

Recovery Management and The Shadow of The Healing Process

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Abstract

All recovery is about personal empowerment and transformation. Updating the addiction system based on integrated recovery principles requires service recipients and traditional professional allies to work together to bring about clinical changes. An integrated recovery management approach must be a disciplined personal and clinical experience that is one's responsibility and not contingent or dependent on our day-to-day world. The path of resilience and transformation recovery needs an integrated paradigm shift that will facilitate change by the individual and the counseling profession toward a more holistic model of health that reinforces the biopsychosocial and spiritual dimensions of recovery. Besides the traditional models of care, managing an individual recovery must use various therapies, which address the body's energy fields. To ensure a more significant opportunity for sustained health, clinicians need to embrace Eastern practices such as massage, meditation, and the Asian methods of acupressure and acupuncture in reducing stress, tension, and anxiety. The cornerstone to a holistic, transformative recovery approach also assumes whole foods, medicinal herbs, and nutritional supplements to enhance diet, build physical balance, and nourish the body's tissues.

Central to all stories of recovery is the theme of personal empowerment and transformation. All self-help fellowship programs are based on a voluntary commitment to change. The greatest weakness of the 12 Step Program-its dogmatism-is possibly also its greatest strength. The 12 Step Program gives people who are highly vulnerable and need support something concrete and more faith-based than scientific to embrace. (Scoles, 2020).

This positive 12 Step model is not without its skeptics. According to A.A.'s survey, significant criticisms include the large percentage of substance users who drop out of 12 Step programs, 50% after three months (Chappel, 1993) (Galaif & Sussman, 1995). There are also contradictory studies that indicate A.A. works no better than approaches, including no treatment (Peele, 1992), while other findings show no significant relationship between A.A. attendance and outcomes (Miller et al., 1992). In addition, methodological problems endemic to research on A.A. lead some researchers to dismiss such attempts as mere exercises in speculation (Harvard Mental Health Letter, October 1995). Despite years of research, a definitive picture of a person's characteristics that can predict a positive or negative outcome with A.A. has not emerged (Tonigan & Hiller-Sturmhofel, 1994). W. White and others indicate that A.A.'s reliance on a Higher Power

undermines personal responsibility and the development of internal strengths ignores environmental factors that contribute to alcohol problems. How consumers/survivors of recovery can transform the substance abuse system to embrace the culture of self-determination and community participation inclusive of care that reflects the diversity of addiction transformation is the major challenge to the concept of multiple paths to recovery (White, 1998).

Redesigning the addiction treatment system based on recovery principles of wellness requires a concerted effort of consumers and traditional professional allies working together to change beliefs and practices at every system level. Building these alliances will require trust, understanding, and respect by all parties involved. It consists of confidence and knowledge from the 12 Step community and those promoting practice guidelines that emphasize the person-family-community paradigm. A significant part of the recovery community must embrace wellness to adopt the appropriate policy. Our collective recovery consciousness needs to think strategically about the use and impact of language and conceptualize it in terms of three simultaneous levels of influence individual, family, and community/society (White & Ali, 2010). The future of addiction treatment and recovery appears to be more of a struggle between two competing yet related activities.

The first is a treatment movement that reconnects treatment to the process of long-term recovery and rebuilds relationships between treatment organizations, local communities, and local recovery support groups. A second movement, recovery advocacy activity, rose in reaction to the stigmatization, de-medicalization, and recriminalization penalization of substance abuse problems in the 1980s and 1990s. The goals of this second movement include reaffirming the reality of long-term addiction recovery, celebrating the legitimacy of multiple pathways of recovery, enhancing the variety, availability, and quality of local/regional treatment and recovery support services, and transforming existing treatment businesses into "recovery-oriented systems of care." A logical extension of this integrated model will embrace various professional disciplines, individuals, families, and the larger recovery community in a comprehensive, integrated approach (White & Kurtz, 2006). This integrated recovery management approach of an individual's recovery is a disciplined personal experience that is one's responsibility and not contingent or dependent on our day-to-day world. This path of resilience and transformation recovery appears to be grounded in:

1. The Spirituality of Alcoholics Anonymous.
2. The Analytical Psychology healing process of Carl Gustav Jung.

Spirituality and Alcoholics Anonymous

Like the fellowship of Alcoholics Anonymous, all self-help programs engage the individual in discovering the relationship between one's personal conscious experiences and their unconscious configuration. This connection occurs if the individual realizes that their life experiences (both conscious and unconscious) are an integral part of a supportive community (Harris, 1996). Favorable resolutions of life challenges, like alcohol or drug addiction, gambling, abuse, etc., are partly vested in an individual's cultural and social support system. Historically, the loss of supportive communities where members can speak if they want, listen to various topics or discussions, and members are willing to confront each other is a prerequisite to any recovery healing process. This type of support helps develop a sense of solidarity and identity that leads to cohesion and universality of fraternal fellowship. A. A.'s experience, although not a formal therapy, usually provides a significant amount of therapeutic exposure and is regarded by many clinicians as a substantial part of an individual's recovery-oriented management plan. Gorski refers to the Twelve Steps Plus approach of therapy and attendance at A.A. as one of the significant contributors to high retention rates at meetings. Gorski believes that higher relapse rates occur when alcoholics only attend A. A. Sessions (Gorski, 1989).

For many years, traditional A. A. members have been, at times, less than friendly to the professional mental health community and viewed Twelve Step work in conflict with the treatment community. This thought is partly justifiable since some mental health professionals seem to be ignorant of recovering issues and antagonistic toward the spiritual aspects of recovery. Except for Jung's analytical psychology and the

transpersonal or existential movement, the field of psychiatry and psychology has traditionally been at odds with the Twelve Steps of Alcoholics Anonymous. Historically, being much more oriented towards a psychopathology perspective or a stimulus-response learning relationship (non-strength-based). This perspective persists even though the word psychotherapy means taking care of another person's soul, spirit, or being (Kleinke, 1994). Many recovering professionals believe it is only through the heart/spirit of life that one can facilitate the positive energy to overcome one's mental health and addiction challenges. Jung talking about the soul of the man, said,

We call civilized consciousness has steadily separated itself from basic instincts. But these instincts have not disappeared, and they have merely lost their contact with our consciousness and are thus forced to assert themselves indirectly. This may be using physical symptoms in the case of neurosis... unacceptable moods, unexpected forgetfulness, or mistakes in speech (Jung, 1964).

Pargament, Smith, Koenig, & Perez (Pargament et al., 1998) studied the relationship between a persons' belief in a Higher Power and their approach to managing stress and reported five different coping strategies:

1. deferring,
2. pleading,
3. self-direction,
4. collaboration, and
5. spiritual surrender.

The strategy of **deferring** involves the person not being actively involved in dealing with the stressor but, instead, turning it over to God. The **pleading** procedure involves bargaining with God to intervene and improve or to perform a miracle. Recovering individuals employing the **self-directing approach** takes to respond to stress without God's help. Those who opt for **collaboration** manage stressful situations by becoming partners with their Higher Power. Those who choose **spiritual surrender** take control of what they can do and leave the rest to God. Research results revealed that these collaborative approaches tend to be more effective than deferring (Pargament et al., 1998), pleading, and self-direction strategies (Pargament et al., 1997), especially in situations where personal control is at a minimum (Bickel et al., 1998). What is significant about the early stages of recovery is the person's ability to know what aspects of a given challenge are within their control and what aspect of their situation is outside of their control and needs to be surrendered to a Higher Power. This existential exercise helps people imagine they can control conditions that they cannot and think they cannot control circumstances clearly within their control (Cole & Pargament, 1999). The A.A. Serenity Prayer of change becomes relevant in early recovery and will continue to guide one's decisions throughout all aspects of their recovery life.

The Jungian view of spirituality is best described in Bill W.'s exchange of letters with Carl Jung in 1961 (Jung, 1963). In this correspondence, Bill W. talks about a patient of Dr. Jung named Roland H. The patient, Roland H., relapsed and returned to

Dr. Jung for treatment after treatment. Jung informed him that the only hope for recovery left for Roland H. was a *spiritual or religious experience*. Roland H. joined the Oxford Group, which strongly stressed meditation and prayer. Historically, the original six tenets of the Oxford Movement eventually were the foundation for the 12 Steps of Alcoholics Anonymous. The six tenets were:

- Admittedly, we were powerless over alcohol.
- Got honest with us as never before: examined conscience.
- We made a rigorous confession of our defects.
- We surveyed our distorted relations with people, visiting them to make restitution.
- We resolved to devote ourselves to helping others in need.
- We sought God's direction for his life by meditation and helped consistently practice these principles (Alcoholics Anonymous Comes of Age, 1985).

Analytical Psychology Healing Process of Carl Gustav Jung

Roland H., through Jung's advice and counsel, along with the practicing of the six tenets, found a spiritual experience. Roland H. influenced "Ebby," a schoolmate of Bill W. and in November of 1934, Bill W. met with "Ebby" and noted in his letter to Dr. Jung that:

Because he was a kindred sufferer (Ebby), he could unquestionably communicate with me at great depth. I knew at once I must find an experience like his or die. (Bill W. goes on to note) Because of your conviction (Dr. Jung's) that man is more than intellect, emotion, and two dollars' worth of chemicals; you have especially endeared yourself to us. (Jung, 1964).

Jung's response to Bill W's. letter demonstrates his support for a "spiritual thirst" for wholeness and the need to consider recovery as more than just physical or psychological changes. Just before his death, Jung indicated

"that man, to sustain his creed...pays the price in a remarkable lack of introspection. He is blind to the fact that he is possessed by powers beyond his control with all his rationality and efficiency. His gods and demons have not disappeared at all; they merely got new names. They keep him on the run with restlessness, vague apprehensions, psychological complications, an insatiable need for pills, alcohol, tobacco, and food, and, above all, an extensive array of neurosis" (Jung, 1964).

The above historical paradigm shift facilitated a change by the individual toward a more holistic model of health that incorporated and integrated the spiritual dimension. O'Hara suggests that in a postmodern world, we need "*creative pluralism, mutual recognition, diversity with tolerance, dynamic stability, contained competition, and collaboration*" (O'Hara, 1998). This shift in recovery.

consciousness

- Affirmed the importance of a spiritual/religious path even before an individual discerns whether this path is helpful

or harmful to one's recovery,

- Strengthened this new recovery alliance that one must understand the importance of religious/spiritual paths, embrace a worldview, and
- attempted to discern cognitive, moral, and faith-oriented developmental models of a commitment to truth.

In a Jungian conceptualization, the first encounter with the negative side of the personality is the unconscious part of the Shadow of one's addiction. Most of an addict's life focuses on hiding the unpleasant qualities of their primitive nature. In many ways, the Shadow possesses the ego-personality even though its power resides in the unconscious psyche. A mighty Shadow deprives one of choice, and the individual is powerless to dispose of their will. Therefore, consciousness loses its freedom and creates disequilibrium that seeks compensation through alcohol and drug use. The self-inventory of Step Four in A.A. enables an individual a conscious vehicle to begin exploring the unconscious control of the ego by the Shadow.

"We cannot dispose of dangerous or destructive ourselves in the psyche of ourselves, and we can only know of their presence and how they tend to function. We may transform these dark elements from virulent to manageable if we work at it. Changing these dark elements is part of the greatness of Jung's psyches of self-regulating the mind. He never supposed evil could be done away with but thought to expose and understand the potentiality for sin in our souls as well as that for good" (Singer, 1994).

Rollo May (1999), in describing the transformative power of the demonic, *the wicked push us toward the logos (the underlying meaning or significance). The more I come to terms with my demonic tendencies, the more I will find myself conceding and living by a universal structure of reality. This movement toward the logos is transpersonal. Thus, we move from an impersonal through a personal to a transpersonal dimension of consciousness. (May, 1999)*

The Hindu philosophy of Karma is that we create our lives through our actions. Ultimately, we accept the consequences of our behavior need to change from external interpersonal issues to a concern for spiritual values. Turning away from social and individual success is a significant evolutionary process on the road to finding spirituality and healing one's soul. Through consciousness-raising and self-reevaluation, individuals solidify the process of healing the soul. Self-evaluation relates to how one feels and thinks about their problem concerning personal responsibility. It usually leads to corrective emotional experiences and clarification of beliefs and values. On the other hand, consciousness-raising increases information through reading, confrontation, interpretation, and observation of one's behavior in the environment. (Ash, 1993)

Our spiritual awakenings are meaningless if not expressed in actual actions within the context of our real lives; to try and fill your emptiness with meaning from outside yourself is like pouring water into the ocean to make it wet. (Ash, 1993)

These two essential interventions for consciousness-raising and self-evaluation change are (1) prayer and (2) meditation. In addition, these interventions are found in therapeutic relationships and self-help groups. For many recovering individuals, “*spiritual awakening*” is an internal search for power and knowledge that gives purpose and meaning to life.

Prayer

Prayer is a significant universal and personal aspect of almost every religion and is central to spirituality that is not expressed in religious dogmas, doctrines, or denominations. Prayer is “*thoughts, attitudes, and actions designed to express or experience a connection to the sacred*” (Ash, 1993). Prayer is a way of accessing a more intense life and is how people experience transcendent day-to-day reality (McCullough & Larson, 1999). Research results have indicated that 90% of Americans pray, 97% believe that prayer is heard, and 86% believe prayer makes them better people (Gallup, 1993). In addition, several researchers have shown that women pray more frequently than men do (Husaini et al., 1994). They pray more meditatively with more profound religious experiences than men (Poloma & Gallup, 1991). African Americans have been shown to pray more often than Whites and reported greater satisfaction with their prayer life than Whites (Markides, 1983). Older persons are more engaged in prayers than younger people (Gallup, 1993) (Poloma, 1991). Researchers investigating prayer have discovered that it is often used as a coping mechanism for severe problems; it is positively correlated with life satisfaction, well-being, and religious satisfaction (Markides, 1983). It acts as a buffer for stress (Pargament, 1997). It is impossible to explain what happens during prayer and what makes it helpful. Dossey proposed that the placebo could explain the effects of development, the mind-body connection, or perhaps transcendent healing (Dossey, 1993). Some types of prayer include contemplative/meditative, ritual, petitionary, conversational, and intercessory (McCullough & Larson, 1999). Contemplative/meditative prayer involves a receptivity in which one experiences oneself in God’s presence. This meditative prayer consists of the transcendence of words and images in which one focuses the attention on the religious experience. This type of prayer is positively related to recovery from a stressful event (Pargament et al., 1998). In the therapeutic arena, prayer may be used in three significant ways:

1. By recovering individuals from facilitating recovery management and mental health treatment.
2. by Fellowship members and practitioners who pray about or for their friends outside of meetings or counseling sessions; and
3. by Fellowship members and practitioners who pray with their clients in the counseling session.

People who choose to pray for insight, guidance, healing, or change for other individuals in recovery may find that prayer is a means of collaborating with a Higher Power to bring about change for themselves and other people in recovery. In a sense, these individuals are using their religious or spiritual beliefs to support the effectiveness of the therapeutic process. Although

the efficacy of such a process is debated on both metaphysical and psychological grounds, it is plausible that the mere act of trusting in the power of prayer could bring about significant cognitive transformation (Propst et al., 1992). Because of mental shifts, individuals might find themselves more open to the influence, such as family members and community leaders. In addition, meditative/contemplative prayer as an adjunct to recovery management might be able to use the data suggesting that this form of worship is positively associated with well-being (Carlson et al., 1988) (Finney & Malony, 1985).

Meditation

Meditation is a form of contemplation “*involving concentrated practice.*” and training (Miller & Cook-Greuter, 1994). Marlatt and Kristeller noted that there are two basic types of meditation. The first is concentrative, in which one focuses on something such as a candle, a mandala, or one’s breathing. The second type of meditation is referred to as mindfulness, in which one opens the Self, surrenders control, and awaits insight. In practicing mindfulness, one engages in self-observation or self-monitoring of one’s stream of consciousness. Persons who practice mindfulness adopt an accepting and non-judgmental attitude (Marlatt & Kristeller, 1999). Meditation is frequently associated with Eastern religions, such as Hinduism and Buddhism, and spiritualities outside religious structures. Some Christian clients may not be comfortable practicing meditation despite its similarities with Western practices such as contemplation, imagery, and centering prayer (Carlson et al., 1988) (Finney & Malony, 1985). It appears that meditation is effective in managing stress, anxiety, depression, post-traumatic stress disorder (PTSD), health problems and is helpful for the prevention and treatment of addictive behaviors (Benson, 1996).

The true meaning of recovery is reflected in the Jungian struggle of individuation, leading one toward wholeness and a personal commitment to manage life. This new life is guided by an individual’s capacity for (1) self-awareness, (2) the ability to find more meaningful relationships with others, and (3) one’s search for meaning and direction in life. This search for purpose and order in life was articulated well by Victor Frankl, who believed that the three most distinctive human qualities are: spirituality, freedom, and responsibility (Frankl, 1984). The recovering person must see himself as a unique spirit, capable of making decisions and possessing the ability to act responsibly about life events.

Mel Ash expresses the paradox of being alone together when he states:

Standing alone on our own two feet with our arms around the people next to us, we close our meetings in a very physical demonstration of being alone together. Squeezing each other’s hands at the close of the prayer, we affirm our great need and love for one another. Alone together, we save each other from our active diseases. Alone and jointly, we can befriend this lonely, splintered world. Like separate chapters in the same book, we need each other to see how the story turns out (Ash, 1993).

The 12-Step self-help movement is a “universal spirit” that embraces more than just Christian spiritual values (cns productions). Many spiritual paths support recovery management and transformation within the recovering persons’ desire to stop drinking and using drugs. The Twelve Traditions uphold the autonomy of individual groups and form the “by-laws” of 12-Step recovery programs. This tradition ensures that AA-based connections have no opinion on outside issues. (Buxton et al., 1987).

Spirituality of Ordinary People

There are many definitions of spirituality and recovery. It generally refers to transcendent, ultimate, and becomes known to an individual in an extrasensory manner (Myers et al., 1991). It is sometimes referred to as the “life force” or the “essence of life.” An organized way of expressing ones’ spirituality can be observed in Western culture as practicing one’s faith within a structured religion. Artress suggested that religion is the container and spirituality is the essence (Artress, 1995). Although religion and spirituality are interconnected, religion tends to define a more concrete cultural expression, while spirituality represents a universal concept (Galaif & Sussman, 1995). Some individuals appear to be resistant to an organized religious state, probably based on their early childhood experiences. As adults, these individuals seem more receptive to the concept of a spiritual space on earth devoid of an organized perspective (religion). In both cases, one’s commitment to a higher power is not diminished by how one organizes their finding a spiritual process. What is significant is that both groups share a worldview that they believe in:

- The unconditional love from the creator of life.
- The concept of “free will” is that human beings are responsible for their actions. (Clinebell, 1995).

The Hebrew, Christian, and Islamic traditions share these universal beliefs expressed by Abraham, Moses, Jesus, and Mohammed. The highest expression of an individual’s spiritual awakening is communicated through acts of compassion, understanding, and peacefulness. Clinebell suggests several areas of healthy spiritual needs:

- The need for a viable philosophy of life.
- The need for a relationship with a “higher power.”
- The need to develop a sense of Self.
- The need to feel connected (belonging) to the universe.
- The need for a community nurtures spiritual growth (Clinebell, 1995).

If one believes that humans have souls (spirits) that continue after the biological death of their body, one is forced to value their deeds and worship their ancestors. The common themes of Judaism, Islam, and Christianity are that judgment day and external existence is based upon good and evil thoughts and actions recorded in our memory. In the Eastern religions (e.g., Buddhism, Hinduism, etc.), this life cycle belief (judgment day) finds expression in the belief in reincarnation. The “law of Karma” directs biological death or the continuity between lives. One has the potential of advancing toward “god status”

or declining toward “animal or plant status.” An individual is released from the birth/rebirth cycle through enlightenment. What appears to elevate one’s afterlife is how one uses their resource to foster the positive elements of the human condition (Hopkins, 1992). Finally, one should review the promises that Twelve Step literature indicates one can expect to come true if a recovering person works the program. From the Big Book, Alcoholics Anonymous World Services, Inc., (1976):

If we are painstaking about this development phase, we will be amazed halfway through. We are going to know a new freedom and a new happiness. We will not regret the past nor wish to shut the door on it. We will comprehend the word serenity, and we will know peace. No matter how far down the scale we have gone, we will see how our experience can benefit others. That feeling of uselessness and self-pity will disappear. We will lose interest in selfish things and gain interest in our fellows. Self-seeking will slip away. Our whole attitude and outlook upon life will change. Fear of people and economic insecurity will leave us. We will intuitively know how to handle situations that baffle us. We will suddenly realize that a higher Power is doing what we could not do for ourselves (Alcoholics Anonymous, 1976).

Finally, the trauma of addiction is not something one recovers from (linear thinking), but one is always in the process of healing and reliving the event (circular reasoning). People engaged in recovery from behavioral health challenges are continually struggling with circumstances that trigger past experiences and practicing the process of successful recovery from them their circular reasoning. (Scoles, 2020)

As White and Kurtz indicated, the evolving field of behavioral health requires an individual who possesses a comprehensive therapeutic worldview and a constellation of knowledge and skills. Those critical skills include:

- developing and sustaining a supportive, non-exploitive, recovery/resilience-focused relationship with each individual and family seeking service,
- assessing each person, family, and community’s recovery capital and recovery resource needs,
- remaining aware of all national and local recovery/resilience support resources,
- empowering each individual or family to make choices related to their own pathway/style,
- maintaining relationships with key individuals/groups within local communities of recovery,
- matching the needs and preferences of people to recovery/resilience support resources,
- Linking (guiding into a relationship with) each person to an identified person/group designed to promote recovery and the development of resilience and protective factors,
- Monitoring each person’s response to a chosen pathway/style of healing and their need for amplified clinical or peer-based recovery/resilience support resources,
- Offering feedback and support related to recovery/resilience pathway/style choices,

- Providing, when needed, early re-intervention and recovery re-initiation services,
- Facilitating the development of necessary recovery support resources. (White & Kurtz, 2006)

Summary

The integrated, holistic concept of comprehensive health has evolved from studying the complex interaction of genetic, emotional, spiritual, physical, dietary, mental, and environmental life issues. Long-term health and wellness management involves a body, mind, and spiritual balance characterized by positive emotion, constructive thoughts, and responsible actions. Complete healing from addiction emphasizes the whole person's physical, emotional, social, and spiritual integration. (Scoles, 2022) Using various therapies, which address the body's energy fields, ensures a more significant opportunity for sustained health. Eastern practices such as massage, meditation, and the Asian methods of acupressure and acupuncture have been beneficial in reducing stress, tension, and anxiety. The cornerstone to holistic health assumes whole foods, medicinal herbs, and nutritional supplements enhance diet, build physical balance, and nourish the body's tissues.

Finally, a comprehensive model must also address the psyche in its complexity. Carl Jung conceptualized that our consciousness (ego complexes) represents only a tiny part of our reality and that the unconscious represents the richness and depth of life. Jung broadened and deepened the concept of the unconscious from the purely repressed repository of memories or forgotten experiences charged by energy to a deeper cultural and collective unconscious.

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