



Recovery Communities, the Insanity of Addiction and Spiritual Consciousness

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Abstract

Health has always been reflected in a person's ability to take increasing control over their life process. Successful recovery is embedded in a collaborative and healing environment that embraces and integrates various therapeutic activities into a person's public and private life. Managing one's path to recovery appears to be grounded in: [1] life as a balance between spirit and matter, [2] the 20th-century self-help movement, and [3] evidence-based practice to improve a person's health outcomes. Through supportive spiritual communities, a culture of recovery, and a spirituality of ordinary people, individuals can develop a comprehensive view of their pathway to recovery from drugs and alcohol.

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Introduction

All self-help programs are based on the belief in a voluntary commitment to change. A person's 12 Step program gives highly vulnerable and dependent individuals a support system which is concrete and more faith-based than scientific. For those who continue to participate in recovery groups, it is hard to fault the kind of personal support that so many substance users have derived from what is commonly referred to as the Fellowship.

This positive 12 Step Fellowship model of recovery is not without its skeptics. Significant criticisms include a large percentage of alcoholics/drug addicts who drop out of 12 Step programs. According to AA's own surveys, 50% drop out after 3 months [1,2]. Also, there continue to be contradictory studies that indicate AA works no better than other approaches, including no treatment [3,4]. Furthermore, studies suggest no significant relationship between AA attendance and successful outcomes [5,6]. Despite the above criticisms, what we know about individuals who continue in Fellowship support is that many in-

dividuals find skills they can use to improve their lives on a long-term basis [7]. Kurtz and Fisher (2003), in their interviews with thirty-three (33) individuals actively involved in 12 Step programs and community activity, demonstrated that through a 12 Step Fellowship, those individuals developed the skills and confidence to seek out and engage in community service [8]. Emrick (1987), after his extensive literature review, concluded that although AA is not for everyone, especially those who just want to reduce their drinking or those with co-occurring disorders. "AA has been demonstrated to be associated with abstinence for many alcohol-dependent individuals, and thus the professional who comes in contact with alcoholics should become familiar with AA and utilize this self-help resource whenever possible" [9]. To support the "science of recovery," it is noteworthy that in 2020, after evaluating thirty-five (35) studies, involving the work of one hundred and forty-five (145) research scientists with over 10,080 participants, a group of Stanford University



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research investigators determined that AA was in many cases more effective than psychotherapy in achieving abstinence [10]. As we know, abstinence is the beginning of a healthy lifestyle, but alone does not guarantee wellness.

Optimal health has always been reflected in people's ability to take increasing control over their life process. In the community empowerment and transformation model of recovery, the person in recovery and the human service worker must understand the relationship between individual and community challenges and implement best practices for partnering to achieve health and wellness. As mentioned earlier, the pathway to successful recovery involves more than just abstinence; it must demonstrate an individual's ability to positively work through their denial, projections, and rationalizations while participating in an activity that supports wellness. Embedded in these traditional therapeutic intervention's individuals need to also engage with their neighborhoods to build community programs and services that enhance long-term recovery [11]. How consumers/survivors of recovery integrate the medical, psychological, and social aspects of their "disorder" is necessary to transform the substance use treatment system. Recovery transformation and building resilience is a significant challenge for the concept of multiple paths to recovery. Changing the addiction system that embraces traditional Fellowship concepts and evidence-based research will continue to require a concerted effort of consumers of service and traditional professional allies working to bring about an integrated therapeutic system of care that supports both the individual and the community. Distinguishing "recovery," which is a personal, individual process, from "wellness," which involves families and one's living environment, consists of a method of trust and understanding from the 12 Step community as well as the support of those individuals promoting practice guidelines. Our "collective recovery consciousness" Fellowship, and evidence-based findings need to think strategically about the use and impact of language and how we conceptualize recovery wellness [12]. This collective resilience-oriented recovery system of care must be sensitive to the psychological and medical conditions while focusing on socio-environmental determinants and new behavioral health care delivery mechanisms that embrace both the individual and the community's general health. Since much therapeutic change occurs with or without professional intervention, counselors need to understand that the healing process of recovery must engage a system of interventions that fosters an individual's better management of his/her life challenges. The key to how individuals, families, and communities work together is embedded in a collaborative and healing environment that integrates various therapeutic catalysts into a person's public and private life [13].

(1) The path to managing an individual's recovery must be a personal and communal experience that is one's responsibility and not contingent or dependent on one's day-to-day conscious world. The management of one's pathway to recovery appears to be grounded in: (1) Understanding the Insanity of Addiction and (2) Embracing Evidence-Based Practice.

The Insanity of addiction-false pride

In the final analysis, every addiction is a "disease of the spirit" [14]. Carl Jung (1963), while treating Rowland H. for alcoholism, observed that immediately after treatment, Rowland H. relapsed. Jung believed that Roland H's only hope of recovery lay in a spiritual awakening, which he later found through a religious experience [15]. Jung identified alcoholism (and all forms

of addiction) as diseases of the spirit [16]. The Steps and Traditions of Alcoholics Anonymous (1981) speak of addiction as a sickness of the soul [17]. Kandel and Raveis (1989) indicate that a "lack of religiosity" (p. 113) was a significant predictor of continued use of drugs. For each substance-dependent individual, a spiritual awakening appears to be an essential component to one's recovery and that individual's ability to build resilience [18]. A person's recovery resilience can, in many ways, be traced from their emotional trauma to their addiction and, ultimately, their sobriety. Yet, a person's spirituality is not crushed at birth, nor does the trauma that precedes addiction come about overnight. Successful recovery from addiction trauma appears to be based upon the survivor's empowerment to create new life changing connections. Healing from trauma is not just related to an individual's past explanations of their injury. It is also the direct experience of their emotional thoughts and feelings, and the remnants of those emotions that an individual continues to revisit. Trauma resolution has more to do with an individual's capacity to manage, adapt, and integrate new knowledge [19].

Fromm (1968) observed that "we all start with hope, faith and fortitude" (p. 20). However, many stressful life events often join forces to bring about disappointment and a loss of faith [20]. The individual comes to feel an empty psychic void. If something is not found to fill the person's "empty heart, he/she will fill his/her stomach with artificial stimulants and sedatives" [21] (21, p. 14). It is difficult to escape moments of extreme disappointment or awareness [20]. The Narcotics Anonymous literature observed that this self-obsession process is, for many substance-dependent individuals, a natural part of growth and development. But the substance-dependent person refuses to reduce those expectations. Instead, the person comes to demand, "What I want when I want it!" This Triangle of Self-Obsession facilitates the addicted person's tendency to become self-centered and allow their wants and needs to become demands [22] (p. 1).

For many, this self-obsession leads to despair when people consider themselves powerless over life events. Faced with powerlessness, people have a choice. They may either accept their proper place in the universe, or they may continue to distort their perceptions, rationalize their thoughts, and project their negative life process to maintain the illusion of self-importance. Only when they accept their proper place in the world of human experience are, they capable of any degree of spiritual and emotional growth. The choice is to accept reality or to turn away from it. Many choose to turn away from reality, using alcohol or drugs. This new false pride becomes the denial that reinforces an individual's addictive lifestyle [23].

False pride is the denial that plants the seeds of despair [24]. In many ways, despair rests upon a distorted view of one's place in the universe. A person's suffering grows with each passing day, as reality threatens to force upon the individual an awareness of their existence's ultimate measure. Whether you are coming from the perspective of Alcoholics Anonymous, Zen, Judaism, Christianity, Islam, Buddhism, or any other discipline, when you have an utter loss of hope or despair, it means you have nowhere else to go [25]. Over time, external supports are necessary to maintain this false pride. Brown (1985) identified one characteristic of substance abuse as its ability to offer people an illusion of control over their feelings. Alcohol and Drugs now become their feelings and comfort and pleasure. What one does not realize is that alcohol and drug use offer an illusion only. There is no inherent value to the self-selected feelings

brought about by substance use and abuse, only a delusion of happiness that reflects feelings that differentiate them from everyone else who is different from them [26].

Humility, a balance between strength and weaknesses, is often defined as the honest acceptance of one's place in the world [27]. When people become aware of their existence's reality, they may accept their position in life, or they may choose to struggle against existence itself. The ultimate struggle against acceptance can ultimately lead to despair; the knowledge that one is lost [20]. Substance abusers have described this despair as an empty, black void within that they have attempted to fill with the chemicals they find around them [21].

The Twelve Steps and Twelve Traditions (1981) views false pride as a sickness of the soul or spirit. In this light, alcohol and drug use might be a reaction against the ultimate despair of recovery. Surprisingly, considering this self-centered approach to life, various therapists, especially those in recovery, have come to view substance-abusing individuals as seeking a higher power. But in place of the spiritual struggle, the chemically dependent person seems to take a shortcut using alcohol and drugs [28,29,30,31]. Thus, May [32] was able to view addictive lifestyles as side-tracking *"our deepest, truest desire for love and goodness"* (p. 14). In taking the shortcut through chemical use/abuse, people find that drug use patterns dominate their lives. No emotional or spiritual growth is possible when people see chemical use as their priority. For many alcohol and drug abusers, this sense of false pride is expressed as a form of self-love. This self-love, clinically identified as narcissism, is a reaction against perceived worthlessness, loss of control, and emotional pain that seems almost physical. Such individuals view their self-worth in such a way that *"they rarely question whether it is valid"*; they *"place few restraints on either their fantasies or rationalizations [and] their imagination is left to run free."* [33] (33, p. 167).

Substance dependent people are not usually narcissistic personalities in the pure sense of the word, but significant narcissistic traits, such as, lacking empathy, self-importance, manipulation, blaming others, etc. are present in those individuals who maintain an addictive lifestyle. This dysfunctional lifestyle causes a distortion not only in the *"self"* but also of *"other"* in the service of their pride and their chemical use [27]. People who are self-centered in this way *"imagine that they can only find themselves by asserting their desires and ambitions and appetites in a struggle with the rest of the world"* [27] (27, p. 47). In Merton's words, hints of the seeds of addictive lifestyles, for the individual's chemical of choice, allow the individual to impose their desires and ambitions on the rest of the world [27]. Brown (1985) speaks at length of the illusion of control over one's feelings that alcohol gives to the individual. For many, chemical dependency is a misguided projection of one's desires and ambitions that attempts to achieve complete control over one's life [33].

Addictive people sometimes talk with pride about their use, not realizing that other people see these descriptions as negative behaviors in the service of their addiction. This *"positive recall"* a process in which substance abusers *"selectively recall mainly the pleasant aspects of their drug use while selectively forgetting the pain and suffering they have experienced consequently"* defines the essence of an addictive lifestyle [34]. In listening to the alcohol/drug dependent person, one is left with the impression that they speak about the joys of a valued friendship rather than a cure of abuse [35]. For example, chemi-

cally dependent people have talked at length of the quasi-sexual thrill they achieved through cocaine or heroin, dismissing the fact that their drug abuse cost them spouses, families, and perhaps tens of thousands of dollars. There is a name for this distorted view of one's world that comes about with chronic chemical use: It is called *"the insanity of addiction"*

Evidence-based practice

To offset the insanity of addiction, evidence-based practice (EBP) guides and informs how one delivers treatment services. The goal of this service delivery practice is to counter the insanity of a person's addiction. Evidence-based practice adopts a clinical behavior process that involves integrating three significant components to therapeutic decision making: 1) the best external evidence, 2) the individual practitioner's clinical expertise, and 3) a consumer of service preference [37].

In general, the evidence-based practitioner:

- ✓ provides informed consent for treatment.
- ✓ When recommending and selecting an individual's treatment plan, it relies on established proven clinical data,
- ✓ uses the empirical literature to guide decision-making and
- ✓ uses a systematic, hypothesis-testing approach to treating each case [38].

The goal of EBP is not to improve the population-level health outcomes but to give the consumer of service information and skills based on clinical evidence. This new information and the counselor's experience and expertise will help individuals make choices based on their values and preferences. One hopes that an individual's values will reflect the best practices: (1) spiritual communities and (2) the spirituality of ordinary people.

• Spiritual communities

Positive mental health, and the resolution of life challenges, such as alcohol or drug addiction, gambling, abuse, etc., is partly vested in a vigorous recovery management system that impacts an individual's cultural and social support system. Since the 1930s, recovery groups have provided peer support and understand to individuals seeking recovery. Support group members are willing to confront each other and give encouragement when needed. Many support groups borrow heavily from the Twelve Steps of Alcoholics Anonymous. The slogans and traditions and the concept of spirituality are related but differ from religion's organized practice.

For many years, traditional A. A. members have been, at times, less than friendly to the professional mental health community who saw Twelve Step work in conflict with the treatment community. This thought is partly justifiable since some mental health professionals lack knowledge and training of the recovery process and, at times, antagonistic toward recovery's spiritual aspects. 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.

Despite the above concerns, many behavioral health practitioners believe that psychotherapy should maintain a psychological and spiritual focus [39]. Many professionals in recovery believe it is only through the *"spirit of life"* that one can chart a path, which provides positive energy to overcome mental health and addiction problems. Jung reflecting on one's spiri-

tual path said,

What we call civilized consciousness has steadily separated itself from the basic instincts. But these instincts have not disappeared. They have merely lost their contact with our consciousness and are thus forced to assert themselves indirectly. This may be utilizing physical symptoms in neurosis...or unacceptable moods, unexpected forgetfulness, or mistakes in speech. This spiritual road map of recovery and resilience allows one to find their consciousness through a set of guidelines that help one keep focused on what is essential in their lives. This spiritual road map entails a surrender of one's life to a commitment of personal responsibility. An individual's surrender to his/her addiction is not a flaw in character or a mental illness; it is merely an individual's choice to admit that one is powerless over his/her addiction and one must take steps to develop a more organized life pattern that helps an individual move toward a productive, positive place [40].

Spirituality is a dimension of human existence beyond the biopsychosocial framework that can facilitate resilience and a better understand of how people express themselves, evolve, and heal. Social service educators, practitioners, and individuals receiving services need to expand their healing framework to include a religious/spiritual dimension [41].

For historical reasons, cultures of recovery (like the recovery process in general) in the United States have been greatly influenced by 12-Step groups such as AA and NA [42]. These groups provide a clearly defined culture of recovery for a great many people. They give the members rituals, daily activities, customs, traditions, values, and beliefs. The 12 Steps and 12 Traditions represent the core principles, values, and beliefs of such groups. Wilcox (1998) defined these values as surrender; faith; acceptance, tolerance, and patience; honesty, openness, and willingness; humility; willingness to examine character defects; taking life "one day at a time"; and keeping things simple. Twelve Step Fellowship support groups instill a set of values in opposition to those found in drug cultures. However, they also provide members with a new set of values distinct from the importance of the mainstream culture rejected when they began their involvement in the drug culture [43].

Many of these values are embodied in rituals that take place in Fellowship meetings and members' daily lives. White (1998) lists four ritual categories

- ✓ **Centering rituals** help members stay focused on recovery by reading recovery literature, handling recovery tokens or symbols, and taking regular self-assessments or personal inventories each day.
- ✓ **Mirroring rituals** keep members in contact with one another and help them practice sober living together. Attending meetings, telling one's story, speaking regularly by phone, and using slogans (e.g., "keep it simple," "pass it on"), among others, are mirroring activities.
- ✓ **Acts of personal responsibility** include being honest and becoming time-conscious and punctual. Activities include creating new daily living rituals related to sleeping, hygiene, and other self-care areas while also being reliable and courteous.
- ✓ **Acts of service** involve performing rituals to help others in recovery. These acts are related to the Twelfth Step, which directs members to carry the message of their spir-

itual awakening to others who abuse alcohol or are dependent on it, thereby encouraging them to practice the 12 Steps. Acts of service recognize that people in recovery have value to offer those still abusing alcohol [42].

Finally, the promises of the 12-Step literature are explicit:

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, which used to baffle us. We will suddenly realize that God is doing for us what we could not do for ourselves (Big Book, Alcoholics Anonymous World Services, Inc., 1976, pp. 83-84)

- **A spirituality of ordinary people**

These new spirituality promises are generally referred to as transcendent and become known to an individual in an extra-sensory manner [44]. It is sometimes referred to as the "life force" or the "essence of life."

Western culture generally practices one's faith within a structured religion. Artress (1995) suggested that religion is the container and spirituality its essence [45]. Although religion and spirituality are interconnected, religion tends to define a more concrete, culturally specific expression, while spirituality represents a universal concept [46]. An individual's resistance to an organized religious state is 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 organizing they are finding a spiritual process. What is significant is that both groups share a worldview that believes in:

- The goodness of human beings.
- The unconditional love from the creator of life.
- The concept of "free will" that human beings are responsible for their actions [46].

These three universal beliefs are shared by the Hebrew, Christian, and Islamic traditions expressed by their respective prophets Abraham, Moses, Jesus, and Mohammed. The highest expression of an individual's spiritual awakening is communicated through acts of compassion, understanding, and peacefulness. Clinebell (1995) 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 that nurtures spiritual growth [47].

In conclusion, a comprehensive view of recovery from substance abuse must be sensitive to an individual's culture, eth-

nicity and encompass an individual's whole life, including mind, body, spirit, and community. An individual's recovery must be holistic and include addressing self-care practices, family, housing, employment, transportation, education, clinical treatment for behavioral challenges such as primary healthcare, dental care, complementary and alternative services, faith, spirituality, social support networks, and community engagement. A multifaceted network of recovery services and supports must be available to address not just the individual but his entire interactive environment. Finally, all the benefits must be integrated and coordinated [48].

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