AQAL
JOURNAL OF INTEGRAL THEORY AND PRACTICE
www.aqaljournal.org

Toward an Integral Recovery Model for Drug and Alcohol Addiction

John Dupuy with Marco Morelli

This article describes how the AQAL framework can be applied to the treatment of drug and alcohol addiction, creating a new and more effective model of both diagnosis and treatment. The author examines how health in all four quadrants is the goal of the Integral Recovery process and how this includes work with states of consciousness, lines of development, and masculine and feminine types. Finally, he shows how an Integral Life Practice can (and must) be the centerpiece of the addict's path to healing.

The Problem of Addiction

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

Although this problem is huge and complex, with myriad social and cultural implications, my focus is on understanding and treating the individual. Specifically, I am interested in the addict who has come to a point where at least a part of them knows that they seriously, even desperately, need to change their life.

My academic background is in transpersonal psychology, which I studied in the mid-eighties at John F. Kennedy University in Orinda, CA. I had the pleasure of serving as a graduate assistant to Fritjof Capra during the heyday of the Elmwood Institute. During this period, I began working as a therapist/counselor at Thunder Road, a respected adolescent substance abuse treatment program in Oakland, CA. That is where I first became acquainted with the Twelve Steps of Alcoholics Anonymous. I was delighted to have found a mainstream treatment modality where we could speak about God and spirituality without being escorted out of the building. After a few years in the Bay Area, I moved to southern Utah and began working as a therapeutic wilderness guide. Over the years I have worked in some of the premier wilderness programs and helped start and design a couple as well.

I soon found that the elephant in the room—or the number one presenting problem of young people being sent to these programs for treatment—was drugs and alcohol. For nearly 85-90% of our students, this was the major issue. Some of our students were just passing through a period of rebellion and experimentation, but a significant number were addicted. This led me to starting a program, Passages to Recovery, which dealt almost exclusively with chemically dependent clients.[2] The idea was that we would combine the strength of extended wilderness journeys, the Twelve Steps, meditation, sweat lodges, and vision quests to provide a more inclusive form of

therapy. We were widely invitational in our approach to spirituality, which, along with an excellent staff, made for a highly effective program. Sadly, I began to see that even with a top-notch staff and a far-reaching program, we were not gaining the traction we needed. The reasons why will become clear as I apply the AQAL model to addiction.

The AQAL Key

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

The Four Quadrants of Addiction

Addiction is a *comprehensive* disease, affecting not just the addict's body and mind but their family, their intimate relationships, their work, their finances, their home—in other words, all four quadrants of their life.[3] When a client enters treatment, one of my first steps is to perform a four-quadrant assessment of their life situation.

Not only do the four quadrants help me evaluate a client's situation, but I teach it to my clients (within the *mind module* of recovery practice) to help them begin to make sense of their life. The true scope of the disease (and of the work to be done) becomes clear when one can see it in these four basic areas. I emphasize the *interconnectedness* and *irreducibility* of all four quadrants. Optimal health requires all four quadrants to be harmonized and brought into balance. The reason for this is fundamental to an Integral approach: *Any stressors in any of the quadrants will place a burden on the other quadrants; and conversely, any gains made in any of the quadrants will help stabilize and lift up the others*. The first step of an Integral Recovery program thus involves mapping out the changes that will be needed in *all four quadrants* to maintain sobriety and grow toward optimal health. (See figure 1.)

UPPER LEFT (I)	UPPER RIGHT (It)
• What are the psychodynamic issues facing the client? • Is there unresolved trauma involved as a causal agent? • Is the client experiencing depression? • What are the stories and narratives that the client has created about his/her self and the world? • What value meme was the client at prior to the onset of the disease? • What does a psychograph of the client's current condition reveal, with special attention to the spiritual, cognitive, value, and emotional lines? • How motivated is the client to recover?	• Does the client have a neurobiological imbalance that needs to be treated? • What is the client's current state of physical health? • Are there genetic factors involved? • What is the client's current diet? • What is the client's involvement with exercise?
LOWER LEFT (You/We)	**LOWER RIGHT (Its)**
• What is the current condition of the client's family, friendships, and intimate relationships? • Is there support among family and friends? • What other community supports are there? • How does the client's circle of relationships view the particular substance they are using?	• Are there monies available to finance treatment? • If so, how much treatment can the individual afford? • Involvement with the legal system? • Will insurance pay for treatment? • How will treatment affect their employment or school? • What kind of environment will best serve the individual's recovery over the long term?

Figure 1. Four Quadrant Treatment Assessment

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

As Wilber has pointed out in his writings and talks on Integral Medicine, it is not only the body/mind of the patient that matters but also the consciousness of the physician.[4] The consciousness of the treatment provider is particularly important in the addiction recovery process, since one of the first steps is eliciting the client's buy-in to the very notion of *practice as a path of recovery*. If the treatment provider is transmitting health and wholeness by their mere presence, it goes a long way toward attracting the client to own their own recovery process. "If this is what health and sobriety looks and feels like, then I want it!" Exhausted, burnt-out healers are worse than nothing: they actually are an impediment to the client's healing. Just as in the Marine Corps, where everyone's first calling is as a rifleman, whether one is a general or a private, in an Integral recovery program everyone is first and foremost an Integral practitioner. Not only does this keep the program healthy, inspiring, and flowing, but it also overcomes the dichotomy of "I'm an addict and you're not." The emphasis becomes growth and optimal health on a *spectrum* going from addiction to freedom. "How's your practice? This is what I'm learning…."

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

Working the Essential Lines of Development

An understanding of *lines of development* (distinct capacities or intelligences that show growth over time) is key when it comes to incorporating an Integral Life Practice (ILP) into the day-to-day activities of the treatment program. An ILP must be central. At Passages to Recovery, we were able to facilitate powerful awakening experiences for the majority of our students through the eight weeks in the wilderness, daily meditation and prayer, sweat lodges, and a culminating vision quest experience. But often the problem was that the overall experience was only a series of *altered states*. There is no problem with states of consciousness in and of themselves. As we will see, *healthy* states are crucial to recovery. However, there is a big difference between a limited period of altered state experiences and an ongoing program of *trained states* that the client continues working on long after the initial treatment. In the case of Passages, students would leave the container of the wilderness and the program, the glow would fade, and relapse was likely to happen.

In fact, follow-up is a huge challenge for even the best programs. Traditionally, the answer has been to get the graduating student to attend Twelve Step meetings, acquire a sponsor, and work the AA program. And this works… sometimes. But not often enough. *What has been lacking is a recovery model that addresses all four quadrants of the individual and works the basic developmental lines—cognitive, emotional, physical, and spiritual—in an ongoing, dynamic, lifelong practice*. It seems a number of the best treatment programs are now reaching a healthy *Green* altitude, in that they are multi-disciplinary and are incorporating diverse healing modalities in addition to Twelve Step work. But none have yet crossed that "unimaginable gulf of meaning" that psychologist Clare Graves spoke of in moving from First- to Second-Tier.

Many programs, I believe, are intuitively pushing into a more integral approach—but they lack a comprehensive map. Most treatment currently consists of AA, psycho-education, individual and group therapy, and, on the cutting edge, maybe supplements and health food. This is good but again lacks the overall framework of the AQAL approach.

For the purposes of recovery work, I focus on the physical, cognitive, spiritual, and emotional lines, which has many advantages.[5] First, it makes sense. The idea is understandable, practical, and, for most people, immediately intuitive. This seems to hold true for both healthcare professionals and for those suffering from addiction (including the families of an addict). These four lines also correspond to the "four core modules" of Integral Life Practice: *body*, *mind*, *spirit*, and *shadow*. In fact, I employ both the *emotions* and *shadow* modules, since both focus on releasing trauma and clarifying emotional energy.

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

An Example Using Quadrants and Lines

Let us take a client that has been on a 6-month methamphetamine binge. There are going to be huge issues in the UR quadrant. The body is normally ravaged from lack of nutrition. There may be open sores from clients picking at their skin; deterioration of the gums and nasal passages; and serotonin and dopamine depletion. In the UL the patient will often be experiencing depression, anxiety, powerful cravings, anger, and self-hatred. The relational LL "We" space is most often in shambles and will require family and relational therapy—amends-making and restitution to restore the social fabric that is almost always shredded from the acting out associated with addiction. In the LR there are often a myriad of legal and financial issues. Their home may be in foreclosure; they may have outstanding warrants; or their insurance coverage may have lapsed. So it is easy to see something that starts primarily as an UR behavioral, neurological problem quickly infecting all the other quadrants. For health to be reestablished, the client will need to clean up and balance all four quadrants.[6]

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

I often use the story of the tourist visiting New York who asks the person on the street how to get to Carnegie Hall? The street person replies, "Practice!" The rallying cry for Integral Recovery likewise becomes, "How do you stay sober and healthy? Practice!" Body, mind, heart, and spirit

must be worked in an ongoing, cross-training, synergistic, life-long practice designed to heal the body/mind, transcend chemical dependency, and actualize one's highest self (and ultimately, one's true Self).

Integrating Healthy States of Consciousness

While self-transformation through practice is the ultimate goal of Integral Recovery, the addict needs some *immediate experiences* of their future attainments: they need motivating glimpses and reminders of what health will actually feel like. Discussing states of consciousness—non-ordinary, altered, and otherwise—is an easy sell with individuals who have used a lot of drugs. They get it. A shot of tequila, a line of cocaine, a needle in the veins, and presto: altered state! The idea that altered states can be healthy, and not the forbidden fruit of a boring sober life, is a great relief. Even more liberating is the notion that there is an "ultimate state of consciousness" (or an ultimate condition of freedom) that is beyond even the most blissed-out (or freaked-out) state. Teaching how altered states—along with *That* which is beyond any particular state—figure into recovery and a more enlightened life in general becomes a key component of the Integral Recovery model.

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

I have been using binaural brain entrainment technology, specifically Holosync™ and Insight Meditation, to assist people in beginning a meditation practice.[7] The use of this type of technology in treatment is worthy of an article by itself. But suffice it to say that the clients I have worked with find listening to the binaural tracks while meditating very pleasant and start feeling the effects of their practice in short order. Their progress seems much accelerated over those who are not using this technology. The binaural meditators I have worked with appear to more easily let go of trauma and resentments, increase their cognitive function and awareness, and experience a sense of greater well-being. The feeling of "I'm getting better," and that life is and can get better, is a major turning point in treatment.

In Step Eleven of Alcoholics Anonymous, it states, "…through prayer and meditation, to improve our conscious contact with God…."[8] There are, however, almost no instructions on *how* one should pray or meditate in the *Big Book of Alcoholics Anonymous*. One is left to one's own devices or perhaps the wisdom of one's sponsor. The subjects of meditation and contemplation are not generally discussed in meetings, as far as I have seen. There does, however, seem to be a consensus and agreement among those who have maintained their sobriety through AA that it is the spiritual aspect of the program that has been the most powerful and transformative. For many, this seems to have occurred through petitionary prayer or through a gradual awakening by attending AA meetings and "working the Steps." But there is little instruction on daily, sustained, life-long meditation and contemplative practice. This significant point bears repeating: although there is *no instruction* on how to meditate, and *little or no* community engagement with prayer and meditation, it is the "spiritual" aspects of the program that keep people aligned with the significance and importance of the Twelve Steps. There is an enormous opportunity here for

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

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

> Alpha and theta states have been shown to facilitate addiction recovery. Dr. Eugene Peniston and Dr. Paul Kulkosky of the University of Southern Colorado trained a group of alcoholics to enter the alpha and theta states. These alcoholics showed a recovery rate many orders of magnitude greater than a control group. Thirteen months later, this alpha-theta group showed "sustained prevention of relapse," and these findings were confirmed in another follow up study three years later. In addition, this group showed a marked personality transformation, including significant increases in qualities such as warmth, stability, conscientiousness, boldness, imaginativeness, and self-control, along with decreases in depression and anxiety. (A follow up study was done 10 years later and the results were *still* holding!)[9]

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

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

In the case of the recovering addict, this is extremely important, as they do not have the luxury of waiting two to five years to start seeing results. While meditative state training has the effect of shifting attention from gross to subtle to causal and ultimately nondual realities (i.e., horizontal state development), the experience of these expanded states can quickly lead to vertical structure-stage growth as well. Meditation practice becomes a series of “micro-transformative” events that accumulate over time, as the *subject* of one’s embedded self becomes the *object* of one’s emergent, higher-level self.[10] The "I am an addict" becomes "I have an addiction." This leap in perspective can have a profound vertical impact on all the self-related lines, as these states become a gateway to a newly emergent, healthy, sober self that is the goal and holy grail of Integral Recovery.

Working with Emotions and the Shadow

While all of the Integral Life Practice core modules (body, mind, spirit, and shadow) work together in a cross-training fashion, there is a particular alliance between spirit and the

shadow/emotions work. That is because the experience of meditation (in the spirit module) often brings the addict face to face with a slew of inner demons that need to be dealt with (in the shadow/emotions modules). Since addictive behavior in large part consists of *running away* from self-awareness, and disrupts emotional integrity, this shadow/emotional work is an *especially important* front in the battle for recovery. Pure witnessing of inner experience through meditation is a critical foundation for healing, but by itself is not enough. The addict's witnessing capacity needs to be complemented and bolstered by specific techniques that deal with emotional upheaval and the integration of repressed material.

Both shadow work and releasing emotions are essential. I distinguish them in the following way: while shadow work deals with the *content* of repressed material and uses any number of therapeutic techniques to uncover and integrate this material, releasing emotions deals with the *emotional energy itself* and trains the individual to simply release it or let it go, in the present moment. One of the crucial insights that shadow work aims to discover is the *why* of one's addictive compulsion. In other words, what is the underlying problem that the individual may be subconsciously attempting to deal with through the use of drugs or alcohol?[11] There will not always be a clear-cut "why"—some cases may be more predominantly caused by factors in the other quadrants. However, exploring this question is central to the UL quadrant of treatment. (Of course, only a four-quadrant analysis can begin to paint a complete picture of both the "why" and "what" of one's disease.) Classic examples of shadow work include psychoanalysis, gestalt therapy, and the "3-2-1 Process" taught in the Integral Life Practice Starter Kit.

Emotional work also comes in many varieties, but I have specifically been using a technique taught by the Sedona Method.[12] This simple technique involves feeling the present emotion, asking oneself if one *could* release it, then if one *would* release it, and if so, *when*? Even simpler is to say, on the in-breath, "I totally accept these feelings," and on the out-breath, "I release them." The *content* of the emotion is unimportant in this process; there is no need to get involved in self-analysis. Rather, one simply feels the emotional energy (positive or negative) and practices welcoming and letting it go. This can be done while sitting in meditation or any time during the day. Indeed, a practice of sitting meditation in conjunction with releasing emotions becomes the training ground for a *moment-to-moment* practice of releasing in the midst of everyday life. I will expand on this practice in the section on masculine and feminine below.

Encouraging Vertical Stage Development

Now that we have introduced *healthy* states of consciousness into the addict's life—and established the fact that these states can become progressively deeper, freer, more peaceful, and even blissful—and now that we have brought in shadow work and taught a simple and powerful technique for embracing and releasing emotions, it is time to focus on the importance of *vertical stage development*. A structure-stage model helps the addict make sense of where they are developmentally (often, whereto they have pathologically regressed), and where they will be going if they keep up their ILP.

Teaching vertical development in the recovery process is highly instructive and often inspirational. The fact that clients are aspiring to a higher version of themselves provides a meaningful direction for the process of healing and recovery (i.e., "It is good to know what is above you"). Together with what we know about the effect of addiction on the brain, the knowledge of different developmental levels gives the client a useful "zone-2" perspective (i.e., 3rd-person objective view on one's individual interior) on their problem, which strengthens both

their cognitive and ego-identity lines. Furthermore, viewing their suffering in an objective mode becomes yet another illuminating nudge toward loosening the compulsive control of the disease.

I begin by teaching the basic *egocentric*, *ethnocentric*, *worldcentric*, and *Kosmocentric* moral stages. It is easy for clients to understand how their addiction has taken them to a totally egocentric posture (e.g., "Nothing matters but me and getting high"). Everyone in the addict's life has become an object to be used to secure the supply of the addictive substance(s). Most addicts can clearly see the truth in this description. But just as importantly, they can also see their more authentic, healthy values reflected in *ethnocentric or higher* concerns. As they detox and begin to face their buried emotions, the addict will feel sadness, anger, regret, and remorse. They will remember and relive past actions. They will see the deep connection between their addictive behaviors and their moral failings, but they will *also* realize they are better than that.[13]

An egocentric appeal for sobriety can be made (i.e., "I'll die if I keep using"). But helping the addict see their disease and behaviors from an ethnocentric level makes the choice even clearer and more compelling (e.g., "This is not just about me; it affects my family, children, loved ones, friends!"). In rare cases, worldcentric and higher motives can come into play. The foundation of meaning for the recovery process is strengthened by this wider context and higher altitude point of view. In the cognitive line, we could say that one of the first essential steps in recovery is the ability to *see* the perspectives that ethnocentric awareness provide (e.g., "How have my addictive behaviors affected those I care about—through their eyes?"). This is often a revelation, as one of the stories most commonly found in the egocentric addict is "This is nobody's business but my own. I am an island. I can do whatever I want." When a new sense of responsibility emerges, it can be wrenching, but a healthy, stage-appropriate sense of shame or guilt is necessary before one can take true responsibility for one's actions.

I usually save the introduction of Spiral Dynamics for a few weeks into the process. Spiral Dynamics, developed by Don Beck and Chris Cowan (based on the pioneering research by Clare Graves), is a sophisticated and elegant map of human evolution. It focuses specifically on the *values* and *worldview* lines of development and charts the profound transformations that occur as individuals and societies grow in complexity and awareness. It is often a mini-transcendent event as the lights go on and my clients begin to understand themselves within a historical and evolutionary perspective. They will see their egocentric *Red* values, their need for *Blue* values (e.g., structure), perhaps their *Orange* values (e.g., achievement drive), or *Green* values (e.g., sensitivity). And this language and set of insights begins to inform and illuminate their recovery.

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

With the healing provided by recovery practice, the first step of admitting "I am an addict" quickly becomes "I have an addiction." The controlling subject at the altitude where the addiction found its center of gravity becomes the object of the next developmental stage in the recovery process. It also seems, based on years of experience and work with hundreds of clients, that if one were, say, at a Green value structure at the onset of the addictive process but slid down the spiral due to the hijacking of the reptilian brain stem by the disease, one can with

concerted effort work quickly to get back to Green. If, however, from an Integral Recovery perspective, all four quadrants and essential lines are *not* addressed in an ongoing practice, the odds are that the regaining of the former altitude will not stick and the power of the dependency will reassert itself when the protective treatment environment is left. Again, the addiction must be transcended by establishing balance in all four quadrants through an ongoing commitment to an Integral Life Practice.

Spiral Dynamics and Alcoholics Anonymous

We can use the Spiral Dynamics model to understand Alcoholics Anonymous (AA). As it is popularly practiced and interpreted, AA is largely a Blue vMeme (i.e., absolutistic) organization. That does not mean that Bill W.'s original inspiration was not worldcentric Orange values (i.e., rational) or even higher, in some aspects. "A God of your understanding" is definitely not a Blue vMeme concept, and the self-governing, egalitarian traditions of AA are not conformist either. But many of the AA Lower-Left cultural beliefs and practices are Blue vMeme to the core. Some of these include the centrality of the sacred text (*The Big Book*), which is seen by many as inspired and virtually infallible; the mythic-membership culture and "us" as opposed to the "normies"; the distrust of science and "experts"; and the fact that there is no easy or honorable way to leave the fellowship of AA. (To most, leaving AA is the equivalent of relapse or backsliding.) These Blue vMeme cultural aspects of AA are a turn-off to many therapists as well as addicts who have a center of gravity at Orange, Green, or higher values. But the good news is many of these issues could be overcome quite gracefully if AA would become more integrally informed and begin to support growth into Orange, Green, and higher levels of values development. Or, more to the point, we could *transcend and include* the positive aspects of AA—the spirituality, the sense of fellowship, the ethic of service—in a more Integral approach.

Some Facts about Addiction

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

Another characteristic of addiction is that it is progressive. It starts out small, gets worse, and eventually takes over the individual's life, in all quadrants and on all levels. This does not mean everyone who uses or abuses these substances is or will become an addict. Those not predisposed for addiction will eventually take stock of the negative consequences and moderate their use or quit. (Indeed, there may be developmental effects in this process, a line of questioning worth pursuing by future researchers.) The addict is by definition unable to do this. The addict cannot control the consumption of the substance nor the behaviors that function to protect the relationship with the addictive substance. When working with clients who are advanced in the progression of the disease, I often ask the question, "What do you think about 24/7, from the time you get up till you pass out?" Often there is an "aha" moment of self-recognition, and the answer is, "Yes, drugs [or drinking]." The cravings and the urge to take drugs have become all-

encompassing. The other thing that experience and time have borne out is that, in the majority of cases, when the line has been crossed into addiction, there is no going back.

Once the midbrain or reptilian stem has been hijacked by this condition, one can never safely use any of the addictive substances again. The cravings and dependency take over just as if there had never been a period of abstinence. In fact, it often looks like the person is making up for lost time: the level of use is even worse than before. And finally, it is predictable (with a great deal of certainty) that, if it goes untreated, the disease is terminal.

These, then, are some things to keep in mind regarding addiction and recovery: genetics; the progressive nature of the disease; that it is a chronic condition; and that it is most often terminal.

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

- Chemical imbalance in the brain
- Unresolved trauma from the past
- Negative narrative stories about one's self and the world
- Inability to cope with the present
- Lack of purpose, meaning, or connection in one's life[14]

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

There is one thing that ties together all of the above causal factors: *stress*. In the UL quadrant, this translates into any acute or chronic experience of anxiety, depression, panic, or any form of emotional pain. In the UR quadrant, it translates into an increase in the production of glucocorticoids, an increase in dopamine levels, and a decrease in serotonin (among many other complex interactions). For reasons that are increasingly becoming understood, the brain of an addict interprets this biochemical situation as a life-or-death scenario that can only be alleviated through using the addictive substance, whatever the cost. This is experienced in UL as *intense craving*: "I've *gotta* have a drink, take a puff, do a line, take a pill—or I'll die." A full explanation of the biochemistry of addiction is beyond the scope of this article, but there are some fantastic resources on the subject, such as the work of Dr. Kevin McCauley, M.D. and *The Craving Brain* by Dr. Ronald A. Ruden, M.D., Ph.D.[15] The recent research coming out of the National Institute of Drug Abuse is also very impressive.[16]

If we understand stress as the ultimate triggering factor of the addictive craving response, it follows that we can treat addiction by 1) reducing stress in the addict's relationships and life circumstances (LL and LR quadrants), and 2) increasing the addict's stress-coping skills and interior stress threshold (UR and UL quadrants). This is precisely what the Integral Recovery model is designed to do through its focus on all quadrants, all levels, all lines, all states, and all types in the individual, and through its use of an Integral Life Practice as the core path of recovery.

Integrating Healthy Masculine and Feminine

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

When we speak of "masculine" and "feminine" we are not necessarily speaking of a biological "male" or "female." Rather, we are referring to a spectrum of attitudes, behaviors, cognitive styles, and emotional energies. One can be a more *feminine* male or a more *masculine* female, or vice-versa, or something in between. We all possess both masculine and feminine qualities, but we tend to embody one type more than the other depending on many factors, including our biological make-up.[17]

On the masculine side of the spectrum, it is crucial to rediscover a sense of purpose in life, to have a mission in the world, to be able to give one's unique gifts to the Kosmos. Some higher meaning or value must be *more important* than the immediate gratification of using drugs or alcohol, whether it is art, a meaningful career, or serving others in some way. On the feminine side, there still must be some greater meaning or value, but it is interpreted in relational terms—loving others, being there for them, connecting in open-hearted communion. Of course, both males and females need purpose and connection, but different individuals will emphasize one or the other based on their sexual/energetic type.[18] In any event, it is essential to work on restoring both masculine purpose and feminine communion for the recovering individual.

It helps to know how one's personality type manifests along the masculine-feminine continuum and especially how this shows up in the expression of the disease. In general, the pathological feminine tends to lose a sense of self and over-focus on relationships, while the pathological masculine tends toward narcissism and neglect of relationships. These tendencies are often exacerbated in the lives of middle to late-stage addicts and need to be brought back into healthy balance, or they will be a source of continuous disequilibrium, stress, and hence relapse.[19]

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

The drug itself can even seem to take on a masculine or feminine "voice." In its masculine mode, it cheers the addict on: "You're the best. You can do anything you want (without consequences).

You're in control of the situation." Or as a feminine seduction: "You don't have to suffer. You don't have to feel pain. You don't have to face whatever you don't want to. I'll take away the pain." Of course, this is just the shadow lying to the self. As with Odysseus' sirens, one's life ends up shipwrecked on the rocks if one heeds the sirens' song. One truly loses one's soul to this dark seduction—one's purpose, life task, and deepest relationships are forsaken. In later-stage addicts, one often sees a vacuity in the eyes, the windows of the soul, or what was called by G.I.s in Vietnam, "the thousand yard stare." Thus, the recovery process can also be seen as *soul recovery*.

Bringing It All Together

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

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

Some of the specific techniques that are beginning to converge as especially effective include: a "Zone"-type diet supplemented with basic vitamins, minerals, omega oils, and phytonutrients; a weightlifting regimen using the F.I.T. technique developed by Shawn Phillips (and taught in Integral Life Practice); a daily meditation practice using Holosync brainwave entrainment technology; emotion-releasing work as taught by the Sedona Method; and, of course, the AQAL framework itself, both to hold all these pieces together and to provide the client with a powerful interpretive lens for their own recovery process and life-experience.

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

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

NOTES

[1] See http://www.nida.nih.gov/about/welcome/aboutdrugabuse/magnitude. Also particularly troubling is the fact that while the U.S. contains only 4% of the world's population, it consumes *two-thirds* of the world's illegal drugs and over half of its mood-altering and pain-killing pharmaceuticals. See Califano, *High society: How substance abuse ravages America and what to do about it*, 2007.
[2] Passages to Recovery works with clients eighteen years old and above.
[3] The four quadrants map the interior, exterior, individual, and collective dimensions of any sentient being. Going forward, I will assume the reader is familiar with basic concepts of AQAL theory—if not, I highly suggest reading Wilber, "Introduction to integral theory and practice: IOS basic and the AQAL map," 2006b.
[4] See http://wilber.shambhala.com/html/misc/integral-med-1.cfm
[5] There are other important lines of development—ego, morals, worldview, psychosexual, and so on—but I focus on these four, which also correspond to the *four core modules* of ILP, as I will show in a moment. See Wilber, *Integral psychology: Consciousness, spirit, psychology, therapy*, 2000, for a more complete treatment of developmental lines.
[6] Technically, it is impossible to isolate the quadrant-perspective wherein addiction "begins." While the disease model powerfully clarifies the UR neurobiological etiology of addiction, it is inevitable that all four quadrants will eventually come into play. Nevertheless, in order to proceed with skillful means and to integrate with current trends, it often helps to focus first on the UR quadrant, which is the most concrete and obvious to many treatment providers, and then expand to all four quadrants from there.
[7] Created by Centerpointe Institute and Immrama Institute respectively. See http://www.centerpointe.com and http://www.immrama.org.
[8] Wilson, *The big book of Alcoholics Anonymous*, 2001, p. 59
[9] See http://www.centerpointe.com/about/articles_research.php.
[10] For more on stages and states of consciousness, see Wilber, *Integral spirituality: A startling new role for religion in the modern and postmodern world*, 2006a, chap. 4.
[11] Prentiss, in *The alcoholism addiction cure*, 2005, does a wonderful and inspiring job describing this aspect of treatment.
[12] See Dwoskin, *The Sedona method*, 2003.
[13] Integral psychotherapist David Zeitler points out that

> An addiction lights up the lower brain areas, while detox begins to stimulate the complex neocortex. In essence, an addiction *both energizes lower levels and represses higher levels*. Detox begins to unravel the suppression (or simply avoidance) of the complex neocortex, and therefore the patient is better able to feel all of those emotions *at the same time*. That is why detox is so painful emotionally. Those emotions can be experienced separately, but taking them in all together (and operating upon them) requires complex neocortical activity. Remembering past actions simultaneously with remorse, feeling *with* others, and moral failings—again, all taken individually they can be dismissed (i.e., rationalized); but taken together (as only the complex neocortex can do) they are very painful. Yet another obstacle for recovery, and more grist for the mill of Integral Life Practice (Zeitler, personal communication, 2007).

[14] Items 1-4 are adapted from Prentiss, *The alcoholism addiction cure*, 2005. I have added item 5 based on personal experience and my reading of David Deida's work (e.g., *The way of the superior man*, 2005).
[15] See http://www.addictiondoctor.com for more information on Dr. McCauley's work and Ruden, *The craving brain*, 1997.
[16] See http://pn.psychiatryonline.org/cgi/content/full/42/13/16 for a summary of some of the latest brain research on addiction.
[17] That said, there are, of course, UR-quadrant biological differences between men and women that influence addiction. For instance, emerging data indicates that women are more likely to become addicted due to biological factors in the brain and other organs (Califano, *High society: How substance abuse ravages America and what to do about it*, pp. 135-142). Though I do not cover it fully in this article, this UR research will have a role to play in the Integral recovery model.
[18] Deida's work is exemplary in this area. See Deida, *The way of the superior man*, 2005. Also see Gareth Hill's outstanding *Masculine and feminine: The natural flow of opposites in the psyche*, 2001.
[19] How might this understanding show up in treatment? We can look, for example, at the feminist critique of the Alcoholics Anonymous, namely, that AA was created by white males of certain societal class (that of the successful

professionals in the 1930s), and that it thus unconsciously promotes a masculine-oriented treatment modality. Almost every step in the Twelve Steps deals with humility and ego-deflation. This can be good if the addict is an alcoholic doctor or successful businessman, but it could be harmful if the addict in question is a prostitute living on the street. In the first instance, an ego-deflationary approach might be needed; in the second instance a much more ego-supportive and rebuilding approach would probably be more appropriate. See Kasl, *Many roads, one journey: Moving beyond the 12 steps*, 1992, pp. 14-19.

REFERENCES

Beck, D. & Cowan, C. C. (2006). *Spiral dynamics: Mastering values, leadership, and change*. Malden, MA: Blackwell.

Califano, J. A., Jr. (2007). *High society: How substance abuse ravages America and what to do about it*. New York: Public Affairs Books.

Deida, D. (2005). *The way of the superior man*. Boulder, CO: Sounds True.

Dodes, L. M. (2002). *The heart of addiction*. New York: HarperCollins.

Dwoskin, H. (2003). *The Sedona method*. Sedona, AZ: Sedona Press.

Hartigan, F. (2000). *Bill W.: A biography of Alcoholics Anonymous cofounder Bill Wilson*. New York: Thomas Dunne Books.

Hill, G. (2001). *Masculine and feminine: The natural flow of opposites in the psyche*. Boston: Shambhala.

Kasl, C. D. (1992). *Many roads, one journey: Moving beyond the 12 steps*. New York: HarperCollins.

Larson, J. M. (1997). *Seven weeks to sobriety: The proven program to fight alcoholism through nutrition*. New York: Ballantine Books.

Leonard, G. & Murphy, M. (1995). *The life we are given*. New York: G. P. Putnam's Sons.

May, G. G. (1998). *Addiction & grace*. New York: HarperCollins.

Miller, W. R. & Rollnick, S. (2002). *Motivational interviewing*. Guilford Press.

Prentiss, C. (2005). *The alcoholism addiction cure*. Malibu, CA: Power Press.

Ruden, R. A. (1997). *The craving brain*. New York: HarperCollins.

Wilber, K. (2000). *Integral psychology: Consciousness, spirit, psychology, therapy*. Boston: Shambhala.

Wilber, K. (2006a). *Integral spirituality: A startling new role for religion in the modern and postmodern world*. Boston: Shambhala.

Wilber, K. (2006b). Introduction to integral theory and practice: IOS basic and the AQAL map. *AQAL: Journal of Integral Theory and Practice, 1 (1)*, 1-33.

Wilson, B. (2002). *The big book of Alcoholics Anonymous*. New York: AA Services.

JOHN DUPUY began his guiding work in 1984. He has a Bachelor's degree in modern languages from Texas State University and is fluent in English, Spanish, and German. John is a veteran of the US Army, serving in Germany as a military police investigator. He has done graduate work in transpersonal psychology at JFK University and is a life-long student of spirituality and comparative religions. John has worked for many of the premier wilderness schools in the country and is one of the founders and creators of Passages to Recovery and Open Sky Wilderness. John has been a pioneer in the field of chemical dependency treatment in the therapeutic wilderness industry. In addition, he is a dedicated student and teacher of Integral theory and practice as well as an ILP practitioner. John is a singer/songwriter who incorporates his music into a healing art.

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