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Facilitating Second Stage Recovery
Using Wilber’s
“Spectrum of Consciousness”
Developmental Model

Gary Nixon

ABSTRACT. The usefulness of Wilber’s “Spectrum of Consciousness” developmental model in the treatment of substance abuse is demonstrated by a case study that illustrates how underlying emotional pain and intimacy issues can be worked through in the counselling process with a client during the second stage of recovery from addiction. Wilber’s model allows for narcissistic, critical self, social, identity, intimacy, existential, and psycho-spiritual issues to be integrated into the counselling process for long-term recovery. This model provides social workers and addictions counselors with a useful map in embracing client recovery. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2005 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Dry drunk, Wilber, second stage of recovery, transpersonal therapy

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Alcoholics Anonymous (AA) and other 12-step groups continue to be the most prevalent approaches to recovery today (Bewley, 1993). They form the bases for most of the 2,000 treatment programs in the United States (Bradley, 1988). It is clear that the 12-step approach has been helpful for more individuals with addictions issues than any other approach (Ray & Ksir, 2004). However, critics point out that this approach can be dogmatic, lacks flexibility, encourages dependency, demands permanent commitment, requires the acceptance of limited wellness, and focuses on continual illness (Bean, 1975; Bewley, 1993, 1995; Machell, 1989; Scott, 1986).

Increasingly, the problem of limited recovery is being recognized (Bewley, 1993, 1995; Kasl, 1992; Larsen, 1985; Tessina, 1991). Limited recovery means that an individual may successfully focus on abstinence from alcohol or drugs, but may not address underlying issues that perpetuate addictions, such as chronic dependence on others, fear of pain, helplessness, hopelessness, self-abandonment, and mindlessness (Tessina, 1991). Larsen (1985), in using the term “dry drunks,” observed that people who are still in that stage have not dealt with the central question of “Why did we have all that pain in the first place?” (p. 14). The pain underlying the addiction must be dealt with. Along with the unresolved pain, Solberg (1983) described the obvious traits of a dry drunk as having qualities of grandiosity, judgmentalism, intolerance, impulsivity, indecisiveness, dishonesty, controllingness, and self-centeredness.

Kurtz (1983) described the precarious disposition of the dry drunk: “the ‘merely dry’ former obsessive-compulsive drinker who ‘put the cork in the bottle’ yet continued to ‘think alcoholically’: i.e., to entertain grandiose plans and expectations, to nurse feelings of resentment, etc.” (p. 123). The problem with this disposition is that, with the active alcoholism overcome, the person has lost any perception of “bottom” which could lead to a surrender experience and true sobriety.

Brown (1985) and Larsen (1985) both articulated the need for an “ongoing” or “stage II” recovery, in which the recovering person begins to deal with underlying issues within the 12-step program. Larsen (1985) described how in this second stage a person learns to make relationships work. Intimacy becomes the central issue rather than the alcohol. What is necessary is a second “first step” sometime between the second and sixth year of recovery. At such time, people realize that the central issues underlying the addiction need to be addressed, and they need to be-
gin their “second stage” of recovery. Here, previously learned self-defeating behavior such as “caretaking,” “people-pleasing,” or “being a martyr” must be confronted. To change behaviors, Larsen (1985) explained, people must examine carefully their habits, which have made their reality comfortable. These habits were based on past patterns of dealing with feelings and help define what is normal for them. At this stage, Brown (1985) described psychotherapy as a useful adjunct to participation in 12-step programs.

Others look beyond 12-step program involvement. Kasl (1992) called for a second growth phase of recovery, beyond conventional abstinence. Tessina (1991) stressed the need for an autonomy phase beyond involvement in 12-step groups. During this stage, a person moves beyond addiction and dependency by learning skills of effective communication, taking risks, problem solving, coping with failure, facing pain, and forgiveness. With these new skills, a person learns self-reliance, self-determination, self-motivation, self-confidence, self-esteem, and self-love. Through these new skills, Tessina (1991) explained, a person acquires the emotional strength to be free of dependency, identifies healthy relationships through the new emerging relation to self, and acquires the understanding of self-responsibility.

While some conceive second stage recovery occurring within the 12-step movement (Brown, 1985; Larsen, 1985; Kurtz & Ketcham, 1992; Straussner & Spiegel, 1996) and others look beyond 12-step groups (Bewley, 1993, 1995; Kasl, 1992; Tessina, 1991), there is common agreement on the need for an ongoing second stage of recovery. We will now consider how transpersonal models of counseling in general, and Wilbur’s “spectrum of consciousness” approach in particular, can help facilitate this second stage of recovery. The added benefit of these approaches is that they can work in conjunction with client involvement in 12-step groups, as well as for those clients who have moved on from or were never connected with 12-step groups in the first place.

**TRANSPERSONAL APPROACHES**

Maslow (1968), the founding father of transpersonal psychology, called for the recognition of the higher or transcendent possibilities occurring at the further reaches of human nature. In his view, this necessitated the development of a fourth force of psychology, which he called “transpersonal psychology” that was “transpersonal, transhuman, centered in the cosmos rather than in human needs and interests, going be-
yond humanness, identity, self-actualization, and the like” (pp. iii-iv). Cortwright (1997) simply defined transpersonal psychology as “the melding of the wisdom of the world’s spiritual traditions with the learning of modern psychology” (p. 8); where the self is still very much the focus, “but by moving across traditional personal psychology to the larger spiritual context, the individual self moves out of its existential vacuum into a wider dimension to which the world’s spiritual teachings point” (p. 10). The transpersonal perspective assumes that our essential nature is spiritual, consciousness is multi-dimensional, and humans have valid urges towards spiritual seeking, expressed as a search for wholeness, through deepening individual, social, and transcendent awareness. As well, it is assumed that contacting a deeper source of wisdom and guidance within is both possible and helpful to growth, and that altered states of consciousness can be an aid to healing, and help make our life and actions more meaningful (Cortwright, 1997). Extensive work has now been done in the area of transpersonal psychology in Western psychology with the development of Ken Wilber’s Spectrum of Consciousness approach, Michael Washburn’s recent innovation centered on Jung’s Analytical Psychology, A.H. Almaas’ Diamond Approach, Robert Assagioli’s Psychosynthesis, Stanislav Grof’s Holographic Therapy, as well as existential, psychoanalytic, and body-centered transpersonal approaches (Almaas, 1996; Assagioli, 1973; Cartwright, 1997; Grof, 1985, 1988; Hixon, 1978; Walsh & Vaughan, 1980, 1993; Washburn, 1988, 1994; Wilber, 1977, 1986, 1990, 1995, 1997, 2000).

Transpersonal models of development offer the opportunity to recognize the full range of human issues in recovery. Maslow’s hierarchy of needs progresses through lower order needs of physiological, safety, belongingness and love, and self-esteem, before moving on to self-actualization and self-transcendence (Maslow, 1968). Whitfield (1984) pointed to the hierarchy of consciousness in accordance with the perennial philosophy as providing a map of recovery. Huxley (1945) coined the term “perennial philosophy” to describe the core areas of agreement between the world’s spiritual traditions. Similarly, Small (1982) described seven levels of chakras, or energy centers based on Eastern systems of growth, that need to be worked through during the journey of transformation from addiction. Alternatively, Brown and Peterson (1989) developed a multi-modal model with a spiritual component for recovery, which was a refinement of the “BASIC-ID” approach of Lazarus (1976).
Focusing on the problem of disowned aspects of self, Bewley (1993, 1995) called for a “meta-recovery” model that reinforces the growth that is expressed and supported in AA, but at the same time expands the vision and possibilities of recovery. She recommended an approach called “psychosynthesis” developed by Assagioli (1973), which works with “semi-autonomous subpersonalities” and leads to 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). Initially in recovery, through hitting bottom, a person is forced to disidentify with the addict subpersonality and begins to identify with a recovering subpersonality. This shift, according to Bewley (1993), is dualistic in nature with the addict subpersonality seen as all bad, and the recovering subpersonality as all good. AA offers a map for this process of disidentification and movement into recovery.

However, in the process of recovery through the 12 steps, people can experience frustrated growth and lack of readiness to move forward which can be manifested by such symptoms as depression, boredom, irritation, listlessness or agitation, loss of vitality, and spiritual or existential restlessness (Bewley, 1993). While early in recovery these symptoms may indicate the danger of possible relapse, later in recovery they may point to the frustration of blocked growth (Assagioli, 1973). At this point, the key issue may be that the recovering personality has become too restricted (Bewley, 1993). At this stage, people need to move to integrate disowned aspects of self, moving towards an integration and synthesis in an often non-linear spiraling process (Bewley, 1993). The process of this integration involves a shedding or reframing of beliefs that no longer serve ongoing growth and wellness.

More recently, Almaas (1996) has developed a model of growth based on a “transformation of narcissism.” This model has exciting implications for long term recovery as typical issues, such as self-preoccupation and psychic inflation can be worked through in the counseling process. Pivotal steps of the transformation of narcissism include such themes as discovering the empty shell and fakeness, becoming aware of the narcissistic wound, working through the great betrayal, narcissistic rage, the great chasm, discovering a place of loving beingness, and the realization of the essential identity. Almaas’ model, with its focus on moving from reliance on the false self to relaxing into essence, highlights many of the developmental issues of long-term recovery. This article will focus on Wilber’s development model of the “spectrum of consciousness” and use it to examine the process of transformation.
from self-preoccupation towards integration and wholeness during the second stage of recovery.

**WILBER'S SPECTRUM OF CONSCIOUSNESS APPROACH**

Ken Wilber (1977, 1986, 1990, 1995, 1997, 2000) has proposed a developmental model, which he termed a *spectrum of consciousness* that incorporates both conventional psychology and contemplative traditions. What is exciting about the Wilber model is that while it was not explicitly developed for addictions, it offers an opportunity to work with underlying issues during recovery from substance abuse, and moves the client into a second stage of recovery.

Wilber’s (1977, 1986, 1990) spectrum of consciousness model mapped out ten principal stages of the psyche in a developmental, structural, holistic and systems oriented format. Wilber (1986) 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, Kabballa, Christian mysticism, Yoga, Aurobindo, and Zen. These stages are summarized and their implications for treatment of addictions are described below.

**Pre-Ego Stages**

According to Wilber (1986), the first three stages of development, each a pre-personal ego 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 interventions at the physical level. In addictions, the physiology of the chemically addicted person is stabilized by sending the person to detox to get the drugs out of his or her system.

In the second stage, “phantasmic-emotional,” the individual begins to develop emotional boundaries of self through the development of a separated-individuated self (Wilber, 1986). The self-other orientation can be problematic when the self treats the world as an extension of itself (narcissistic), or by being constantly invaded by the world (borderline). People with severe addictions issues often regress back to this stage. Psychodynamic interventions focus on structure building tech-
niques such as in object relations and psychoanalytic therapy. Twelve-Step groups can help give structure and self-other connections for the person totally preoccupied with his or her addiction.

The third developmental stage, the “rep-mind,” represents the development of the intra-psychic representational self (Wilber, 1986). In Freudian psychology, this is typified by the development of the id, ego and superego and the resulting intra-psychic conflicts between these parts such as inhibition, anxiety, obsession, guilt, and depression. Interventions focus on intra-psychic resolution of these internal conflicts through re-integration of repressed, disassociated, or alienated aspects of being (Wilber, 1986). At this level, substance abuse is seen as the false path of intra-psychic conflict resolution. Thus, the person who has been chemically soothing anxieties and fears must recognize that this is a false path of internal conflict resolution.

**Ego Stages**

The pre-personal stages are followed by “rule/role,” “formal-reflexive,” and “vision-logic” stages of development that represent the mature ego developmental phase. The “rule/role” stage, Wilber’s fourth stage of development and first personal ego stage, is highlighted by individual development of rules and roles that lead to belonging socially. Because problems at this level are experienced as a fear of losing face and losing one’s role, interventions tend to center on changing dysfunctional rules, roles, and scripts (Wilber, 1986). Therapies at this stage, such as family therapy, cognitive therapy, and narrative therapy, uncover false scripts including compulsive reliance on substances or other addictive processes, or unhelpful family of origin or relationship scripts that contribute to the pain underneath the addiction.

The next personal stage, and fifth overall, “formal-reflexive,” represents the development of the mature ego (Wilber, 1986). At this stage, identity issues need to be explored. In recovery, the underlying constricted identity of an addict can be challenged. People need to let go of false identities such as being “street-smart,” a “partier,” or negative identities such as being “a loser,” or “a hopeless case.”

The next stage of development, the final ego 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 an individual’s encounter with existence, existential therapy encourages authenticity, coming to terms with one’s own finitude, fundamental self-responsibility,
sic meaning, and self-resoluteness (Wilber, 1986; Yalom, 1980). Kurtz (1982) observed that an addict’s experience of hitting bottom is a realization of the existential limitations to self. Breaking through unconscious feelings of immortality and realizing the preciousness of life can be an important existential shift in moving out of the rut of an addiction lifestyle.

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

**Transpersonal Ego-Transcendence Stages**

Wilber (1986) 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 symbolizes the level of the “yogis” (Wilber, 1986). In this phase, cognitive and perceptual capacities, which used to be narrowly personal and individualistic, can expand 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.” People describe experiencing the high of the “pink cloud” syndrome of early recovery and then falling back into depression (Grof, 1993).

The next transpersonal stage, and eighth overall, is the “subtle” and is referred to as the level of the “saints” (Wilber, 1986). Here, subtle sounds, audible illuminations, and transcendent insight and absorption can be experienced. In certain traditions, such as Gnosticism and Hinduism, this is the stage of direct phenomenological apprehension of personal deity-form (Wilber, 1986). This realm has also been referred to as pseudo-nirvana and the realm of illumination, rapture, and transcendent insight (Goleman, 1988). During this level, the recovering person can have wonderful transformational “white light” experiences, yet struggle to integrate these experiences into everyday life.

The next 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, 1986). In various traditions, it is referred to as the abyss, the void, and the formless (Wilber, 1986). People can prematurely experience this level of “cosmic consciousness” and struggle to
integrate this “formless” awareness into everyday life. The final stage, that of “non-dual” living, is the outcome of losing one’s attachment to the separate self and the integration of all levels of existence.

**A CASE STUDY:**
**WORKING THROUGH MAURY’S PAIN**

Wilber’s spectrum of development model is unique in that it offers addictions professionals the opportunity to work through the emotional pain issues of the lower levels and then follow up this work with a transition to psycho-spiritual issues. The following case study illustrates the usefulness of Wilber’s model in allowing for working on different developmental stages, depending on the client’s needs, including the psycho-spiritual levels of development which are an important part of second stage recovery.

Maury was referred to the author for psychotherapy by a local addictions centre. He was a 42-year-old recovering drug addict. Having lived the life of a drug addict and a male prostitute for many years, he began his path of recovery four years ago by going to a halfway house and attending AA and NA meetings. For the last three years he had worked as a teacher’s aide. Maury felt that he was now at a stage of “barely hanging on” and feared that he was about to fall back into an addictive path of self-destruction.

Maury had been to many social workers and counselors in the past but came to me because he heard that I might be able to offer something different in my counseling approach. I told him that I, as a developmentally oriented transpersonal therapist, would not focus on one technique, such as cognitive-behavioral therapy, but could offer instead a variety of techniques and approaches. These interventions could help him work through the wounds and pain underlying his addiction, so he could come to a place of healing his pain and be able to enjoy his present life, including both his aloneness and intimacy in relationships. As Maury’s abstinence from drugs was well into his fourth year, we decided to start our work together on the emotional pain underlying his addiction.

**Pre-Personal Ego Issues: Early Developmental Wounds**

It was evident that Maury had already hit rock bottom and had been confronted with his chronic addiction and lifestyle. He had surrendered to his powerlessness over his drug use, entered into a treatment program
and attended outpatient counseling. He had seen how much his life had become totally preoccupied with cocaine. Going to 12-step meetings helped him realize that he could not afford a relapse as he would resume his drug use where he last left off. He was also well aware of his personal litany of lies, cheating, and deception that had been a constant part of his cocaine lifestyle. But now four years into recovery, he could see his life was on hold; he was, in his view, “in a rut.” At the heart of his concern was the fact that his pain and misery seemed to be destroying a precious intimate relationship with his girlfriend. As Larsen (1985) outlined, the issues of a stage one recovering addict and a co-dependent person are very similar. Maury could see his relationship was teetering on the edge because he had turned into a “needy beggar,” which his partner was becoming dissatisfied with. He realized that if he did not change quickly, he would lose this relationship with a person he adored.

As we worked together, I invited Maury to enter the second stage of recovery. His first stage of recovery focused on his drug use, and now he had to focus on the pain of the self. He had to deal with the issues of pain and low self-esteem underneath the addiction. He was able to see that he needed to work on his basic relationship with the world. This was a second visit to Wilber’s second level of development. The first time was a recognition of the fact he had descended to being a completely self-preoccupied drug user with his cocaine addiction. Now, Maury was seeing that the issue was more complicated and that he needed to deal with his basic self-other orientation to life. He had to deal with the pain underlying his addiction that kept him entrenched in the wound of the self.

To begin this process, I invited Maury to share his emotional pain out in the open where healing could possibly take place. To do this, we had to actually visit the sources of this pain starting with his childhood of physical abuse and abandonment by his family, foster homes, and the terrible lifestyle of living on the street at a young age. We continued this process by looking at the ongoing pain in his adulthood and how he tried to anesthetize that pain through drugs; in the end this only added to his pain. Maury shared his many doomed attempts to get off the street in which he would attempt to start a new life but found himself within a short time returning to the back alleys and streets of the drug world. As we processed all of his pain, Maury was relieved just to talk about it and get it all out in the open. He had learned a basic lesson of fundamental mistrust early in his life, which had totally shaped his self-other relationships. As Almaas (1998) stated, the less holding and nurturing in the environment, the more a person will develop mechanisms for dealing
with an environment that is not trustworthy. For the longest time, cocaine was the only thing Maury could count on. He had lived the life of the isolated self.

After Maury expressed the pain he had gone through and the isolation and abandonment he had felt for a long time, I invited him to start working on his core self so that he could change his fundamental way of relating to the world. Thus, we moved to consider Wilber’s third level “rep-mind” which consists of developing an intra-psychic self. We needed to work on how Maury viewed his world. We started the process with him listing his complaints against existence. Maury reported a fundamental sense of betrayal and being “screwed over by life.” As we started to work on this issue, he was shocked to realize that his ongoing moment-to-moment thinking involved an automatic judgmental voice that constantly criticized how negative everything was. The tough part of this was that most of the criticism was directed at himself. He was constantly telling himself how much of a “loser” he was, or what a “dirty rotten deal” from life he kept getting. I could see that much of his energy was still caught at level three of Wilber’s model, the state of being intra-psychically split. Part of him was experiencing life, and part of him was constantly judging how terrible things were. It was an eye-opener for him to realize how much of his time he spent in an automatic negative judgment of life. His critical voice inside was constantly rejecting the present moment experience. Maury began to see that he could catch this negative inner voice and go back to more fully experiencing what was going on in the present moment. He began to practice this awareness in his day-to-day life.

As we processed this sense of being betrayed by life, it became evident that Maury soon lost track of which betrayal we were talking about in our sessions. The theme of betrayal had started very early in his life when he had been forced to be a street person to escape an abusive family situation. While he had been to many counselors and social workers to work on this issue, it now felt like he was stuck in his betrayal. Together, we visited his scenes of betrayal by having Maury describe his experiences as if he were watching them on a movie screen. Over time he began to see that there was nothing he could do about this betrayal now as a 42-year-old. All of the catharting and emoting, while helpful initially as a release, kept him in the state of betrayal. As a young person, his superego had concluded that “This is very bad, I must be a very bad person to have this happen to me.” This was the same type of self-talk he had been using in his adult life. It was evident that Maury was wounded early in his ego development and had a feeling of toxic
shame deep inside him. He had internalized his abandonment as if there was something totally wrong with him.

I invited Maury to try something different. “Witness all you have gone through as a child, but without judgment,” were my instructions. Maury took this exercise as homework for the week. He returned the following week bubbling with excitement. While doing this exercise, he had the sudden realization that he did not have to hang onto this feeling of being toxic. He could just be. He did not have to hang onto this feeling of betrayal, unjustness, and victimhood from his youth. He could let go of this deep source of pain. He reported that he could “Let go of this garbage.” We also saw how he could use this new insight in present day life in that he could stop judging present day experiences as being negative and learn to participate more freely in the moment.

Personal Ego Issues: Social Roles and Identity

As Maury started to work on letting go of his past, we began to look at how he involved himself in relationships. It seemed Maury was rarely in touch with his own essence and beingness while interacting with his friends and acquaintances. I pointed out to Maury how he was constantly watching his external environment to see how it was watching him. Wilber’s level four of development focuses on rules and roles to belong. Because Maury felt he had never really socially fit in, he was continually looking for external validation from others. In short, he was caught in self-consciousness and desire for social acceptance. He was still in the narcissistic pattern of desperately wanting external positive validation of who he was. In our sessions, we worked together on this issue, and Maury began to see that this constant watching and searching for validation was a form of begging. Rather than being connected with his deep self, his watching was really coming from a place of trying to be pleasing to gain acceptance. Maury began to see that if he dropped his begging, he could experience his essence directly. Rather than watching me or anybody else for cues of acceptance, Maury could directly start to experience where he was coming from.

With this insight, Maury began to make changes in his intimate relationship. He realized that he had fallen into the co-dependent pattern of trying to figure out and anticipate what his girlfriend wanted him to say, do, or feel. With this insight, he started to risk being true to himself by articulating where he was coming from. So rather than relying on his pattern of self-described “doting,” he risked sharing his own emotions including his anger or even setting boundaries by sometimes being able
to say “no.” He began to see that “begging for acceptance” actually resulted in the opposite, and as well, disconnected him from his own beingness. To his surprise, these risky changes were met for the most part with approval from his girlfriend who welcomed the direct expression of emotions and energy from Maury.

As he began to get in touch with a deeper sense of authentic self, Maury was ready to challenge his identity of being a “victim” and a “loser.” To do this, we used a Jungian shadow approach of looking into the situation and seeing what was not being brought into awareness. As emphasized by Almaas (1996), the betrayed person must begin to accept that, despite the very real betrayal experienced, the betrayed must own some responsibility for the current situation. Because of all the work we had already done, Maury was able to let this in. In looking at what aspects he was responsible for, Maury sighed, and said that he had given up early in his adolescence and stopped recognizing his essence. Instead, he had manipulated people to get his needs met. So, although he was not responsible for the abuse, he recognized his own part in losing connection with his essence. With this recognition, Maury seemed to come unstuck from his victim identity and became more in charge of his own life.

He could also see that there was no point in carrying on with his “loser” identity that had kept him from fully enjoying his present life. He now was able to start catching himself indulging in this negative identity from the past. With a new emerging identity as a human being with a responsible job, three daughters from his previous marriage to take care of, and a loving relationship with a woman, he realized he had much to live for.

**Ego-Transcendence: Embracing the Psycho-Spiritual Journey**

Through this process of working through his blockages, Maury experienced a loving kindness for himself. For the first time in a long time, he was in touch with the importance of taking care of his body-mind. This was something he had always avoided in his substance abusing days as he was too busy escaping from the pain. Along with this greater caring towards self, he began to see that he could not avoid the issue of the prospect of death. Any previous thought of death had always been avoided. But now, he allowed himself to have an existential encounter with his own mortality (Yalom, 1980). As he saw the reality of his own death, Maury felt the fragileness and preciousness of his own life. He
started to feel he wanted to make each day and relationship count in his life.

Rather than limiting his journey to the existential level, level six of Wilber’s spectrum, Maury felt a call to open up to his spiritual side beyond his physical self. Because of his distaste and rebellious attitude towards institutionalized religious practices, we decided that perhaps Maury could start by doing some experiential meditation practices. We focused on practices that could bring out a fundamental awareness of the sacredness of the present moment.

Using Tolle’s (1997) work on the *power of now* as a guide, we started to conclude our sessions with a short ten minute meditation on merging with the present moment. Maury practiced this at home as well for homework. Maury, like all new meditators, struggled at first to slow his mind down, but after a few sessions, he began to experience the power and energy of the present moment. He had been so busy with his habits from the past, such as ruminating about his wounds and judging life, he had lost track of the healing presence of the present moment. He began to see the transformational potential involved in living in the present moment. He could see human presence is only felt in the “now.”

To intensify this process of merging with the present moment, we experimented with a guided meditation of the “hollow bamboo.” By just being like a “hollow bamboo” and “dancing in the wind,” Maury could see that he could just be in the moment and not grasp onto anything. He realized that he could let go of his complaints and preoccupations and celebrate the moment. This turned out to be quite an “ah-ha” experience for Maury; this was what he had been looking for in his drug experiences.

This experience turned out to be quite a monumental breakthrough for Maury. By tuning himself into the present moment, he could feel the sacredness of life. By surrendering to each moment and letting go, he was no longer fighting. This new awareness helped him in his relationships because, for the first time, he did not compulsively feel that he had to be with his girlfriend every moment of the day. He was able to celebrate his aloneness, which gave him the paradoxical gift of having more to offer in his relationship.

It was soon after this experience that our counselling moved from weekly sessions to monthly follow-up sessions. The road was still bumpy for Maury as he had teenage daughters to deal with who were in their rebellious phase of life, and sometimes he was so busy he would forget to take time to appreciate the healing opportunity of the present...
moment. But for Maury something had definitely shifted. He was definitely fully immersed in the second stage of recovery.

CONCLUSION

Wilber’s spectrum of consciousness development model, with its accompanying pathologies and interventions, offers an addictions practitioner a useful map for facilitating long term recovery in working with clients who want to move beyond “dry drunkenness.” A developmental counseling approach allows for the central underlying issues of emotional pain and low self-esteem to be worked out first, and then for counseling to proceed to other issues, such as intimacy and aloneness. Behavioral abstinence from substances can be enhanced by working through a range of issues such as narcissistic self-focus, the internal critic and other cognitive distortions, personal identity issues, existential concerns, as well as the movement towards embracing the sacredness of the present moment. The spectrum of consciousness developmental model, as formulated by Wilbur (1977, 1986, 1990), provides the opportunity for clients to embrace a second stage recovery from their addiction issues and work through the pain underlying their addiction.

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