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ABSTRACT. The usefulness of Wilber’s transpersonal model of psychological and spiritual development in working with recovery issues is demonstrated by a case study which illustrates addictions issues and possible counselling interventions specific to each developmental stage. Wilber’s spectrum of development provides the addictions counsellor with a useful map in working to facilitate enhanced client recovery. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com> © 2001 by The Haworth Press, Inc. All rights reserved.]

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LIMITED RECOVERY

Conventionally, in North America, recovery from a chronic addiction such as substance abuse has utilized a limited wellness model of only partial recovery from the disease of alcoholism or drug addiction (Bewley, 1993; Tessina, 1991). The most popular approach for addictions recovery is Alcoholics Anonymous and similar twelve step models (Miller, 1995). Estimated membership in Alcoholics Anonymous, Narcotics Anonymous, Overeaters Anonymous, and Emotions Anon-
ymous by 1987 was approximately one and a half million people (Brown & Peterson, 1991). The focus of Alcoholics Anonymous and similar groups is on continuing illness and limited wellness in that no member is ever fully recovered (Scott, 1986; Tessina, 1991). One is an “alcoholic” or an “addict” for the rest of his or her life and must commit to abstinence and sobriety through reliance on a 12 step group (Tessina, 1991).

Increasingly, some practitioners recognize the importance of going beyond a limited conception of recovery (Bewley, 1993; 1995; Kasl, 1992; Tessina, 1991). Limited recovery does not address the underlying psychological dependency factors that perpetuate addiction such as chronic dependence on others, fear of pain, helplessness, and mindlessness but instead may replicate these factors (Tessina, 1991). In addition, “dry drunk” underlying emotional issues such as judgmentalness, intolerance, loss of control, and self-centeredness may not be dealt with in conventional recovery (Solberg, 1983; Tessina, 1991).

Brown (1985) and Larsen (1985) attempted to remedy the limited conception of recovery within AA by proposing a process of “ongoing” or “stage II” recovery which moves the recovering individual’s attention beyond a preoccupation with abstinence to deal with other aspects of life. Larsen (1985) observed, “If you haven’t dealt with your underlying living problems in any focused, consistent manner, pain, pure and simple, will keep you subject to the dry-drunk syndrome.” (p.14) While Brown and Larsen see this second stage recovery within the vision of AA, others have doubted the ability of AA to foster second stage recovery or meta-recovery because of AA’s focus on dependence on the group, inherent vulnerability to relapse if leaving the group, and rigid member attachment (Bewley, 1993; Tessina, 1991). In fact, Morgan (1995) observed long term recovery to be a dynamic process evolving over time which includes cognitive, affective, behavioral, and psycho-spiritual components.

Theorists and practitioners alike are looking for new models to handle the demands of long term recovery. Bewley (1993, 1995) suggested that a “meta-recovery” model is needed which supports the growth that is expressed and supported in AA but at the same time expands the vision and possibilities of recovery. “Meta” implying “beyond, transcending, occurring later” when applied to recovery, allows people, in Bewley’s view, to move beyond perceived limitations in recovery, and shift to a more “internal locus of control” with a
corresponding letting go of norms and rules that no longer fit their experience. Similarly, Tessina (1991) saw the development of autonomy as being the critical next step beyond the traditional recovery process as exemplified by AA and other 12 step programs.

Gilliam (1998) summarized her own journey beyond 12 step programs with seven themes: healing pain, honoring intuition, finding the inner god, trust, acceptance, becoming the power center of one’s own life, and creating a meaningful life. Kasl (1992) called for a second phase of recovery beyond the conventional abstinence preoccupation and recommended a shift from survival to growth. She even called for an eventual third phase in which a person moves towards being an integrated person.

Larsen (1985), however, argued that it is impossible to outgrow the Twelve Steps as the spiritual wisdom contained within them is infinite. Kurtz and Ketcham (1992) observed that early members of Alcoholics Anonymous discovered important themes that point to the expanded notion of recovery beyond mere abstinence. Key themes included the notion that spirituality in recovery is essential but different, needs to be open-ended and pervasive in a person’s life, and involves a “letting go.” Miller (1998) observed that the role of spirituality as a component of the recovery process is a major area of ongoing investigation. We will now turn to the emerging area of transpersonal psychology to further examine this area of the role of spirituality in recovery.

A TURN TO TRANSPERSONAL PSYCHOLOGY

Whether full recovery stays within the vision of the 12 step model or moves beyond it, it is evident that a certain population of recovering people are looking for recovery that goes beyond a limited health conception and embraces wholeness. To make this journey into the full spectrum of existence, one can turn to a strand of Western psychology that has developed in the last thirty years to incorporate the full spectrum of psycho-spiritual development. Maslow (1968) as the founding father of the “transpersonal psychology” movement pointed out the higher or transcendent possibilities occurring at the further reaches of human nature. This necessitated, in his view, the development of a fourth psychology, “transpersonal, transhuman, centered in the cosmos rather than in human needs and interests, going beyond humanness, identity, self-actualization, and the like” (pp. iii-iv). Extensive work has

Bewley (1993, 1995) recognized that many recovering addicts who have been in 12 step recovery for a number of years need “something more”, in her mind “recovery from recovery.” She recommended psychosynthesis, a school of transpersonal psychology developed by Roberto Assagioli, which works with semi-autonomous subpersonalities and is a process of growth and healing through bringing these various parts of the personality into greater harmony through balancing and synthesizing their qualities (Bewley, 1995, p. 2). Bewley (1995) described a three-fold process in working with the addict sub-personality:

The process of meta-recovery is three-fold (1) identifying the ways in which the recovering subpersonality feels too small; (2) returning to the addict subpersonality and negotiating the release of his or her gifts to the personality without a return to addictive behavior; and (3) integrating the best of both parts of the personality into a third more inclusive way of being in the world. (p. 3)

Other theorists have been preoccupied with this problem of full recovery. For a basic model of full recovery, one can look to Maslow’s hierarchy of needs which moves through stages of physiological, safety, belongingness and love, self-esteem, self-actualization and transcendence (Maslow, 1968). Alternatively, Whitfield (1984) pointed to a hierarchy of consciousness in accordance with the perennial philosophy (Huxley, 1945). Similarly, Small (1982) described seven levels of chakras or psycho-spiritual energy centers to be worked through in the journey of transformation from addictions. Brown, Peterson and Cunningham (1988a, 1988b, 1988c) developed a multi-modal model which was a refinement of the “BASIC-ID” approach of Lazarus (1976, 1985). This new model reduced the emphasis on use of drugs and added spiritual and self-health modalities so that the acronym became “BASIC-ISs.” A three-fold vision of spirituality consisting of relationship to self, others, and a Higher Power was seen to be not in conflict with psychological approaches to the treatment of substance abuse (Brown and Peterson, 1989). The most extensive work down in this area, however, has been contributed by Wilber (1977, 1986a,
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1986b, 1986c, 1990, 1995, 1997) who, while not explicitly dealing with addictions, has been preoccupied with the full spectrum of existence including possible pathologies and issues to be worked through at each stage of development.

WILBER’S SPECTRUM OF DEVELOPMENT MODEL

Wilber’s (1977, 1986a, 1990) spectrum of consciousness model mapped out ten principal stages of psyche in a developmental, structural, holarchical, systems oriented format. Wilber synthesized the initial six stages from cognitive, ego, moral, and object relations lines of development of conventional psychology represented by such theorists as Piaget (1977), Loevinger (1976), and Kohlberg (1981) and the final four transpersonal stages from Eastern and Western sources of contemplative development such as Mahayana, Vedanta, Sufi, Kaballah, Christian mysticism, Yoga, Aurobindo, and Zen. Wilber’s model is unique in that not only is it a developmental spectrum of pre-personal, personal, and transpersonal consciousness, it is also a spectrum of possible pathologies as there are developmental issues at each stage. Wilber’s (1977,1986a, 1990) stages are the following:

PREPERSONAL

1. Sensoriphysical
2. Phantasmic-emotional
3. Rep-mind

PERSONAL

4. Rule/role mind
5. Formal reflexive
6. Vision-logic

TRANSPERSONAL

7. Psychic
8. Subtle
9. Causal
10. Non-dual
The first three stages of development, each a pre-personal stage, are sensoriphysical, phantasmic-emotional, and rep-mind. The first stage, sensoriphysical, consists of matter, sensation, and perception. Pathologies at this level need to be treated with equally basic physiological interventions as the whole point is to stabilize the person. In mental health, the schizophrenic is treated with neuroleptics to get the person out of the psychotic experience. In addictions, the chemically addicted person is sent to detox.

The second stage, the phantasmic-emotional stage, is represented by the development of emotional boundaries to self (Wilber, 1986c). Problems at this stage show up as a lack of cohesive self. The self treats the world as an extension of the self (narcissistic) or is constantly invaded by the world (borderline). Typical interventions focus on structure building techniques such as object relations and psychoanalytic therapy.

The third developmental stage is rep-mind (Wilber, 1986a). This stage represents the birth of the representational self. This is typified by the development of the id, ego and superego and the experience of dealing with inhibition, anxiety, obsession, guilt and depression. Conflicts move from the interpersonal nature of the previous level to being intrapersonal. Interventions focus on intra-psychic resolution through re-integration of repressed, disassociated, or alienated aspects of being (Wilber, 1986c). Here, at this level, substance abuse is seen as the false path of intra-psychic conflict resolution.

The pre-personal stages are followed by rule/role, formal-reflexive, and vision-logic stages of development and represent the mature ego developmental phase. The rule/role phase, Wilber’s fourth stage of development and first personal stage, is highlighted by individual development of rules and roles to belong. A person’s stance is becoming less narcissistic and more sociocentric (Wilber, 1986b). Because problems at this level are experienced as a fear of losing face, losing one’s role, and breaking the rules, typical interventions center on script pathology such as transactional analysis, family therapy, cogni-
tive therapy and narrative therapy (Wilber, 1986c). Therapy at this stage uncovers false scripts including compulsive reliance on substances or other addictive processes.

The next personal stage, and fifth overall, formal-reflexive, represents the development of the mature ego (Wilber, 1986b). A person at this level has a highly differentiated, reflexive self-structure. At this stage, identity issues need to be explored and the processes of philosophical contemplation and introspection can take place. Wilber (1986b) summarized the problems of this stage as identity neurosis. Here, at this level, the underlying constricted identity of an addict can be challenged.

The next stage of development, the final personal stage and sixth overall, is the vision-logic or the existential stage. Here, the integrated body-mind confronts the reality of existence. This level represents the development of the existential self. To deal with the existential encounter with existence, existential therapy encourages authenticity, coming to terms with one’s own finitude, fundamental self-responsibility, intrinsic meaning and self-resoluteness (Wilber, 1986c). Kurtz (1982) observed that an addict’s hitting bottom is a realization of the existential limitations to self.

The first six stages culminating in the vision-logic or existential stage represent conventional Western psychology. To this conventional scheme of development, Wilber (1986a, 1990) has added four levels of contemplative development.

**TRANSPERSONAL STAGES**

Wilber (1986a) goes beyond the existential realm to describe four stages of transpersonal contemplative development integrated from Western and Eastern sources of contemplative development. The first stage beyond the mind-body integration of the existential level and the seventh overall is the psychic. This stage is epitomized by the opening of the “third eye” and symbolizes the level of the “yogis” (Wilber, 1986c). In this phase, one sees a switch in a person’s cognitive and perceptual capacities, which used to be narrowly personal and individual, to a more pluralistic and universal perspective. For a recovering person, there are many potential pitfalls at this stage of preliminary psycho-spiritual development such as psychic inflation and “the dark night of the soul.”
The next transpersonal stage and eight overall is the subtle and is referred to as the level of the “saints” (Wilber, 1986c). In certain traditions, such as Gnosticism and Hinduism, this is the stage of direct phenomenological apprehension of personal deity-form (Wilber, 1986a). This realm has also been referred to as pseudo-nirvana and refers to the realm of illumination, rapture and transcendental insight (Goleman, 1988). A common problem to be worked through at this level is the attachment to the separate-self sense (Wilber, 1986c).

The following stage is the causal. This level of the “sages” is the realization of the unmanifest source or transcendental ground of all the lesser structures (Wilber, 1986c). In various different traditions, it is referred to as the abyss, the void, and the formless (Wilber, 1986a). Here, there is transcendence and release into boundless radiance and formless consciousness where there are no subjects and objects apart from consciousness as such. Total dissolution of the separate-self sense and letting go of attachment to manifest existence leads to the final stage of non-dual or “ultimate” living (Wilber, 1986c).

**A CLIENT CASE EXAMPLE**

Wilber’s spectrum of development model is unique in that it offers addictions counsellors and therapists the opportunity to work with clients at the clients’ developmental level in their recovery and offers appropriate counselling strategies for possible problems and pathologies at each level. Additionally, as lower level issues are worked out, the development issues of the next stage can be looked at. The following case study illustrates the usefulness of Wilber’s model in that it allows for working on different developmental levels depending on where the client is at and also includes psycho-spiritual levels of development.

Recently, for a year, I worked with a 29 year old male client who had six months previously grown tired of his partying lifestyle and had stopped drinking. The actual behavioral task of stopping drinking had not proved to be the tough issue. As the client settled into his recovery process in earnest, he began to recognize his counterfeit quest for wholeness in his addiction lifestyle. In short, as Yalom (1980) pointed out about the existential realm, he began, for the first time, to confront the givens of his existence. As he began to contemplate his life, read existential and spiritual philosophers, his whole existence began to
come into question. At this point, at the start of his existential crisis, he booked a session with me for counselling.

Using Wilber’s developmental spectrum, it was evident that the client was in a profound existential crisis of level six. He was working as a high school physical education teacher as well as being an assistant coach with a local university senior men’s sports team. He had formerly lived the life of a university sports star himself and dived fully into the party lifestyle. But now as he gave up drinking he had began to be struck by the existential themes of the dangers of inauthenticity and extrinsic living (May, 1958; Yalom, 1980). For the first time, he was realizing his being-in-the-world (Heidegger, 1962) and his profound avoidance and inauthentic existence. He had lived a naive “Peter Pan” existence in which he unconsciously believed he was an immortal being who did not have to confront the realities of mortal existence. Rather than trying to temporarily provide a convenient band-aid for the client, keeping the Wilber model of the spectrum of development in mind, I encouraged a processing of his existential crisis for maybe it was time for the client to start personally confronting his own existence.

**WILBER’S LEVEL FOUR: ROLE CONFUSION**

Before we could proceed much further in the client’s existential crisis, we needed to work through some earlier developmental levels that he had not adequately worked through. It is essential to start at the lower levels so what Wilber (1986c) called an “elevationalist” stance is avoided. In this way, unpleasant lower-level messages and issues are not overlooked. A pivotal place to start for the client was level four of Wilber’s spectrum as it is the first level of the egoic phase, the rule/role mind. Here, a person starts adopting rule and roles to belong and to survive in families, school, work and other situations. Wilber (1986b) wrote of this level:

> The life/death battles of the F-4 self, however, center more on its rules and roles—a desire to fit in, to belong, to find its place or role among other roles; to understand the rules; with a correlative fear of losing face, losing role, breaking the rules (Loevinger’s con-
formist stage, Maslow’s belongingness, Kohlberg’s conventional, etc.). (p. 115)

We traced in our sessions how the need to belong had led the client into a peer-based addictive lifestyle. He felt very awkward as a teenager and felt alienated as if he did not belong. Being a rugged kid, and fairly athletic, he was invited to participate in high school sports and soon became a member of a team. He now had a role to belong and carried on in university sports and a partying lifestyle.

The narcissism of the client stood out as a central theme to contend with. This was, as Wilber (1986c) explained, not the widely recognized narcissistic disorder of level two, but the narcissism that goes along with each level, in this case the narcissism of level four. Each level is progressively less narcissistic and self-centric. Here, the client is carrying the narcissism of socially pre-occupied adolescent psychology.

Utilizing Feinstein and Krippner’s (1988) concept of personal mythology, we could see that the client had enjoyed the Michael Jordan sports hero’s myth and an accompanying party animal myth. Along with this taking on of this “sports jock” myth, there was a similar devaluing of academic efforts and self-knowledge which left the client strongly doubting his own ability for independent thinking and critical questioning. The end result of this unconscious set of myths that the client had taken on is that he had never questioned or processed issues from his internal self as he had been primarily externally focused. Thus, peers and external pressures ruled his life. As the client started to question this mythic structure, which may have served him well as a jock in university but not so well as an adult high school teacher, we naturally started to process identity issues in our counseling sessions.

**LEVEL FIVE:**
**IDENTITY CRISIS**

Wilber (1986c) observed that the central defining problem of level five development is one of introspection:

That is, the central and defining problems of F-5 development involve neither psychoneurotic repression nor immersion in path-
ogenic scripts, but the emergence and engagement of the formal-reflexive mind and its correlative, introspective self-sense (with its particular vulnerabilities and distresses). (p. 135)

The therapist’s task, at this level, in Wilber’s view, is to engage, activate and draw out the client’s reflexive introspective mind and developing self-sense. To facilitate this questioning and individual self-sense, we followed up with our earlier personal mythology work and began to ask the question as to what was the cost of this preoccupation with belonging? Wilber (1986c) called for a possible emergence of the philosopher at this level and we saw this with the client as he began to question his herd-like mentality and the way he automatically bought into things and did not develop his deep self and a self-reflective attitude. So, the client began to start to depend on his own individual principles of reason and conscience as he started to come into his own self.

The client began to see that he could have much more of a porous identity and let go of the somewhat juvenile “jock” and “party animal” myths. In fact, he could see that it was very important for him to go on a quest for wholeness and a journey of self-awareness. He had new potential mentors such as mystical philosophers Matthew Fox and J. Krishnamurti. At this point, we could now more fully confront his existential crisis that had brought him into counselling in the first place.

LEVEL SIX: CONFRONTING EXISTENCE

It was evident to the client that he could no longer live the way he did. He had been living an inauthentic life. Unconsciously, he had been living a death denying and unreflective life but now with his existential crisis, he was confronting existence. The reality of his own personal mortality which is at the essence of existential therapy (Yalom, 1980) meant that he now had to take his journey in life seriously. He began to struggle with what Wilber (1986b) outlined as the central dilemmas of the existential level, “How the existential self handles the new potentials of autonomy and self-actualization, and how it grapples with the problems of finitude, mortality, and apparent meaningless-ness” (p. 118).
As the client began to come at life from a “being” perspective, he initially made two important decisions. The first one was that he needed a break from coaching because for him it seemed to keep him mired in ego psychology and a “win at all costs” mentality. Secondly, at times in the past he had supported himself during summers and breaks with additional work as a bartender, and he decided that he could not do that any longer. Even though he was not drinking, it kept him in the addiction scene.

Related to this new emerging “being” perspective, we began to look at how unconsciously and inauthentically he had approached his teaching. He knew that he needed a break from full-time teaching so he could rethink his teaching approach. Along the way of his teaching career he had adopted a casual “whatever” approach to teaching and this approach could no longer work for him. It seemed that the quest for self-knowledge was now very important for him and he knew that he would want to build that approach into his teaching down the road.

For now, it seemed important for the client to embrace his spiritual journey in earnest. For the client, this involved a commitment to regular meditation and awareness practice as well as regular counseling sessions.

LEVEL SEVEN: BEGINNING SPIRITUAL PROBLEMS

A common problem of beginning spiritual practice is egoic ownership of the opening of universal-transpersonal energies, especially if there are narcissistic residues in the self-structure (Wilber, 1986b). We saw this egoic tendency in the client. In our weekly sessions over the next two months, we initially processed the client’s decision to leave his teaching position and then we moved on to process issues of his spiritual quest. Initially, we spent time bringing into the client’s awareness his “Messiah-martyr” complex which he was fixated upon. He had read Matthew Fox’s (1988) study of the cosmic Christ the previous summer and had been spellbound. He was drawn to the prophetic vision and was unconsciously driven into displaying cosmic Christ qualities himself. Jungian analyst Edinger (1972) observed that Christ consciousness can be seen as a paradigm of the individuating ego and “the ultimate goal of Jungian psychotherapy is to make the symbolic process conscious” (p. 113). Thus, we did not shy away from this
Christ preoccupation in our sessions but worked at the client bringing this fascination with the Christ archetype into conscious awareness.

Rather appropriately, along with this Christ archetypal fixation, the client had developed into an “energy phenomenon.” He loved going to coffee shops and talking to people and displaying his intense spiritual energy while pointing out the meaninglessness of people’s typical preoccupations. It took in-depth processing within our sessions for him to begin to realize that this behavior was really only an egoic display or what Wilber (1986) called “psychic inflation” of the beginning spiritual practitioner. The Tibetan Buddhist teacher Trungpa (1973) coined the phrase “spiritual materialism” to describe this type of egoic self-aggrandizing behavior and saw the overcoming of this tendency as being central to spiritual practice. Interestingly, Kurtz (1982) described that a central learning for the recovering addict is he or she is “not-God.” Even when the substance of choice is given up, the underlying tendency for inflation can still surface. The descent from the “pink cloud” is inevitable.

As time went on, the inevitable descent from psychic inflation hit the client. The mood in our sessions changed as we were forced to process, much to the client’s chagrin, the most difficult issue of the “dark night of the soul.” Wilber (1986c) explained “dark night of the soul” differs from existential depression as here the divine has been tasted and lost as opposed to the pervasive meaninglessness of existential depression. Over the last few months, the client had experienced some very blissful “white light” experiences through his meditation and awareness practices. However, he had been reduced to a drug-users mentality of anxiously pursuing these blissful highs. This made the pain of ordinary banal life all that much more intense for the client. In short, he was caught in pursuing “what ought to be” instead of being aware of “what is.” He wanted the bliss without the pain.

The “Dark Night of the Soul” has long been recognized as a terrible problem along the crossroads of spiritual awakening. Accounts of how St. John of the Cross or Phillip Kapleau weathered this phase are recommended as being helpful (Wilber, 1986c). At this time, the seeker can have experienced subtle pseudo-realizations that are extremely pleasurable and seductive making ordinary life appear as meaningless suffering (Vaughan, 1991).

In working with the client, I invited him to explore the psychological reality of his more typical ordinary existence and to let go of his
preoccupation with how to get blissfully high. With this encouragement, the client began to explore issues of his typical constricted beingness. He began to see that he was constantly caught in self-judgement and negative self-talk. He also began to realize that rather than fixating on intense white light experiences he needed to be open to a whole range of experiences, including being more aware and present in ordinary experiences as well as being open to the full range of dark or twilight mystical experiences. I introduced the Essene darkness meditation to the client and he began to experiment with merging with the darkness of the cosmos at night in his bedroom. He began to realize that by focusing on only “white light” he had been caught in a dualistic rejection of much of life. Thus, the client began to work at accepting his “dark night of the soul” and saw that to become “whole” meant an integration of both light and dark qualities. Like the psychology of an addict, he only had wanted the bliss and not the ordinariness or the pain.

It was soon after this work that the client left counselling to go on a spiritual odyssey. He felt that there was much work on his path ahead of him and looked forward to really concentrating on this work. As Wilber (1986c) observed, a common issue of seekers to work out is that of split-life goals in that the person can feel it is difficult to embrace the spiritual path in everyday life. Eight months later, however, upon returning from his trek, the client returned to teaching and embraced a questing philosophy in his teaching approach.

CONCLUSION

The case study was utilized to demonstrate how Wilber’s spectrum of development model can be very helpful in addictions counselling and the recovery process as it gives a map of development which both covers conventional developmental stages as well as contemplative stages. As a recovering addict moves beyond a preoccupation with the behavioral aspects of abstinence, there are many psychological and spiritual issues of development that need to be worked through on the recovery path.

Wilber’s spectrum model of development allows for the addictions counsellor to incorporate counselling interventions designed to work with the developmental level of the client. This can include interventions that work through earlier levels of development that still have a
residual impact on the client. The spectrum model also provides a model for psycho-spiritual development which can be very useful as the client works through existential issues and begins to embrace transpersonal levels of development. As was seen in the case study, addictive tendencies need to be worked through even in the psycho-spiritual and contemplative stages of development. Wilber’s transpersonal model offers a template of possible issues and counselling strategies to help guide this client process of moving beyond limited recovery towards enhanced recovery and wholeness.

REFERENCES


