting should be considered for its archetypal significance: “These are statements about the soul by the soul. They are self-descriptions that give a variety of patterns to the psyche’s phenomena” (Hillman, 1975, p. 127).

⁹¹ “The scientist discards values, by his own declaration. Perhaps he is entitled to do so, but then to tell us poor animists that our values are valueless, as far as knowledge and truth are concerned, is as sensible as a man who has blinded himself telling the rest of us that what we think we see are only hallucinations, if anything” (Laing, 1980, p. 16).
The soul of the world (or spirit) has been replaced by the consciousness of people and reduced to the interiority of the individual. As long as we remain unaware of our immediacy with nature, we will continue to feel (at one level or another) a sense of deep alienation (Barreto, 2002; Aizenstat, 1995) and dislocation that goes even beyond the damages of globalization (Alexander, 2015). This sense of alienation can be a great source of anxiety and psychological disturbance, where if integrated, it becomes a key for transformation and change because alienation is also a natural force within the diversity of the noosphere.
Figure 5: “Spirit”
Figure 6: “Fear” (Taken in my three day closed circle spirit journey)
Figure 7: “Elder”
Figure 8: “Strength”
Figure 9: “Comfort”
Regaining the sense of belonging

*The Earth is our ground of experience, the stock from which objects are engendered ... The Earth is something initial, a possibility of reality, the cradle, the base, and the ground of all experience. The Earth is therefore not an object confronting a subject, correlative to him, but is rather a pre-object ... The Earth is our source ... our common homeland. (Merleau-Ponty, in Brook, 2005, p. 357)*

We might not notice this on a daily basis, but human behaviour and psychology are rooted in nature’s intentions that our actions are fundamental expressions of nature’s desires (Greenspan, 2004). We *are* nature, thus we can never leave the natural world (Bai, 2012). No matter the lengths to which we will ‘go’ physically and mentally in order to avoid being part of nature, we will always fail. Every single thing is in its *essence* natural.

In this sense, we do not need to “go into nature” or “become closer with nature” because we are inseparable from nature. Creativity, the erotic impulse, aggression, compassion, wisdom, time, space, life, and death are just a few examples of what is shared by nature and consequently by humans. Our being-nature is so immediate that we take it for granted and by doing that, we forget its gifts to us and our potential gifts to it.92 In my long retreat in the forest of Salt Spring Island, I wrote,

*A thin crust (of my tent) is hiding the dark forest as the crust of civilization hides my nakedness, my fears and my sensitivities.... but the dark forest is here. The tent does not*

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92 Sahlin et al. (2014) summarize current research on the benefits of interacting with Nature “Today there is a considerable amount of research exploring different effects on people’s health from being exposed to nature. Earlier studies have shown that these effects relate to a reduction in stress ... and an increased cognitive capacity... Individuals with stress-related mental disorders belong to a vulnerable group which seems specifically to benefit from contact with natural environments ... that nature experiences were more valuable in the crisis rehabilitation for individuals in deep crises than those in lower level of crisis ... beneficial effects of nature interventions on individuals suffering from depression” (p. 6589).
take away the forest... I can thicken the ‘crust’ to buffer the natural world, but I can never take away that fact that I am IN nature. It is interesting to note that in Hebrew the words ‘city’ and ‘forest’ use the same three letters just in a different order. They are made of the same ‘material’ (so the speak). The ‘safe’ city is the forest when you change view and letters—It’s about how you look, not where you go (what is considered safe is actually dangerous in what seems dangerous is safe). So, please Shahar, remember that you are always naked, wherever you are... And know that these feelings in your heart are the invitations of the forest to get lost one more time, before you forget... You can still remember that everything is okay in the place before time where we meet. (Rabi journal, 2013)
Figure 11: “A thin crust” (my tent and camp in the 40 day retreat).
Just as in the classical metaphor, where the fish is unaware of the existence of water, so do human beings have difficulty realizing the relationship between themselves—as psyche (I), as body (IT) culture, and as the more-than-human world (WE)—and the third person qualities of the natural world (ITS). Our psyche and the ecology on which we rely for our survival are two different aspects of the same thing (Jung, in Emetsky et al., 2010, p. 76). In the words of Toadvine (2005):

It is as accurate to say that the world perceives and constitutes me as it is to say that I perceive and constitute the world. According to Merleau-Ponty’s thesis of the primacy of perception, all human experience, including thought, must have its ultimate basis in our perceptual engagement with the world. Hence, when I think, the world “thinks itself in me.” (p.160)

I believe that we were never abandoned or neglected, betrayed, or kicked out of ‘paradise’. Nature really is with us all the time—in our skin, in our digestive system, in our sensations, in our thoughts, in these words—the natural world IS. We do not need to ‘achieve’ or gain back anything. What we need to do is remember this connection—the embrace of our ecological parents is present with us through our breathing, through our geometrical structures, and through our pain. Even through the symbols of our forgetfulness of the natural world (like pollution, degradation of our water supplies, etc.), we can be reminded that we are already home.

To be clear, I do not condemn, or say that people’s pain is not real, or that the sense of separation isn’t devastating. That would be ignoring the inner experience of billions of people (and mine), and the fact that we suffer from depression, violence, wars, pollution. Instead, what I am trying to point to is that we can simultaneously put all the wonderful and horrible things that
happen to us within a much *broader context* and by doing so begin to understand that the way ‘out’ of our problems (or the way to heal) must be, to some extent, an internal process of unification and recognition.

I write all this because it is too easy to create a romantic division between the ‘natural world’ and the ‘human world’—a division wherein we are ‘separated or broken’ while nature is ‘perfect’, and therefore we need to *take actions* in order to gain (back) our ‘original union.’ But the only action that is needed is a psychological shift in one’s view of what the natural world is for us (Walck, 2004). When we immerse ourselves in the sentient world, we recover a sense of what is possible because the world demands that we bring into awareness both introspection and context (Gallagher, 2010; 2010a). From my own qualitative research in nature, I have seen how significant it is for the psyche to be realized as part of an embodied experience of (and in) the world. I write:

*Inspired by the view and the ecology that surrounds me, I see that what comes ‘from me’ is actually coming from within, between and around me. My insights do not appear in a vacuum. They arise because you [nature] are listening. So, in many ways, we are writing this together. Your listening is not passive but a full partnership with me* (Rabi journal, 2012).
Figure 12: A ‘grave’ that I created. I spent the day underneath the ground in dialogue with the surrounding about all the grief I have caused myself, other people and the world.
Drawing from all this, I am about to propose that under such circumstances, the natural world can be viewed as a kind of psycho-mythical parental symbol that can provide a sense of belonging to clients in early recovery who are facing psychosocial dislocation after leaving treatment. This parental symbol—with all that this may entail—can be taken into consideration as a proposition to an increasingly alienated, isolating, hyper-aroused and (therefore) stressed culture. As such, the natural world can provide stability and clarity in the world of those who live an unstable, ambivalent and unpredictable life.93

The need for a ‘secure enough attachment’ after treatment

In my own work, I have seen clients flourish in treatment. They report feeling safe and contained and are excited to ‘do the work’ of therapy. I have also noticed that most clients will report feelings of fear and anxiousness before leaving treatment. Not every client feels comfortable with aftercare plans that include AA or NA meetings, family therapy, and other methodologies, and not everyone can afford expensive aftercare programs (although AA and NA are free).94 And besides, as much as clients may have begun to establish healthier coping skills and improved self-regulation, the ‘secure base’ of treatment is not sufficient (mostly due to time of stay) to establish enough awareness and adaptation in the weeks to come after treatment.

When clients leave treatment in recovery centers (or other forms of treatment) and go back to their communities, they leave behind new friendships, (people who really “get” them) and a support system that functioned as a de facto, time-bound, surrogate community—a healing

93 The idea behind expanding attachment theory to include what I call “the world parents” came to me in a 40-day solitude retreat.
agent for insecure attachment (Cassidy, & Shaver, 2008). The therapeutic relationships and sense of belonging that were established may contribute to the ability of clients to construct healthier patterns of attachment (Wallin, 2007, Fonagy, 2001). Treatment provides room for unpleasant feelings, sensations, and urges to arise in a safe way because the therapeutic environment is designed to bear witness to, and have a secure-enough base for therapeutic work (Schwartz, 2013).

When the ‘safe haven’ of treatment eventually ends, clients are ‘thrown’ back into what some experience as alienated cities and disconnected communities. Once they are back in the ‘real world,’ clients are once again subjected to becoming ‘human resources’ to the impossible standards of what counts for success and function in the ‘machine’:

Many people are trapped in endless recovery because the same environment that dislocated them in the first place continues to undermine their attempts to achieve and maintain psychosocial integration following treatment. They live in an endless cycle of tenuous recovery, occasional slips or relapses, and re-recovery. (Alexander, 2015, para 24)

While a client’s sense of immediate safety is slowly lost, older patterns of confusion, anxiety, and other maladaptive coping skills may surface. For some, it is the dawn of renewed alienation and for others, a descent from integration. Clients may go back to successful jobs and families, but if they lack the ‘sense of place’ or deeper connection to people, places and soul, then the psychological pressures and disease will re-emerge. Left unattended, these internal

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95 Sometimes clients are asked to leave because their time is up in treatment or because they can no longer afford to stay.
discomforts can produce symptoms of anger, guilt, detachment, indifference, and shame that—as we have seen in Part One—may lead to relapse.

Clients who suffer from attachment disorders and relational trauma may exhibit even less control over their emotions (Levine, 2005; Marmarosh & Tasca, 2013) and therefore their likelihood of relapse is even higher. When clients cannot process being overwhelmed, confused, or fearful after being ‘exiled’ from their renewed sense of belonging in treatment, they might find themselves in greater danger for relapse; when a person is unconsciously ‘triggered,’ his or her attachment mechanism is then activated. The avoidant, ambivalent, and disorganized attachment patterns of behaviour (Dodds, 2011) surface, and with them unconscious and more primal reactions to the stress take place. In the words of Bowlby, who originated the attachment theory:

How we attach early in life is an extremely important aspect of human development. Our attachment patterns affect us throughout all areas and phases of life. They determine how well we can be in relationship and how well we cope with stress. “The attachment system is active ‘from cradle to grave…’ (Bowlby, 1977, p. 203, in Lumiere, 2012, para 2)

If we know that sensitivity, responsiveness, and attunement are central components in the quality of a child’s attachment (Fitton, 2012), then we can conclude that the natural world can furnish repair by providing such qualities for clients—the same as therapists can for their clients.

96 Marmarosh and Tasca (2013) write: “Anxiously attached individuals learned to exclude emotions such as rage and sadness from conscious awareness because these emotions were not empathically responded to in early attachment relationships. Bowlby (1988) called this process defensive exclusion. Instead of expressing anger at others and experiencing painful sadness, anxiously attached individuals tend to express self-criticism to avoid unbearable feelings associated with past attachment traumas” (p. 1174).
(Prenn, 2011). In other words, while attachment theory calls attention to the rupture caused by the split in a child’s psyche that leads to suppressed emotion and symptoms of psychological and/or physical distress (Engler, 1984), a soul-centric and ecological perspective on attachment theory can give the client depth, vitality, and creativity (Mazis, 2006) in the ‘shape’ of parental guardians of the natural world.

Because the natural world is always around, in, and as us (Greenspan, 2004), we can introduce such immediate connection to become a secure base for our clients. Aizenstat (1995) notes:

With this connection between human consciousness and the natural world re-established, people will feel compelled to make the journey back to the source in nature that inspires their work and teaches what contribution is asked in return. (p. 98)

Nature, as our source—or the perfect manifestation of love—allows us to fully experience ourselves without any judgment. Its active presence provides ‘otherness’ that heals. Viewing the natural world as a source of secure attachment can offer the opportunity to actually suffer our suffering, see our beauty, and experience what needs to experienced so what is numbed can reawaken:

*Mother [nature], I am trying to write what I am feeling on this piece of paper and nothing comes through. I want to share with others what is happening to me...You are El-*
Chai, and I can speak to you. The silence of the forest is gazing at me and I look back. There is no judgment in this gaze and yet, my sense of separation is burned to ashes in the fire of your gaze. (Rabi journal, 2011)

In another moment of ecstasy in my longer solitude retreat I wrote

In the past 45 minutes I have been dancing [in nature] and slowly falling into a trance-like state of gratitude and grace. The surrounding is ‘waking up’ and I see the world around me in high definition. Each and every leaf is experienced as a profoundly important being. What seemed mundane a moment ago has spiritual depth and weight. The whole place is electrifying. I have tears in my eyes and feel as if I am about to literally explode with gratitude. It’s physically painful. I had a hard time breathing and I collapsed on the ground. Suddenly, images of destruction and harm flashed in my mind and I shouted. The force of grief, shame and pain were unbearable but I said to myself ‘let it in, give this room.’ I held a leaf... and looked up at the tree and what I felt is love. Unbelievable and Unbearable love and forgiveness and this love grow the space for the grief, shame and pain to expand!! And I shouted, Now that I know the pain we have caused you, what should I do...? (Rabi journal, 2013)

97 In Judaism the living-God is the reality field itself.
98 In Hebrew the world is God’s words. The words “Speech” and “a thing” (form) come from the same root (“Davar”), so speaking also mean in this context to see beyond one’s eyes.
99 This experience was not drug induced.
Figure 13: Spontaneous altar I built in the forest for meditation.
Such initiations can provide psychological repair through re-establishing a healthy relationship with both masculine and feminine aspects of nature/life and a reintegration of unexpressed and yet painfully disturbing forces that are usually nonverbal states of experience (Shore, 2014). This integration can be achieved by examining our individual fragmentation and re-envisioning who we are and can be in relationship to the more-than-human world (Abram, 2010). Naked in the desert of Utah, I reflected:

*I returned to be a wild animal. I climbed a mountain naked, found a cave and poured cold sand all over my body. I lay down on the ground, like my ancestors must have and it felt so familiar... I did not hear anything. Total silence. Then I heard myself and I knew who I was—the small flower and the rocks beside me. Go to the desert because it is easy to know who you are... I never believed I could be so wild. Although I am not supposed to understand, I can read the language of the land, the rocks, and the trees. Everything is so alive. (Rabi journal, 2011)*

If in treatment we can transmit to our clients the ‘earth’ that gives them stability, the ‘wind’ that brings change, and the ‘sun’ that provides life, we increase what is possible for our clients because how we choose to perceive the human psyche will affect how we understand change. If change and adaptation are seen as a relational resonance between the human psyche and the psyche of the world (Hillman, 1975), then healing and health (on all fronts) are understood as the fruition of that relationship! Glen Mazis, a philosopher and poet, reflects on soul and Earth:
The return to the unity of body and psyche is the return to the union of psyche in nature as earth. The body opens us to spirituality that remains faithful to the earth. If the body is the flesh of the world…that relates to the oneiric dimension of matter than this kind of alternative knowing opens us to the life breath of psyche is infusing nature. (Mazis, 2006, p. 18)

The return to a relational dimension with the natural world allows for a significant growth in attachment and secure enough base for clients after leaving treatment and with that comes the potential for resilience in clients. In this sense, the natural world can support people to develop a flexible, adaptable, and coherent sense of self that is rooted in the reciprocal interdependence of man-nature relationship (Jordan, 2009).

**In closing**

I have attempted to radically shift our reference point about who we take ourselves to be in relationship with the natural world, and how such a shift may support people in early recovery. I have shown that when people experience themselves as (only) separate and independent beings, they jeopardize their ability to see what is always (already) affecting them and in relationship with them, and therefore they continue the cycle of avoidance and denial that is specifically devastating in early stages of recovery.
Figure 14: One of the notebooks I used during my retreat.
CHAPTER FIVE: THE SOUL OF RECOVERY

Today, addiction is yet another thing we are supposed to overcome on the road to personal transformation. This optimism about the ability to change your life is a recurring theme in American culture; it is the reason you will always find a well-stocked self-help section in every American bookstore. We have come to expect the reassuring language of therapy in nearly all aspects of our lives, from the automated message that "your time is valuable to us" we hear when we're holding on the phone to the uplifting bromides that appear on the side of every Starbucks latte we order. (Rosen, 2011, p. 35)

Introduction

As mentioned in previous chapters, the view we take of who we are or who we might become (the conversation with our future self, or the best sense of who we are) is an ethical choice because it directly impacts how we act in the world and how we can better deal with current personal and global crises. As therapists we know that in order for healing to transpire, clients need to address repressed unconscious content in a conscious manner (Ryland, 2000). This is true for clients and therapists and it can be true for society as a whole.

Our conscious efforts to bring about awareness to the problem of addiction and to support communities that are beset with addiction are just the tip of an unconscious iceberg: “Somewhere or other, the unconscious, with its barely discernible goals and intentions, has its finger in the pie” (Jung, 2002, p. 70). Therefore, it is not enough to only consider the conscious aspects of globalization and the health crisis of addiction. We must also pay closer attention to the needs of the soul and the unseen forces within that ask for us to become undivided and whole (Krippner &
In this chapter I will show how the expansion of a client’s consciousness to first understand and then include deeper aspects of the self (as psychocultural diversity) may support their capacity to address alienation after leaving treatment and increase their levels of resilience. I will review addiction’s archetypal qualities and suggest that under current circumstances of post-treatment care, it is vital that clients are provided with an environment that celebrates open-ended exploration of the human condition and encourages an awareness of the mystical, mysterious, and unconscious elements of human existence.

From this I will introduce the idea of inner work (Park, 2014; Cohen, 2009) and ‘soul making’ (Grange, 2011; Hillman, 1975, 1997) and their relevance for recovery. For this chapter, I have dialogued with two definitions of Soul. Hillman’s (1975) notion of ‘Soul’ (and his acorn theory)\(^\text{100}\) as perspective rather than a substance, or as a viewpoint rather than a thing itself, was helpful to avoid an ontological debate. For Hillman, the soul can be described as the “unknown component which makes meaning possible, turns events into experiences, is communicated in love and has a religious concern” (p. x). I also deeply appreciate Grange’s (2011) view of Soul as an act of “expression that reveals the creativity lying within the womb of reality... Soul is at its most real when it can creatively integrate its various dimensions of desire, feeling, will, and reason” (p. 2).

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\(^\text{100}\) In simple terms, the acorn theory says that human beings are born with an innate potentials or urge as a soul code. These possibilities are unique to each of us.
As a dedicated practitioner of embodied inner work (and also as a dancer and a therapist), I have seen its incredible capacity for transformation and resilience within communities and with clients. My wish is for the reader to see the value of such practices for themselves and their clients.

**Dislocation, addiction and the suppression of soul**

As people around the world struggle with unfair distribution of wealth, power, and sustainability in the current economic and political environment, the individual’s capacity to respond to the overwhelming, stressful, and complex issues in their families, communities, nations, and the planet at large is being jeopardized (Bronfenbrenner, 2005; Giegerich, 2006; Macy, 2007; Orr, 2004). When this happens, the dynamic between psychological adaptations and reactions (alienation, apathy, and stress) and climbing statistics about substance misuse around the world prove to be a growing concern (Alexander, 2015; United Nations Office on Drugs and Crime, 2010).

As we moved further away from what is always here and now, we moved away from the ever-present ground of being (discussed in Chapter Three), our ecological home (discussed in Chapter Four), and soul\(^{101}\) (current chapter). Under such circumstances, it is a normal reaction to feel overwhelmed, powerless, and even depressed. It is not surprising to find growing numbers of people dissociating from suffering by ‘moving on’ with day to day (consumer) life or avoiding suffering with substances.
The phenomenon of dislocated culture and alienated communities is not a philosophical abstraction. I felt this alienation as an immigrant to Canada when my wife and I moved to Vancouver, British Columbia. Everyone was nice, but seemed cold. I felt alone and reported symptoms of the onset of depression. We then chose to move to Bowen Island, where a sense of community and identity was much stronger for both of us. We both started to be much more engaged in our ‘human scale’ community: My wife started a yoga studio and I lead a men’s group and other inner work groups. The urban environment did not produce the kind of meaning, identity, and purpose we needed. Alexander (2015) explains,

Dislocation is also more than just loneliness. It is possible to have a busy, or even frantic, social life and still experience a lack of identity, meaning, purpose, and belonging if a person is bereft of meaningful cultural traditions, and/or a sense of place in the physical world or a connection with the world of the spirit. (para 15)

We have already seen how being indoctrinated into an ego-centric value system produces a co-opted life that in many ways is toxic to the soul and planet (when we are not aware of its effects). Paraphrasing Abram’s work (1996), when we are “enchanted” by a neoliberal seductive system of rewards (Kotz, 2002) or when we fall into the spell of ‘progress,’ we lose not only the connection to nature, but also a quality of listening that involves attending to the soul and that may give us the moral leverage to change.

Unable to hold on to real substance and without any power over the now internalized busy marketplace of co-opted thoughts, one may search hopelessly for connections in the wrong place. Our psychological and spiritual malnourishment can be seen as mirror reflections of what is happening in the world (Bai, 2012). For example, as our ecological systems suffer from global
warming and changes in weather patterns, our society and our psyche also suffer turbulence. Sardello wrote, “The new symptoms are fragmentation, specialization, expertise, depression, inflation, loss of energy, jargons, and violence. Our buildings are anorexic, our business paranoid, our technology manic” (Sardello, in Hillman, 1982, p. 75). And I add:

_I always enjoy seeing a small weed grow through the cracks of the pavement. For me, this is a great metaphor of what happens inside each of us: The world unconscious is pushing toward the light. Nature, manifesting as psychic energy, is pushing to break the pavement of our conscious mind... In our beautifully managed parks (a manifestation of control) and our organized cities we seemed to manage to put aside—in enemy territories—whatever did not ‘sit well’ with our modern vision of a better, faster and easier lifestyle... These recurring attacks we inflict upon ourselves (and on nature) take place while we are under the anaesthetic of our avoidance acts. (Rabi journal, 2012)_

When such abandonment of soul and moral judgment occurs, people use avoidance strategies to neither hear the ‘scream’ from within nor sense the devastation of the environment. Consuming more entertainment, substances, and other ‘goods’ amplifies the static ‘noise’ that deflects and suppresses suffering. It is important to note that entertainment is probably one of the most common ways to avoid emotional disturbance and psychological distress; there seems to be a relationship between increased unconscious pressure and obsession with music, films, and other forms of diversion. I’m not generalizing the popular arts (which include the entertainment business) as a form of avoidance but I do see strong means of bypassing discomfort. These practices of avoidance and forgetfulness are just a few of the many techniques that are being
used to deal with the magnitude of the challenges people and humanity at large are facing (Le Bel, 2013).

Our forgetfulness is getting worse... If once we would have had a deep time perspective through religion, mythology, lineage and ancestry knowledge, today we have almost none. Maybe one or two generations, some pictures and superficial aspects of traditions... Instead, what is present is this overwhelming power of values that are not ours... I feel like a bonsai tree—all neat, managed and modified to stay ‘in control’... a second hand person. (Rabi journal, 2014)

We have built a society that reflects our avoidance. Through endless forms of addiction and other means of avoidance, we have created instruments of escapism that have grown disproportionately in the past hundred years. Our fear of unconscious material not only prevents self-knowledge; it also prevents a fuller understanding of our psychology (Zandi, 2012; Jung, 2002), and therefore our actions in the world.

Many clients in active addiction have taught themselves to push away what is unpleasant (or pleasant), deformed and crippled (or perfect), violent (or peaceful), non-rational (supreme), and sexual (unification) in their psyche by using their drug of choice and, to some degree, by the (quick-fix and budget-bound) health care system:

We are who we are and who we are is strange, messy, unpredictable and so beautiful. Maybe we are all a bit depressed, all a bit sad, all a bit mad. Maybe that is what “normal” looks like. Maybe we will need to feel it all in order to grow into normality? Why do most of us insist on not being ourselves as all that? Our symptoms can be seen as
threads that can lead us to an existence that we cannot otherwise conceive. Symptoms can become a call for depth, rather than psychotropic treatment. (Rabi journal, 2013)

And Hillman (1975) remarks:

For we are each peculiar: we have symptoms, we fail, and cannot see why we go wrong or even where, despite high hopes and good intentions. We are unable to set matters right, to understand what is taking place or be understood by those who would try. Our insights are impotent, or none come at all. Our feelings disappear in apathy; we worry and also don’t care. Destruction seeps out of us autonomously and we cannot redeem the broken trusts, hopes, loves. (p. 55)

A program that still only engages in ‘improving’ people, or that sees human development as its sole responsibility, continues the betrayal of soul. Again, this statement seems like an obvious therapeutic observation. However, in the actual practice of therapy, and in the subtext of recovery programs, the message that there is something wrong with our client is received. The psychological need for a healthy ego that develops is clear, but we do not take it to be the sum total of who we are. This may sound straightforward, but if we look at our lives and at most Western models of recovery, we find blindness to the needs of the soul. The way we play, make love, work, and treat others in dominant culture is mostly development-driven and goal-focused: did we get better, did we learn, did we arrive, did we heal, did we grow, and did we find the right solutions? Even so-called spiritual ‘pursuits’ can become another means for development.

Maybe it is unintentional or maybe it is the response of fear and ignorance of the meaning of true harmony (Grange, 2011). It does not matter, because the results are the same; we
cut off parts of the psyche and, as a result, we cut off parts of ourselves. The floodgates keep the ‘dangerous’ waters of the psyche at bay, rendering them still and murky. When we are unable to listen to life’s mystery, we are unable to understand the non-literal (objective, hard science) aspect of the world and thus cannot understand ourselves. When recognition of this emerges, therapist and clients are able to penetrate the natural flow in themselves and in others. Woodman (1990) reflects on the embodied aspects of this type of inquiry. She writes:

   God and Goddess can no longer be projected. They are inner experiences through which we discover ourselves, nature, relationships, and the imperial moments that are gifts we cannot understand. Soul making goes on in the body. (p. 31)

Soul making is an embodied process, which is different (and deeper) than an intellectual or even an emotional realization. It is an embodied process because soul is a steady aliveness that flows through (and as) one’s body—a vessel of moving, gushing, intelligent energy. If we take this view to be true, our ways of being human do not need to be hidden, but rather embodied. If we could ‘fix’ our pathologies, would we not see less addiction and depression in the world? No, these soul symptoms are expressions of the creative impulse and demands of the soul (Grange, 2011):

   Hello depression! Welcome back... I am not afraid of you anymore. I don’t even want you to go away. Really! I bow to your powers and wisdom. You are an honourable guest, full with pride that demands my full attention. Only when I provide you with my awareness, you can do your thing and leave. (Rabi journal, 2014)

At the core for connection, empathy and the human condition, Jung (2002), explains,
Recognition of the shadow, leads to the modesty we need in order to acknowledge imperfection. And it is just this conscious recognition and consideration that are needed wherever a human relationship is to be established. A human relationship is not based on differentiation and perfection for these only emphasize the differences or call forth the exact opposite. It is based, rather, on imperfection, on what is weak, helpless and in need of support—the very ground and motive of dependence (p. 73)

When it comes to the full spectrum of human inner life, therapists deal with two levels of psychic reality, two parallel conversations, two vectors of existence (Frattaroli, 2002). Underneath our will and words (which is where our counselling practice seem to be heading), there is a rich, complex, and unpredictable reality-field\textsuperscript{102} and it is one of the most crucial aspects about recovery that is not sufficiently addressed in acceptance-based theories (Wilber, 2000a). When following the logic of this premise, one conclusion is that we cannot ‘end’ the problem of addiction because addiction is not the \textit{core} problem. Addiction—in its \textit{current} global explosion—is rather a psychodynamic reaction to losing ourselves (and our environment) due to fear-based ideologies and limited worldviews.

This chapter’s title—soul of recovery—is appropriate because it represents the archetypal dimensions of addiction. We could say that the \textit{archetype} of addiction does not live only on the personal trajectory but, to borrow an image from Tibetan Buddhism, is also a force that lives on the “wheel of life” (Epstein, 1995) as a “hungry ghost” with an insatiable appetite for ‘more’

\textsuperscript{102} In my view, our psychic life resembles a quantum field more than the ‘outcome’ that Newtonian rules attempt to describe
than is available—a hunger for connection and belonging. As such, the archetype of addiction has an inherent system of values (like consumption, endless appetite, and selfishness) that correlates with some current consequences of globalization and geo-political agendas (Johnston, 2005).

**World soul and soul making**

*Soul (for me) is what we are when we tap into the creative, free spirit of life and then embody a unique expression of that (life). It is the world soul that becomes an embodied reality through us. Therefore, we do not own it. It does not belong to us. Each of us—as a result of our location in the environment (ecology) and unique perspective (masks and soul)—has something to offer that is deeply needed for our flourishing (Rabi journal, 2013)*

The loss of diversity in all realms challenges our ability to sustain ourselves and to discover new creative solutions to our psycho-spiritual concerns. Jung (2002) reminds us, “our lack of insight deprives us of the capacity to deal with evil” (P. 68). In this regard, it is *our* view of the world and our place in it that will eventually bring the change we need. In the hallway of a thousand inner doors of the (collective) minds, the *fog of the literal*—with its simplistic goals and fast solutions—blocks us from discovering untapped possibilities within:

These global programs can only be recognized and responded to from a global, worldcentric awareness, and thus Gaia’s main program is that not enough humans beings have developed and evolved from ecocentric to sociocentric to worldcentric, there to realize—and act on—the ecological crisis. (Wilber, 2000, p. 525)
Wilber’s insight is true for our global crisis and it is true for recovery. Wilber’s notion of worldcentric consciousness\textsuperscript{103} includes within it a notion of the ‘world-soul,’—or \textit{Anima Mundi} in Latin (Marchant, 1992; Roberts, 2012).\textsuperscript{104} Plotkin (2008) writes that from a soul-centric (or worldcentric) perspective, the individual can perceive the world as an “organic web of relationships” and recognizes each living thing as an integral participant in this evolving web (p. 45). According to Roth (2005), the world soul can be equated with the energetic aspect of the ground of being (or what I termed in Chapter three ‘non-dual reality’). This energetic aspect of the \textit{ground} also manifests as the psychophysical reality of the individual. In this expression of soul, which is everywhere, \textit{all} is in total synchronization with nature. In the documentary movie, ‘dancing in the flames’, Woodman (2009) speaks to this:

Know that you are a part of the earth... we live on our mother and this globe, that goes around in space, is our mother, that feeds us, and the soul rises to the spiritual dimension, all our senses come alive in that presence... Indeed, everything has a place in the ecology of the soul. For each leaf, there is a poetic expression—soul is rock, soul is water, soul is tree, soul is soil.

\textsuperscript{103} I did not have the opportunity in such a short chapter to really go into the nuance of world centric view. I deeply appreciate Winton’s (2013) extensive theoretical framework in his article title “The Meaning of Planetary Civilization”. He writes: “Through an examination and integration of components of a range of thinkers we have constructed the outlines of a pragmatasist, naturalistically orientated, non-dual, realist, integrative semiotic cosmology. The aim is to provide a grand story that has the capacity to unify, while respecting the diversity of, the major worldviews. This will only happen if that story can be interpreted in such a way that allows each worldview to find ultimate meaning that is not exclusive of the way any of the others do the same” (p. 194). We can see the level of complexity, and holonic worldview that Winton and other integral thinkers hold. I have simplified these ideas and focused on only one very narrow aspect of the wholeness presented by Winton and others.

\textsuperscript{104} The world soul is an philosophic idea stemming from Plato's Timaeus, where the world is a living organism, or an intrinsic connection between all living things on the planet endowed with a soul. The idea was adopted by Stoicism and Plotinus, and later by Bruno, Goethe, Herder, and Schelling (Blackburn, 2008).
What is so beautiful (and I believe helpful to clients) about holding the possibility of a worldcentric view is that we suddenly are able to include endless ways of being within a sustainable and organic rhythm and patterns. From this standpoint, our ecological endeavour to make peace with the earth is the same one that seeks to find peace within ourselves. Plotkin (2008) writes “Everyone in such a society knows that each thing, including each person, is what it is by virtue of its relationships with everything else … everything is praised and held as sacred” (p. 45).105

The world soul lives within us, as it does within the natural world (Le Bel, 2013; Plotkin, 2008). So when we collapse the unique elements of soul into a biological, scientific, empirical model (that is to say, what can be seen, quantified, analyzed, proved), we ‘narrow’ the richness of life’s mystery in the world (Frattaroli, 2002). When we diminish mystery, mysticism, shamanism, and soul only into its physical and social elements (IT, ITS), we lose the Soul within the cultural and therapeutic conversations of recovery. With that, the symbolism and meaning we share with the natural world also vanishes and lose their value in human development:

*Within our symbolic and verbal capacity we have a gift to share with the Cosmos. If we let that go, how would the Cosmos sing love songs to itself?* (Rabi journal, 2015)

Hillman (1982) suggested that “Our soul is not immune nor isolated against the illness in the soul of the world … the soul of the individual can never advance beyond the soul of the world, because they are inseparable, the one always implicating the other” (p. 78). If we choose to take Hillman’s words seriously, we will begin to understand that recovery cannot be only an

105 Although Plotkin’s view can be seen as “eco-romantic” (Wilber, 2000), the essence of his message is clear: there are alternative ways of being and acting in the world.
individual endeavour. Instead, recovery must be a way of being that can help us escape what Hillman (1972) called the “soulless predicament” of the free market (p. 3). Alexander (2010) also spoke of the soul as the discovery of a bigger context in the life of the recovering ‘addict’ or ‘alcoholic’: “The discovery of the individual soul is the discovery of community ... each is implied by the other” (p. 58).

As a therapist and program designer, I do not believe I can create the kind of change needed for my clients only through acceptance-based methodologies. I see their longing for deeper connections and meaning. Clients need enough grace (as fuel) to escape the gravitational force of free market values. And grace, I believe, emerges from soul. By free falling into soul, we access the (ultimate) renewable source of energy for the psyche! Through this organic and wakeful play of the world soul we are then able to experience ourselves as a vital piece of the puzzle, which—as we have seen—develops psychosocial integration and connection, both critical in early recovery. In the next section I will exhibit how this can be done.

**Soul-making in early recovery**

_We have to reconnect with the primal wisdom that assures us that we are loved, that life is our birthright, that we need not prove ourselves not justify our existence. Knowing in our bones that life is the supreme gift, we can accept paradox. Life is no longer broken into right and wrong, light and dark, birth and death. Everything is part of the awesome mystery. (Woodman, 1990, p. 31)_

As we have seen in Chapters three and four, the relationship between the world’s organic and non-organic phenomena (Aizenstat, 1995) and the non-dual field gives rise to the _unique expression_ in the individual. When the ‘body’ of nature, manifesting in all its creation (which includes us as human body-beings), is reflected in the individual via awareness, the localized
expression of the world-soul finds a place to experiment with existential mutations of itself.\textsuperscript{106} This psychic dynamic of the creative process can be referenced to what is termed soul-making (Grange, 2011; Edgecombe, 2002; Woodman, 1990), embodied soul work (Klepper & Bruce, 2013), inner work (Cohen, 2009) or embodied inner work (Park, 2014).\textsuperscript{107}

Inner work (Cohen, 2009) may be seen as experiences in the subjective domain that can be either internally generated or generated in response to external events for the sake of enhancing self-knowledge. It is a contemplative and embodied practice that takes place through personal or dialectical settings (Bai et al., 2014). It is an awakened path of working on and with “perceptions, sensations, memories, and cognition, all of which constitute a person’s experience” (Cohen, 2009, p. 31). Inner work naturally releases the rigidity of what is taken for granted to be the scope of our ‘selves’ and, as such, promotes inclusivity and addresses arising needs.

When embodied through committed practice (Park, 2014), inner work can (re?) establish a healthier relationship with both self and others (the ‘other’ here includes the natural world),\textsuperscript{108} and a (re)integration with what remains unexpressed and yet painfully disturbing to the self—i.e., the shadow of the personal and collective unconscious [mind]—the shadow that may lead to addictive behaviours and other deflective strategies.

Inner work allows clients to dive deep into a soulful life, where they Only by mixing “head and heart” (Denton, 2005, p. 757) and can discover a “multitude of beautiful things” within (Marthe,

\textsuperscript{106}‘Existential mutations’ is a phrase that Genosko (2009) uses.
\textsuperscript{107} Embodied inner work (Park, 2014) emphasizes the embodied aspects of inner work. More on this can be found in Park’s dissertation titled “Embodied Inner Work: An Educator’s Journey of Body-Mind-Heart Integration.”
\textsuperscript{108} I write (re?) because there is a debate if we are moving into greater depth of human evolution or we are in the process of remembering intuitive knowledge about the world and our selves. Wilber’s “Sex, Ecology and Spirituality” (2000) is a wonderful 850-page kick-starter to this debate.
2008, p. 127). It provides the space that opens them into radical and original possibilities of knowing and being—to possibilities where matter, mind, body, and soul do not oppose each other but rather represent the many parts of the same cosmic fabric (de Chardin, 2005). When clients understand themselves in such a way, they discover themselves as the biggest story of who they might be—which is the story of the universe as it shines through them in any given moment. Clients can then “recover…a wider sense of the holy…birthing a new myth of the co-redemption of the divine and human in one single and historically prolonged process” (Dourley, 2011, p. 521).

Through inner work, clients (and therapists) explore themselves as a manifestation of *life* by way of their own body (not through transcending the body, cutting off the body, or uniting with an abstraction). The vital power of coupling self with its environment is then seen as an ‘enactive’, participatory event (Varela & Rosch, 1993) that exposes the dynamic movement, tension, and codependency of each individual with anyone and anything his or her own body meets (Merleau-Ponty, 1962).

Each unique expression of life is a whole world waiting to be known, asking to be understood in a distinct way, and every moment can be experienced as a treasure that is pregnant with the possibility of discovering greater depth in, as, and through the wonderful complexity of the mind and the natural world. The more one learns to unravel these constellations of the soul, the more self-knowledge and intimacy can thrive. This field of the psychosomatic dynamic is the ability to be self-reflective in a variety of modes, transcending (and including) linear, time-bound, rationale ways.
In the process of knowing ourselves as soul, we listen to the multiplicity within, to the possibilities, and re-connect to who we are: “Our existential core, being a fluid center, is not a psychologized self but something more alive and animating” (Park, 2014, p. 65). In its mysterious pattern-forming, which plays such a fundamental role in the experience of man and woman (Singer, 1971), soul asks us to listen as leaves would listen and to be as rocks are. If we are working with our magical, nonlinear, unpredictable aspect of consciousness, is it not appropriate to speak its mythological and imaginative language? Is it not our ethical responsibility to ‘speak in tongues’ to our multifaceted psychic life?

I am thinking about running away, about alienation and distance. I feel alone again. I see how it happens: My usual harassment, my need to be seen—it all builds up. I find myself imitating my father. I play out his past in my present relationship in an attempt to reconstruct what failed for him. “This time, father, I will make it right for you,” I tell myself, unaware of the disease I am living to save my father’s life. In my timeless consciousness, the past is present, so I will live his life until I succeed, because if I fail my mission—if my father dies—I will become an orphan or even worse, I will have to stay alone with my mother and I am afraid of her. If I know this, I can find myself. To run away, to be moody, to complain, these are all reactions of my father. So I am not even living his life, but the child’s projection of who he is. The promise to save him/me is smothering my life energy. (Rabi journal, 2012)

Although informed by the natural world and the non-dual reality, this middle world—not spirit and not matter—has its own rules and ways of knowing. It is the reality-field that gives birth to the psyche where even the sense of being constant (as ego) is a creative expression.
Concepts like treatment, fixing, changing, or even healing may not compute as the soul is compelled to expand its psychological horizons, disregarding any need to change the play.\textsuperscript{109} For example, does not wanting to heal require a belief that we are not already perfect? Although it is important to support those who feel broken or who have trauma, it is as important to pay attention to the tendency to default into becoming the “healer,” where we become fixated on succeeding in helping:

Every tree grows toward the sun. If we put a barrier between the tree and the sun the tree will adapt and go around the barrier. Such is in treatment—See the psychological barrier (psychological inflexibility) and the client will know what to do, he/she will know how to grow toward God/life/truth. Man or woman will never arrive at this truth/God but he will aspire to get as close as he can in his life. It is built in . . . This aspiration is what counts because it brings us back to a very deep truth about life—we know what to do when we let go of the barriers and just listen. (Rabi, 2013)

From this perspective, clients get better not because they are ‘fixed’ or have learned a new coping skill, but because they remember their power as creators. They die in their addiction and resurrect in their recovery. They destroy by letting go and create by letting in. They heal because they become more in sync with life itself. The inner and outer ecologies find a common rhythm and balance is restored. In this space of true inquiry, clients begin to notice the seeds of reconciliation in the phenomena of opposition and separation. Where there was separation, they

\textsuperscript{109} I am paraphrasing the work of Hillman (1997), although taking a different view because Hillman sees psychology and spirituality as two distinct worlds, while I see them as the same, just manifesting differently.
find unity; where there was pain, they discover joy; and where there is joy, they realize that pain is hiding. It is a truth that must be seen if we wish to (re)enter the all-inclusive reality field, this great perfection that is life.

Once soul has sprouted in consciousness, the psyche begins its transformation into becoming more than oneself. This is established through the cultivation of inner diversity and multiplicity, which involves a slow eradication of false attachment to our identities and social masks and the decentralization of the psychic life. The one identity—the social and cultural egoic formation—becomes the compost that nurtures the birth of a dialectic self: “Psyche consists of different centers of agency and identity capable of entering into meaningful relations with each other” (Beebe, 2002, p. 267). In becoming more relational (WE), we are unique and ordinary at once because we are more present in the world, while being less limited and defined by it (Forman, 2010; Gallagher, 2010b).

The journey of the soul in the world has many pathways, all worth traveling (Hollis, 2008). Therefore, the attempt of the psyche to lead a rationalized life (based on linear deduction and conclusions) is seen as only part of what can be considered true development and maturation (Shepard, 1998). Traveling in uncharted lands as a tourist of the world soul is a “significant social resource because it provides society with individuals endowed with the critical perspective that only living out of their personal myth affords” (Dourly, 2006, p. 44). It is then that the individual, the “true and authentic carrier of reality,” can oppose what is wrong in the world (Jung, 2002, p. 7).

As such, inner work is the activity of disturbance: we disturb the status quo of our lives, the masks that we wear, and the social conditions that we do not question. Only then can we
begin to dive into the deep waters of the soul. The deeper we go within, the clearer our sight without. Inner work liberates us from the need to ‘arrive’ or even to ‘heal.’ Cohen (2015) adds:

The inner defenses that can manifest as addictions and all kinds of other behavioral activities, take a lot of energy; energy that is used to oppress the life force. Bliss is lived when all this energy is freely available for free expression (Personal communication, August 4, 2015).

For myself, this has been a great revelation in my own work and the life of some clients with whom I have worked. What I perceived to be healing was in fact the recognition of resistance within, which meant that self-discovery and fearless examination of self were the main factor in feeling alive and connected to existence and soul.

When we see through the separate self, we are left to live a life that has no ‘standard for living’, where we can enjoy the dynamic interpretation of the conscious mind to the gushing springs of the world unconscious.\textsuperscript{110}

\textbf{In closing}

This chapter presented the relevance and importance of incorporating the Soul’s perspective in recovery. It demonstrated that the ‘collapse’ of human psyche into its more ‘functional’ dimensions can malnourish and harm the well-being of clients in general and the

\textsuperscript{110} We can see that the world unconscious—the infinity of imaginative potential that manifests in consciousness as form—is the fragmented and chaotic field of psychic possibility (which remains unknown to us), which take shape (also) as the self. It is a holonic process (simultaneously a whole and a part of something bigger), where \textit{forms of being} emerge from the psychic soup of imaginative particles. These forms are part of the creative impulse and the gentle push and pull between the developmental needs and the soul’s playfulness. In this view of the psyche, the self takes its rightful place in our psychology and ecology.
success of their aftercare in particular. This chapter exhibited that embodied soul-making (or inner work) can become an antidote to this phenomenon. Grounded in the theoretical model and the critique of our current ways of being, I reviewed the need to engage the soul under her own rules, not so much to find a truth or even a new theory, but as statements of the soul for the soul (Hillman, 1982).

As our culture speeds up, we seem to have less attention span for soul-making and less time for the things that nourish us. We need to relearn how to slow down (and also to stop distracting ourselves) so we can reunite with an analogical psychic condition that is in actual participation with the world, a state where we can be alone and miss nothing, where the silence of nature enlivens us, where we are present—in essence, when we give ourselves the time, each day, to know ourselves again (and again and again). And when we know ourselves, do we not know soul?

Sustainable solutions to recovery arise in the heart of individuals and communities that are willing to live a life of open-ended exploration, inside and out. Greater depth in life, expansion of self, maturation, and healthy development happens when we learn to speak in the native tongue of our souls, which is the place of in-between—in between worlds, in between people, and in between states of consciousness.
EPILOGUE

A new map for relapse prevention

*It is our courage to love (everything and everyone, including ourselves as multiplicity), our courage to be (pure mind) and our courage to live (a unique life as souls’ expression) that makes us a midwife for the birth of the Good, the Beautiful and the True. (Rabi journal, 2013)*

From my work experience and from the research done for this dissertation, I have discovered that researchers, clinicians, and health care providers have little capacity to change the large scale phenomena that affect their clients in early recovery. So much is out of our hands while clients are in treatment and after they leave. We give them tools, new perspectives, and some insights, and hope for the best. And our “best” is sometimes not enough to deal with the enormity of isolation and psychological distress in the client’s microsystems, mesosystems, and exosystems. Admitting all this, while trying to develop better recovery programs, can lead to paralysis and despair, or to anxious and ‘busy’ re-actions. And, who can blame us? If we stop for a moment and consider the forces we are dealing with in the field of addiction (such as financial, political, economic, social, cultural and psychological), it would probably overwhelm us (and it certainly does once in a while).

Nevertheless, I believe—and have indicated throughout the dissertation—that given the right conditions, human beings are creatures of immense resilience and wise compassion, and are capable of change. Examples for such transformation can be found in clinical work, in
educational settings, and in environmental awareness that bring not only hope but also substantial and positive change. For example, over the past forty years, we have witnessed how polluted rivers become healthy again and ecosystems heal because of the care and wise action of organizations and countries.

As a global community, our social challenges and personal burdens can be transformed—or at least find equilibrium—by a deep listening to life, nature and soul. For we are born from and are a part of the Cosmos. This means that a pulsation of harmony is present in us at any given time when we pay attention, as I have shown in Part Two of the dissertation. It might not be enough to ‘fight the power’ on a global scale, but it may be enough to help clients refrain for using because they have found new connections and purpose that are bigger than their sense of isolation. I see this pulsation to be the baseline for my work and my research, not for its ontological truth, but from a place of open inquiry and hope: hope that is desperately needed in the weeks and months that follow residential treatment.

I have chosen to view recovery with a wide-angle lens, a lens that is integral at its core, contemplative in its essence, and ecological at its heart. Throughout this dissertation, I have journeyed into the ‘strange and mysterious’ of the human condition and its integrative complexities. I have also shared my personal commentary, and have done an extensive literature review on current perspectives on addiction and recovery.

Out of this integrative approach, my dissertation has proposed that a good aftercare plan limits its capacity to be sustainable as long as it (1) forgets to acknowledge and respond to psychosocial disintegration due to global and local dislocation (Alexander, 2010, 2015); (2) neglects the impact of our ecological crisis on human consciousness (Orr, 2004; Plotkin, 2008,
Bai, 2015); and (3) ignores the basic human need for a deeper relationship with nurturing living environments, creativity, and initiations into deeper psychic existence (Divecha, & Brown, 2013; Hillman, 1997, Hollis, 2008; O'Connor, 2013; Wilber, 2000a; Winton, 2013).

I clearly identified two major obstacles for sustainable recovery—dislocation and psychological distress—that lead people in early recovery to relapse. I described in detail the importance of acceptance-based therapies in recovery while at the same time critiquing their limitations from an integral perspective, expanding the concept of ‘psychological flexibility’ to include psychocultural diversity and psychosocial integration.

I also demonstrated that when recovery programs are limited to client-centered interventions, they might miss the overwhelming power of dislocation in their clients’ life. In such a case, a client might be diagnosed as suffering from a specific disorder and given an intervention (i.e., medication or a meditation practice ‘against anxiety’), when in fact, what is needed is a program that embraces a diversity of tools that combat his or her sense of dislocation.

I have shown that in a more integral model for recovery, program developers and clinicians would pay closer attention to the notion that as long as clients continue to experience themselves as separate and independent (from the observing self, from deeper spiritual-cultural richness, and from the natural world), they jeopardize all three factors of their IRM (psychosocial integration, psychocultural diversity and psychological flexibility) and, therefore, may find themselves continuing the cycle of relapse post-treatment.

When programs and curriculum include in their theoretical starting point core fundamental holonic and integrative perspectives, they escape the traps of narrow vision, be it
individual internal (I), individual external (It), collective internal (WE) or collective external (ITS). When this is done well, clients can immerse themselves into a soul-full journey that empowers autonomy of thought (on the one hand) and connection to others and nature (on the other hand) through resistance to superimposed values. I think of the book of Exodus, where Moses\textsuperscript{111} struggles to raise his hands so the people of Israel will win the battle. When gravity pulls Moses’s hands to the ground (representing old patterns and fear), Israel\textsuperscript{112} loses. When Moses lifts his hands (representing grace), Israel wins. To some extent, we are all like Moses confronting the gravitational force of current powers.

I tried to show why this integrative outlook is as much \textit{ethical} as it is clinical, because we are being asked to challenge our actions and ways of participation in the \textit{next chapter of our collective life in the book of the Cosmos}. Then, greater responsibility emerges and right action—on a global scale—may awaken:

We are creative participants, as autonomous yet embedded interpreters in a coevolutionary unfolding of reality. It is a complex process where both the universe and we are mutually creators and created. What seems to be unfolding is not only a recovery of the Anima Mundi, but a new relationship to it. (Tarnas, 2002, p. 9)

Tarnas’ inspirational words demand a brave exploration of our current challenges on the collective front and of our suffering as individuals, with all its painful realizations about the state

\textsuperscript{111} In Hebrew, Moses means to ‘rescue’ or ‘draw out.’ As such, Moses represent the inner power that draws us out of the limiting powers or perspectives represented by Egypt (in Hebrew the word Egypt means ‘constrict’ or ‘narrow’).

\textsuperscript{112} Israel translates roughly to ‘the direct realization of God.’
of the world and personal discomforts (Alexander, 2015). Such exploration can only happen through familiarity with what we are actually dealing with in early recovery, which includes the personal (all levels and stages), cultural (width and depth), and social (forces and influences).

In other words, the will to hold one’s (inner) ground while facing extraordinary and overwhelming truths is understood to be what cultivates an awareness that eventually brings one back to unshakable equilibrium. What is required is a quality of attention that is possible when we care deeply about understanding the Content and Context of our personal and collective mind, which is, by itself, the journey that compels both the heart and the mind (Krishnamurti, 2004). I wish to share my insights about these concerns after a session with a client:

I am a social and cultural process and as that I am center-less. I am not as autonomous as I wish to believe. Such is the case with my clients … What I see is not only ‘them’ but a story that is made up by personal and collective history. That is why I first have to ensure that the client (and myself) are aware of this beautiful process/pattern. Not change it, but become aware of it. In this seeing, there is freedom and in that spontaneous and genuine freedom, inter-subjective relationship is born... the point is that we do not need to be autonomous to be authentic. Just as the elements are born in the center of exploding stars, the birth of an authentic expression (spontaneous individual) can be understood as a byproduct of a one of a kind (randomization?) process/pattern. This means that the non-dual moment of awareness is what really unfolds uniqueness and psychological well-being (genuine freedom) in the client and therapist. This unique self derives directly from an awareness of the multiplicity of the social and
cultural Processes. Then there is harmony with the world as it is and communion in our new shared relational space. (Rabi, 2013)

And Woodman (1990) writes:

We have to reconnect with the primal wisdom that assures us that we are loved, that life is our birthright; that we need not prove ourselves nor justify our existence. Knowing in our bones that life is the supreme gift, we can accept paradox. Life is no longer broken into right and wrong, light and dark, birth and death. Everything is part of the awesome mystery. (p. 31)

My dissertation touches on what Woodman termed the ‘awesome mystery’—life as a non-dual embodied-happening—where all three manifestations of the world unconscious in the human psyche (body, soul, and spirit) are seen simultaneously as one and as three. In the words of Elgin (2014): “Existence is arising all-at-once as an interdependent whole—a fresh creation in its totality at every moment—where everything depends upon everything else” (p. 148).

If we understand addiction (partly) as a reaction to the disconnect and painful separation from what Elgin, Woodman and others write, we can see that there is—and always will be—a need for reinventing and re-evaluating practices that would bring to humanity a sense of responsibility for its own inner flourishing and connectivity, but equally for the future of all life on the planet. All practices should point to a quality of listening, which inherently provokes an ethical stance. I believe that new ways of being are introduced as we grow to know ourselves as creatures-in-motion (being more a verb and less a noun), moving slowly away from binary forms of truth (or dualistic view), opposition and division, to one of hesitation, possibilities, wonder,
and potential that the primordial practices provide. I hope that the practices (or perspectives) suggested in Part Two may contribute to this everlasting project.

As much as I have done to show how the Trinocular view is one movement of consciousness, and all these primordial practices are in fact woven together, I did not expand on this reciprocal relationship between non-dual recognition, ecology, and inner work. In other words, how all the practices come together to become a therapeutic, spiritual, relational, educational, and meditative-embodied movement that supports the transformation of clients and communities for the prosperity of life, connection, and meaning. In addition, I feel that the practices and perspective that were discussed in Part Two did not fully address the IRM’s vision for recovery. This is to say, the dialectical-relational component of IRM was not explored to its depth, specifically the place of primordial practices in dialogue and community (WE). As I mentioned earlier, finding practical means to integrate psychological, psychosocial and psychocultural needs into a recovery curriculum and (especially) in aftercare plans is a highly complex task. Each measure is a lens that, if we focus solely through one, we can easily forget that it is only one way of knowing and seeing the world: it is only one aspect of recovery. Therefore, I believe that additional research into what the meeting point might imply in recovery curriculum is an important (and fascinating) inquiry. Taking my insights from Part Two and Three of the dissertation into a full-blown practical stage lies outside the scope of this dissertation.

While I have shown the value of incorporating integrative measures of recovery into program outcomes and aftercare plans, I have stopped at the level of practical application. My hope is that additional research into this aspect will be conducted in the near future. However, I
do feel that a small ‘peek’ into future research and practice is owed to any reader who has made it so far. And as much as the potential and possibilities of my research are felt throughout the dissertation, I want to reflect on the power of primordial practices in dialogue as one possibility that I hope to further explore.

**Future research—primordial practices in dialogue**

We are relational beings, co-creators of new possibilities, hope, and change that come from inspiration and inquiry. As such, dialogue (manifesting as group work, relational work, deep dialogue and so on) can become sacred when we place our answers, our ideas, and our fears on an altar of listening to what is emerging within the WE space. After this, we wait and trust that the relational field will provide. In the holy of holies of human existence, we have little to offer while being with others but our willingness to listen and stay open. It is not that we do not have answers to give. On the contrary, we have too many, so we are left puzzled by our inability to capture the complexity of our own questions and the questions of others, and to control reality. When this realization dawns on us, we begin to master the *art of moving aside* and to make room for a different kind of inquiry in dialogue to appear that transforms us.

Transformative dialogue is based on the primordial practices that were presented in Part Two. This kind of dialogue has to do with *awareness and integrity* to discover the tension between (1) the deep insight that truth cannot be conceptualized (every attempt is but a pale notion compared to what it really is); and (2) the need to share our subjective experience (in all states and stages) with others.
I define transformative dialogue as the state that integrates all three perspectives (first person, second person and third person) into one transaction. In such moments, participants experience themselves as a localized expression of unified reality. Transformative dialogue is not an individual monologue of consciousness (the “I” or first person in its highest expression), nor is it a (at times) forced consensus to speak in “one voice.” Rather, it is the capacity of consciousness to be heard by itself, from a diversity of perspectives (people or nature) that are not two (or more). It is a paradoxical realization that the one is many, and yet, no “other” is present. In these peak collective experiences, the intersubjective dialogue of “We” is transcended and a new form of post-relational—but still localized—expression of awareness.

For this reason, transformative dialogue should include the capacity of the integral vision to hold complexities and at the same time transcend into the simplicity of being. This can be done—as I have demonstrated—through the primordial practices. All this is to say that a transformative and sacred dialogue is held by a presence of simple-being (or aliveness) that accommodates diverse and ever-growing perspectives (me, you, we, they, and that) within a relational awareness to the environment. These first (I), second (WE), and third (ITS) in transformative dialogue are then acknowledged, felt, and known:

**First person perspective:** In dialogue, clients are invited to bring themselves and their inner work to the group. There seems to be a two-way correlation between self-knowledge that emerges from inner work and the depth of the dialogue at play. Clients can learn to expand the notion of observation to include other dimensions in their lives and to become more aware of their inner tapestry (Torbett & Steckler, 2010). Clients are then invited to bring their own
“embodiment and performance, discernment of feeling/interpreting/strategizing and regardfulness for the dynamic quality and source of attention itself” (p. 106).

Second person perspective: This requires the intersubjective dimension—the psychological and existential encounter space of I-Thou relationality (Bai et al., 2014) where ‘I’ and ‘Thou’ give rise to each other. The relational matrix of conversation is the field where the other is born and intersubjective dialogue begins. This creates communities of inquiry, “Where the individual members and the community as a whole are guided, not just by single-loop incremental feedback from a hierarchical superior, but also by double-loop transformative feedback” (Torbett & Steckler, 2010, p. 106).

Third person perspective: This perspective occurs when one contemplates anything or anyone—whatever one contemplates or acts upon as the object of his or her attention or action. The object can be seen, observed, examined and sensed. The third person perspective is the domain of “objective information and experience…[that includes] all objective knowledge” (Pattern, 2009).

Throughout western history, third person inquiry has been given priority over second person (group) inquiry and very little, if at all, to the trans-subjective possibilities of understanding ‘what is’— in which reality researches itself and ‘no-one’ can claim ownership of what has been researched. From this standpoint, there is a shift in one’s sense of responsibility towards both oneself, the other and nature because experience becomes less personal and more collective and even trans-collective in some cases. Transformative dialogue supports direct recognition of our unity with others and with nature itself.
If we wish to embrace dialogue as a practice of transformation, all three perspectives need to be recognized as equally important and implemented by participants to the extent of their current abilities. Without a balanced view among all three perspectives, some dimensions of the therapeutic, spiritual, relational, educational, and meditative potential of dialogue could be ignored or marginalized. Through dialogue clients experience moments when the barriers between these fields dissolve and new holistic and integrative knowledge is born in real time, spontaneously arising from “what is” in first, second, and third person reality. This can be seen as what Guattari sees as the “environment in the process of being reinvented” (in Mickey, 2000, p. 332).

I propose that transformative dialogue can support real-time research into the all-inclusive reality-field of awareness, which includes compartmentalization while also transitioning to a deeper sense of personal, collective and environmental presencing. This integral and ecological lens attempts to integrate the “levels of body, mind, and spirit as they appear in the areas of self, culture and nature” and also “…cross disciplinary boundaries” that “address the intertwining of humans and nature in the irreducible complexity of ecological problems” (Mickey, 2000, p. 330). That is to say, the movement from the individual in group, to the relational dialogue, and eventually to transformative dialogue, can be understood as the sustainable and holonic ability of nature to include “fragmented” and “independent” parts (such as any type of organism), relationships (eco-systems between organisms) and unity (life or nature).
In closing

My dissertation is an attempt to contribute to the evolving field of integrative recovery, to enrich (and critique) current acceptance-based recovery modalities, and to challenge views on sustainable recovery, by emphasizing the global powers and unconscious forces that are at play. Not an easy feat in such complex fields of research and knowledge.

I believe I have laid the foundations for future synthesis and research to come, but many questions have been left unanswered and valuable conceptions remain unpacked. My wish is that the coming years will provide enough opportunities to employ the understandings gained for the benefit of my clients and for whoever finds my insights to be of interest.

*May all beings be happy!*
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Appendix A.

Psychological Flexibility in Treating and Preventing Relapse¹

Mental health promotion requires moving from a risk-reduction model to a competence-enhancement model. To effectively promote mental health, interventions should be based on theories and empirical evidence of psychological competencies that can explain their effectiveness. Psychological flexibility is one such Competency (Fledderus et. al, 2010, p. 2372).

Psychological flexibility is established through six core processes of ACT:

1. **Acceptance**: Research has documented how repeatedly defending ourselves against “negative” perceptions and holding on to “positive” perceptions restricts our field of awareness and keeps us repeating maladaptive behaviours (Ostafin, & Marlatt, 2008). Neuroscience, for example, has established how early conditioning becomes entrenched in the brain’s neurological structure. Through repetition and reinforcement, neural pathways grow stronger as “we keep trying to master old, frustrating situations, but unfortunately these attempts usually keep us repeating it with only minor variations” (Cortright, 2007, p. 129). Instead, acceptance allows what is present to be without the need to change it. Acceptance—or “resting” in awareness—involves allowing whatever thought, feeling, or experience that arises to be as just as it is, without doing anything. Acceptance allows clients to relax into the facts of their current life conditions, whether

¹ Retrieved with slight adaptations from my MA thesis.
pleasant or painful. Kornfield (2008) advised, “With acceptance and respect, problems that seem intractable often become workable” (p. 103).

(2) **Cognitive Diffusion:** Rather than responding to pleasurable or unpleasant perceptions through indulgence, avoidance, and transformation, the client learns to rest in the “presence” or “awareness” of that perception. When clients learn to rest in the spaciousness of awareness they can discover that their superimposed (learned and rooted in the unconscious) stories about reality do not have true substance. These stories are contextualized, narratives that can be challenged not for their content but for their unrealistic promise to provide long-lasting psychological well-being. When inquiring into them, the client can see that they arise and resolve naturally and, ‘like the flight path of a bird in the sky, they never leave a trace’.  

(3) **Contact with the Present Moment:** Clients learn to stay present without total collapse into their narratives about the future or past. Mental and physical phenomena exist in relation to our perceptions and conceptions when in fact they can be viewed as a natural and temporary expression of a unified, omnipresent, non-locatable empty awareness that is shared by all humans (Krystal, 2003). Cohen and Bai (2008) suggested, “What prevents the ability to be fully present and fully attentive are all the conditioned mental-emotional-physical-behavioural habits that get built up and create an overlay that buries the authentic self” (p. 49). And Houshmand et al. (1999) add that what we perceive

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2 This is a known metaphor in Buddhism.
is “inescapably related to our perceptual modes of observation and the way in which we conceive of phenomena are inescapably related to our concepts and languages” (p. 34).

(4) Contact with the Observing Self: As with a mirror, the observing self (or awareness) has the capacity to reflect whatever appears without being affected by what is appearing. It encompasses positive, negative, and neutral perceptions and it is never affected by any of them. It is free from the very beginning. Whether the client is in blissful, neutral, or negative states, the observing self is not altered, affected, or changed. The observing self does not depend on circumstances or conditions to be. It is always available, always present. There is never a moment when we can say that we are not or cannot be aware. During waking life and while we sleep, awareness is. This is based on the idea of awareness as an unimpeded and unconstrived core structure of existence (Fenner, 2003) and it supposes that the realization of awareness (or the observing self) cannot be grasped. To this end, the inability to grasp awareness is the source of liberation (Rosenbaum, 2009):

When the universal panorama is clearly seen to manifest without any objective or subjective supports, viewless knowledge awakens spontaneously. Simply by not reviewing any appearing structure, one establishes the true view of what is. This viewless view is what constitutes the Buddha nature and acts dynamically as the mother of wisdom, revealing whatever is simply as what it is—empty of substantial self-existence, uncharitable and uncharacterizable, calmly quiet and already
blissfully awakened. (Fenner, 2003, p. 28)

(5) **Choosing Values in different life domains**: Taking time to reflect through practices, dialogue, and contemplation what is most important to the client: What motivates them to make meaningful change in their life, what are their core values? This exploration becomes the compass with which the clients can navigate their lives, even under “harsh” psychological conditions.

(6) **Commitment to Choices based on these values**: Setting goals, guided by the client’s values, and taking effective action to achieve them (Harris, 2006).

**Psychological Inflexibility in Recovery**

In silence therapy is done, in silence the client sees his perfection, wisdom and right action. In silence all is forgiven, in silence we are at peace. This silence is always with us. It is what is hearing the noise, what is sensing . . . . It is what is seeing the Self and its wonderful adaptations. We are THAT... so—move aside. It works well when you do not have expectations about what needs to happen next. (Rabi, 2013)

Psychological flexibility and inflexibility can be seen as opposite ends of a continuum and can be broken down into various components. Luoma et al., 2011) wrote that “Poor psychological flexibility has been shown to relate to clinical problems as well as normative life challenges, and efforts to increase psychological flexibility have correlated with improvements for a variety of psychological difficulties, including
substance abuse (p. 3). Petkusa and Wetherell (2011) define psychological inflexibility as an “inability to connect with one's values in the present moment due to experiential avoidance and cognitive fusion” (p. 2). This includes a lack of contact with or awareness of the client’s values, which makes it difficult to maintain consistent patterns of goal-oriented action. This can be indicated by impulsivity or lack of commitment to long-term change (Luoma, et al., 2011).

The six processes that are associated with psychological inflexibility are: (1) Experiential Avoidance; (2) Cognitive Fusion; (3) Dominance of Conceptualized Past or Future; (4) Attachment to Conceptualized Self; (5) Loss of Contact with Personal Values; and (6) Inaction, Impulsivity, or Persistent Avoidance (Harris, 2006). Below you will find examples of how psychological flexibility can be increased with people in early recovery:

(1) **Experiential Avoidance**: The attempt to control or alter unpleasant thoughts, emotions, memories, and other internal experiences even when doing so causes harm (Petkusa & Wetherell, 2011). In cases of substance misuse, experiential avoidance is a predictor of treatment failure and relapse because clients use substances as coping skills to avoid, control or eliminate unwanted thoughts, feelings, sensations, or other private experiences (Luoma et al., 2011):

Unfortunately, attempts to avoid uncomfortable private events tend to increase their functional importance—both because they become more salient and because these control efforts are themselves verbally linked to conceptualized negative outcomes—and thus tend to narrow the range of
behaviours that are possible since many behaviours might evoke these feared private events. (Hayes et al. 2006, p. 7)

ACT interventions help the client to make room for unpleasant feelings, sensations, and urges, as it allows them to come and go without the usual struggles. It is the active and aware embrace of adverse internal experiences (Fledderus et al., 2010; Harris, 2006). In the words of Tharaldsen (2012)

Awareness training, indeed, may lead to an open-minded experience of the present moment, regardless of what that moment brings. In the short term, this may decrease rumination, which is a particular maladaptive emotion-regulation strategy. (p. 107)

As clients’ capacity to recognize what is happening in their lives grows, they begin to step out of denial and become willing to own their anger, pain, ambition, and so on, which in turn reduces the risk of relapse. When clients are engaged in experiential avoidance, they ‘miss the mark’ on reality—no matter the mood (happy or sad), state of consciousness (high or low), or condition (sick or healthy), all human beings suffer. This diagnosis leads to the discovery that suffering is caused by attachment to pleasure and avoidance of pain. At the root of attachment lies craving, aversion, and ignorance, which

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3 It is important to note how much experiential avoidance can be related to the first noble truth in Buddhism. Clark (2008) wrote: “The Four Noble Truths begin with the recognition of the third of these marks, universal suffering, then present a diagnosis of its cause and cure, and finally explain the path or practice by which the cure can be effected. (p. 8). That said, as a clinician I make a clear distinction between the Buddhist teachings and clinical intervention. I sometimes introduce Buddhist concepts for psychoeducational purposes and then ask the client if you would like more information. Usually clients are eager to learn more about these concepts and come back to the next session with many questions.
are attempts to control or alter “what is.” Craving includes the search for a certain experience of self (existent or non-existent). In other words, the suffering of the false self is derived from attachment to the two extremes of self-sufficiency and emptiness (self-inflation or self-negation). Aversion is the wish to escape physical and psychological pain. Ignorance is related to who we believe ourselves to be (Epstein, 1995).

With this in mind, the therapist does not need to examine specific causes for the client’s suffering (although he or she might), but rather can share with the client this core existential capacity and by doing so, supports the client’s recognition of her or his avoidance strategies—including their substance of choice.

(2) Cognitive Fusion: This occurs when clients understand themselves to be their thoughts, emotions, and other internal experiences. Cognitive fusion refers to the tendency of clients to become caught up in the literal meaning of thoughts, while at the same time being unaware of the process of thinking (Petkusa & Wetherell, 2011). In the words of Sanders (1997), “…the problem's voice and influence have come to dominate and oppress the person, placing severe constraints upon the person's ability to relate to others and to access his/her own knowledge and wisdom” (p. 403). ACT interventions may help clients step out of a cycle of self blame and shame by resting in the essence of thoughts ‘psychic space,’ thus allowing a psychological movement toward a stable reduction in shame and an increase in adaptive and functional ways of living (Luoma et al., 2012). In the process, clients are able to recognize thoughts, images, memories as nothing more than data arising and subsiding within the mind (Fledderus et al., 2010).
(3) Dominance of Conceptualized Past or Future: Clients may find themselves caught up in unpleasant memories of painful past experiences or anxiously obsess over projected scenarios of future events (Petkusa & Wetherell, 2011). ACT interventions support the ability of clients to pay attention to experience moment to moment and, as such, not to become entangled with memories of the past or projected stories of the future. This in turn, helps clients to focus on self-organization of their inner world (‘how it works’) while staying in the present moment and less on finding solutions to problems of past and future. In recognizing this, healthy adaptations, insight, and creativity become a possibility and what once seemed to be an overwhelming obstacle is now perceived as a possibility for change.

(4) Attachment to Conceptualized Self: Epstein (1995) suggested that it is not the ego that therapy is after, but the self-concept, the “representational component of the ego, the actual internal experience of one’s self” that is targeted” (p. 98). Attachment to the conceptualized self can be thought of as believing that the actor is the mask. This fusion of experience (feeling depressed or worried as an example) is in essence the reason people suffer. By loosening identification with the contents of one’s consciousness, clients may cultivate a capacity for non-attachment to perceptions, and insight into the nature of the mind (Rosenbaum, 2009). Mindfulness, acceptance, and mindfulness-based interventions help liberate clients “from the suffering inherent in illusory views of self as
a fixed, graspable “thing” (Rosenbaum, 2009, p. 116).\(^4\) Slowly, clients learn to access their more elusive sense of self—an unchanging and ever-present awareness of the continuity of consciousness (Harris, 2006).\(^5\) In this therapeutic view, clients do not have to change or get rid of their thoughts or emotions, but learn to see through the false ideas of the self they take to be real (Kornfield, 2008). Experiencing the moment-to-moment contraction and disappearance of these objects of mind brings psychological freedom to clients: “When we inquire carefully into the question of identity, the creation of self is discovered to be a moment to moment process” (Kornfield, 2008, p. 74).

(5) Loss of Contact with Personal Values: Values give meaning to life and can include family, career, social relationships, and health, among others. Many clients in early stages of recovery report a loss of contact to their personal values due to their addiction. The misuse of their drug of choice has taken so much of their attention that they forgot to reconnect to the things that matter to them the most. When clients lose contact with what gives meaning to their life, they are at risk of feeling isolated and alienated from others.

\(^4\) This can be done only with clients who provide behavioral evidence that they have sufficient a sense of self. In other words, clients who demonstrate healthy ego strength to internalize these concepts without jeopardizing their mental and emotional health.

\(^5\) According to Fenner (2003), this kind of inquiry into the conceptual self is a radical departure from conventional forms of psychology. He stated that clients have everything they need, “simply by virtue of being conscious” to discover new possibilities for themselves and about themselves (p. 28). Rosenbaum (2009) brings attention to the conceptual self by saying that going beyond false ideas (i.e., self and no-self) lies in presence, which he defines as a “subtle consciousness that is keenly aware but that does not turn our experience of people and things into reified objects” (p. 218). Hurt (2003) adds that freedom from psychological suffering arises only in direct experience, which in turns becomes an intimate and healing experience because it does not separate any longer the experience from the experiencer. The paradox is that what we take to be the source of agency (our selves) is seen as a construction of reactions against what we do not wish to acknowledge.
Clients who exhibit psychological inflexibility invest their energy in experiential avoidance and social acceptance instead of self-discovery of their core life values (Petkusa & Wetherell, 2011). Through meaningful conversations and inquiry, clients learn to reconnect to their core values and, when needed, change some of their values to assert the new kind of life they wish for themselves (Harris, 2006).

(6) Inaction, Impulsivity, or Persistent Avoidance: In the ACT model, clients experience the different between changing the content of the mind (thoughts in particular) and the ease of being aware without doing anything. Instead, clients are encouraged to see for themselves that they can detach from maladaptive experiences and instead focus on behaviours that support their values (Fledderus et al., 2010).

This section reviewed additional research in the rapidly growing field of acceptance-based treatment and intervention in recovery, with particular attention to the relationship between psychological inflexibility and addiction. Experiential avoidance, cognitive fusion, dominance of conceptualized past or future, attachment to conceptualized self, loss of contact with personal values and inaction, impulsivity, or persistent avoidance are all present in the life of clients in early recovery.