

Self-Help Movement and the Change Process of Recovery

Pascal Scales*

Behavioral Health and Human Services United States

***Corresponding Author**

Pascal Scales, Behavioral Health and Human Services United States.

Submitted: 2024, May 27; **Accepted:** 2024, Jun 21; **Published:** 2024, Jun 25**Citation:** Scales, P. (2024). Self-Help Movement and the Change Process of Recovery. *J Addict Res*, 8(1), 01-07.**Abstract**

The path of recovery from both addiction and trauma to resilience and transformation is rooted in the concept that all life is a balance between spirit and matter. Caring for the spiritual and physical selves requires self-reflection regarding life experiences and personal constructs. The central issue to positive mental health and the resolution of life problems, such as alcohol or drug addiction, gambling, abuse, etc., is partly vested in a robust management system that impacts an individual's cultural and social support system. The demise of supportive communities is one of the significant losses of modern life. The self-help movement of Alcoholics Anonymous and other 12-step programs have always provided social support and encouragement to reflect on behaviors, motivations, and patterns that support healthy lifestyle changes. While it is not necessary for a recovering person to be religious, the movement may draw parallels to various spiritual and religious doctrines that recovering persons subscribe to; therefore, drawing these parallels only strengthens a person's chances for long-term recovery.

1. Introduction

The healing process of addicted individuals begins with eliminating the use of alcohol or drugs. No successful attempt at recovery could begin if an individual is not detoxified from one's alcohol or drug use. One cannot find a communal or spiritual space if an individual is active in their use of alcohol or drugs. Abstinence must be a prerequisite for successful recovery management [1,2]. The author knows that some researchers believe one can treat an individual's "problems in living" and minimally address the chemical use while in treatment [3]. This approach to recovery ignores the significance of the addiction process and the theme of personal empowerment and transformation [4]. "All self-help programs are founded on a voluntary dedication to change." The weakness of the 12-Step Program- its dogmatism- is also its greatest strength [5].

The 12-Step Program gives individuals who are highly vulnerable and clutching for support something concrete, something more faith-based than scientific, to embrace [6]. One is hard to put to fault the kind of personal support that so many recovering alcoholics and other drug addicts have derived from what is commonly referred to as the Fellowship. This positive 12-step support model is not without its skeptics. Significant criticisms include the sizable percentage of alcoholics/drug addicts who drop out of 12-step programs; according to AA's survey, 50% after three months [7,8]. There are contradictory studies that indicate AA works no better than other approaches, including no treatment and findings that

indicate no meaningful relationship between AA attendance and outcomes [9-11]. In addition, methodological problems endemic to research on AA lead some researchers to dismiss such attempts as mere exercises in speculation [12]. It should be noted that despite years of research, a definitive picture of a person's characteristics that can predict a positive or negative outcome with AA has not emerged [13]. White and others indicate that A.A.'s reliance on a Higher Power undermines personal responsibility and the development of internal strengths and ignores environmental factors that contribute to alcohol problems [14]. White believes that A.A.'s political influence has had a deleterious effect on the scientific advancement of the alcoholism treatment field and contributed to clinical rigidity [14].

1.1. Recovery Transformation

How consumers/survivors of recovery can transform the substance abuse system to embrace the culture of self-determination and community participation that is inclusive of care that responds to the individual needs of people and reflects the diversity of addiction transformation is the major challenge to the concept of multiple paths to recovery. Changing the addiction system to one that is based on the principles of recovery transformation requires a concerted effort of consumers and traditional professional allies working to bring about changes in beliefs and practices at every level of the system. Building these therapeutic alliances will require the trust, understanding, and respect of all parties involved in the recovery process. Distinguishing "recovery," a personal,

individual process, from “wellness,” which involves families and the whole community, consists of trust and understanding from the 12 Step community and those individuals promoting practice guidelines that emphasize the person/family/community paradigm. A significant part of the recovery community must buy into wellness to adopt the appropriate policy. The field of collective recovery consciousness needs to think strategically about the use and impact of language and conceptualize it in terms of three simultaneous levels of impact— individual, family, and community/society [15].

The future of addiction treatment and recovery in America appears to be more of a struggle between two competing yet related activities:

1. The first is a treatment renewal movement. Front-line service providers lead this movement across the country; the goals include reconnecting treatment to the long-term recovery process and rebuilding relationships between treatment organizations, local communities, and local recovery support groups.

2. A second movement, the new recovery advocacy movement, rose in reaction to the stigmatization, de-medicalization, and recriminalization of alcohol and other drug problems in the 1980s and 1990s. This second recovery advocacy movement has been led organizationally by a coalition of the Faces and Voices of Recovery, the National Council on Alcoholism and Drug Dependence, the Johnson Institute, the Legal Action Center, and (until recently) the Center for Substance Abuse Treatment’s Recovery Community Support Program.

The goals of this second movement include reaffirming the reality of long-term addiction recovery, celebrating the legitimacy of multiple pathways of recovery, enhancing the variety, availability, and quality of local/regional treatment and recovery support services, and transforming existing treatment businesses into “recovery-oriented systems of care” [16].

Professionals and consumers committed to recovery transformation will find that the history of the 12-step recovery model must coexist and evolve as one successful aspect of a multidimensional perspective on the paths to recovery. Their parallel evolutionary streams, confluence, points of departure, and integration, reflect a successful path to recovery transformation for individuals, their families, and the community.

Despite the scientific attempt to evaluate the 12-step programs, adequate evidence suggests that many recovering individuals who become involved in 12-step programs will find skills they can use to improve their lives long-term [7]. LF Kurtz and Fisher, in their interviews with 33 individuals actively involved in 12-step programs and community activity, demonstrated that through the 12-step fellowships, they developed the skills and confidence to seek out and engage in community service [17]. Emrick, after his extensive review of findings from the empirical literature, concludes that AA is not for everyone (particularly those who want to reduce their drinking or those with co-occurring disorders) [18].

Nevertheless, AA has been demonstrated to be associated with abstinence for many alcohol-dependent individuals. Thus, the professional who encounters alcoholics should become familiar with AA and utilize this self-help resource whenever possible (p.421).

1.2. Managing Recovery through Psychological and Spiritual Practice

An individual’s recovery must be a personal, disciplined experience that is one's responsibility and not contingent or dependent on our day-to-day conscious world. Many believe that the art of healing from life’s negative experiences should maintain a psychological and spiritual focus. Instead, it is oriented towards a psychopathologic perspective or a stimulus-response learning relationship (non-strength-based perspective). Interestingly, “*psycho*” comes from the Greek psyche, meaning spirit, soul, or being. The word “*therapy*” comes from the Greek word *therapeutikos*, which means one who takes care of another.

Therefore, psychotherapy means caring for another person's soul, spirit, or being [19]. If American clinicians would practice the art as it is defined, one suspects that the recovery community, as reflected in the spirituality of Alcoholics Anonymous, would not be so antagonistic toward the “therapy of recovery.” What is striking at A.A. meetings are how many individuals are “sober” but still living out their version of hell on earth, “one day at a time.” Many human service professionals believe it is only through the spirit of life that one can chart a path that provides the positive energy to overcome mental health and addiction problems [20]. Jung, talking about the soul of man, said,

What we call civilized consciousness has steadily separated itself from the basic instincts. However, these instincts have not disappeared. They have merely lost contact with our consciousness and are thus forced to assert themselves indirectly. In the case of neurosis, this may be using physical symptoms: unacceptable moods, unexpected forgetfulness, or mistakes in speech [21].

This spiritual road map of recovery and resilience allows one to find one's consciousness through a set of guidelines that helps one focus on what is essential in one's life. This spiritual road map entails surrendering one's life to a commitment of personal responsibility. An individual's surrender to their 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 their addiction, and one must take steps to develop a more organized life pattern that helps an individual move toward a productive, positive place. This positive place begins with developing a value system that honors:

- Sensitivity to feelings by being open, honest, and genuine with others.
- Responsibility for their actions.
- Effective strategies to cope with stress.
- Becoming aware of inner spiritual potential and one's ability to grow.
- An ability to give and receive affection and respect for human

values.

- Practicing habits of good physical health.
- Seeking spiritual understanding of one's place in the universe and the strength to seek communication with a higher spiritual power [22].

1.3. How do People Change?

The value system of change follows a series of stages, which is more spiral or circular in progression than linear. The research by Prochaska, DiClemente, and Norcross suggests that individuals go through distinct stages related to their addictive behaviors [23]. This change occurs in a cyclical process, to a linear perspective. Most people in recovery typically recycle (relapse) through various stages several times before the termination of their maladaptive behavior. Relapse is a key to recovery if individuals learn from their mistakes and try something different the next time the "triggered" event resurfaces in the environment. The more action one takes, the more relapses there are and the higher the probability of future success. The stages of change are: The pathway to recovery is embedded in understanding the process of How People Change and one's Commitment to Solutions.

1.4. Cautionary Note

Individuals typically move back and forth between various stages of change and cycle through the stages at different rates... all differences are circular or spiral in nature, not linear...many students cycle through the distinct stages several times before achieving stable change and finding their commitment to recovery.

1.5. Stages of Change

The five stages of change are compatible with Jung's ideas regarding the circularity of energy flow [23]. Jungian-oriented practitioners and many faith and spiritual-based healers also see change from a non-linear perspective and assume that life events are never resolved but appear to resurface during separate phases of one's life.

- Pre-Contemplation,
- Contemplation,
- Preparation,
- Action, and
- Maintenance.

1.5.1. Precontemplation

During this early change phase, the person is still considering or is unwilling to change. Intervention: Individuals need information linking their behavioral health challenges with various community support networks. The helper should educate the individual about the negative consequences of their lifestyle (early phases of counseling).

1.5.2. Contemplation

The person acknowledges concerns and considers the possibility of change but is ambivalent and uncertain.

Intervention: The individual should explore feelings of ambivalence, the conflicts between substance use, and other behavioral health challenges. The helper should seek to increase

the person's awareness of the consequences of continued non-productive behavior and the benefits of decreasing or stopping such activity.

1.5.3. Preparation Stage

The person is committed to and planning to make a change soon but is still considering what to do. Intervention: The helper should give the person a list of options for recovery management (e.g., outpatient treatment, 12-step meetings, community support networks, etc.) from which to choose and then help the person plan how to seek the network of support services that are best for them.

1.5.4. Action

The individual is actively taking steps to change but has yet to reach a stable state.

Intervention: The individual requires help executing an action plan, and the person may need to work on skills to remain free of substance use, anxiety, depression, etc. The helper should acknowledge the person's feelings and experiences as a normal part of life's challenges.

1.5.5. Maintenance

The person has achieved initial self-defined goals and is now working to maintain gains.

Intervention: The person may need help with prevention. The helper should reassure, evaluate present actions, and help individuals redefine their long-term goals. If one embraces the above commitment to change, it is an easy path to happiness.

1.6. A Note of Caution

As mentioned earlier in our discussion, although the change process appears linear, one should be aware that energy, positive and negative, is circular, and one is always "afforded" the opportunity to revisit their denial, anger, projections, rationalizations, hopelessness, etc., throughout their life process. That is what is meant by the statement, "We are in recovery, not recovered."

1.7. A Commitment to Solutions

Health and wellness management encompasses an individual's physical, mental, and spiritual equilibrium, characterized by positive emotions, constructive thoughts, and responsible behavior. Recovery emphasizes the whole person's physical, emotional, social, and spiritual integration [24].

Reviewing certain addictive behaviors and subsequent commitment to change requires time and energy. The transition from the action stage to maintenance is demonstrated by no relapses and consolidation of gains attained through the action-oriented approach to one's recovery. Through consciousness-raising and self-revaluation, individuals solidify the process of recovery. Self-evaluation relates to how one feels and thinks about one's problems concerning personal responsibility. It usually leads to corrective emotional experiences and clarification of beliefs and values. On the other hand, consciousness-raising increases information to an individual through reading, confrontation, interpretation, and observation of an individual's behavior in the environment.

Our spiritual awakenings are meaningless if not expressed in actual actions within the context of our real lives...to try and fill your emptiness with meaning from outside yourself is like pouring water into the ocean to make it wet [25].

These two essential interventions for change usually occur in a caring, supportive environment. In the addiction field, they tend to be found in therapeutic relationships and self-help groups. The Jungian struggle of individuation, which leads one toward wholeness and a personal commitment to manage life, is dominated by grateful living and gratitude. Our capacity for self-awareness guides this new life, our ability to find more meaningful relationships with ourselves and others, and our search for meaning and direction in life. The search for meaning and direction in life was articulated well by Victor Frankl, who believed that the three most distinctive human qualities are spirituality, freedom, and responsibility [26]. The recovering person must see himself as a unique spirit, capable of making decisions and possessing the ability to act responsibly about life events.

I was turning thirty years of age. This was the most challenging time of my life. I was faced with continuing my addiction and remaining in my adolescence or finding my recovery. My mid-life transition may have been earlier than others because I had become a mother at fifteen. I wanted to be responsible at that time, so I began working to take care of my child. Although in my eyes, I was taking the responsibility of being grown-up, biologically, I was still a child. At the age of twenty-five, I had my second child; at the age of twenty-seven, I had my third child. My last two children's father I married. Everything seemed normal until I was approaching thirty. This is when depression crept in, and so did suicidal thoughts. I was no longer the fifteen-year-old child trying to be an adult. I had been an adult for some time. I had become an adult stuck in an adolescent period. It took me five years to find out what I wanted in my life, and it was not drugs and alcohol. Through therapy and AA, I realized that the first 15 years of my life were spent trying to please other people and be the perfect child. Then, at about age 15, I started trying to break out of the excellent kid image and become rebellious. This exhibited itself through drug experimentation and seeking out new and different experiences away from my home environment. Instead of moving toward independence, I focused on the nightlife and good times. It lasted ten years; I spent my money on traveling, going to clubs, drinking, and not having any responsibility. This changed, of course, and I had to be more responsible and independent. Therefore, my energy shifted more toward wanting to be sober. I bought a car, worked two jobs, and had my own apartment. This kept me content for a while; I met new people and did different things I enjoyed. Around the age of 24, I discovered a different drug culture and started free-basing cocaine, dropping acid, and shooting Heroin.

I was crazy for a few years, and my addiction was in full swing. All my energy went into getting high, which was not hard to do since everyone I knew was doing it. I had stopped caring about going places and doing things. Then I woke up one day, and my friends began to die off; the disease I would read about was actual

and taking the lives of people I knew. AIDS had hit my friends. Considering all the time I had spent using drugs, I figured I would go as they did. Therefore, my behavior became even more self-destructive. I distanced myself from my family and the few non-addictive friends I had left my neighborhood. I started getting depressed and lonely. My best friend and I argued, and I remember him asking me, "When are you going to stop doing those drugs and do something?" His words hit like a hammer, and we did not see each other again; he died about two years later of a drug overdose. Talk about a turning point for me. I began to think I might not die as everyone else had. I know I did not want to die when I was 40 years old and addicted. To crack and Heroin. So, for some reason, I had to believe in something to be here. I thought there must be some reason I spent over 20 years in an addiction and came out unscathed and healthy. This realization helped my energy shift to getting off drugs, and before I was able to get clean, I found a part-time job. I wound up keeping my tiny apartment, which I would lose. I started outpatient therapy and went to Narcotics Anonymous meetings. I began to educate myself about HIV/AIDS and took some courses at the American Red Cross, and eventually, the momentum continued and led me to college. Now, I am doing something not only for myself but for other people as well.

The recovering individual enhances at this point; the recovering individual has worked their way through all the Twelve Steps, and if they are continuing to practice Steps Ten through Twelve, the individual is using a system that has helped many millions of people avoid relapse and continue to grow in peace of mind and ability to manage life's difficulties. If the recovering person actively practices the program, the individual now has a support group of people who know them, accept them, and care what happens to them. Finally, the individual has also become supportive of others.

Their recovery by helping other addicts, therefore, the newcomer or the potential newcomer, gives the program meaning. Just as the individual in recovery brings their story to other addicts, clarifying and helping them toward wholeness, the fellowships bear their witness in getting their story in the process of attraction, placing principles before personalities, to those in cultures who feel themselves, for whatever reason, to be outside the support of 12-Step recovery (<http://www.cnsproductions.com/pdf/12step>).

Mel Ash Expresses the Paradox of Being Alone Together When He States

Standing alone on our own two feet with our arms around the people next to us, we close our meetings in a very physical demonstration of being alone together. Squeezing each other's hands at the close of prayer, we affirm our great need and love for one another. Alone together, we save each other from active diseases. Alone and together, we can befriend this lonely, splintered world. Like separate chapters in the same book, we need each other to see how the story turns out [25].

Education, occupation, and income can shape an individual's socioeconomic position. These factors (social determinants) impact the health and well-being of people and their communities

[24]. For things we can change, we must take the action necessary to support such a change and find the courage to do it. The process sounds simple but requires serenity, courage, and the *"wisdom to know the difference."* Serenity Prayer offers guidance and wisdom for all of life's problems.

- **Accepting What We Cannot Change** means accepting what cannot be controlled. Those in recovery need the skills to let go, not to control others or project their wishes onto others. As a result, recovering alcoholics/addicts avoid negative emotions of anger, rage, anxiety, depression, and intolerable frustration.
- **Courage to Change the Things We Can** means controlling what can be controlled. Those in recovery need the skills to focus on today, act, and work on themselves. As a result, I am recovering. Alcoholics/addicts develop positive affirmations, progress toward long-term goals, and create a stronger sense of self.
- **Wisdom to Know the Difference** means learning to discriminate between the impossible and the possible. Those in recovery need the skills to talk about feelings, accept limits, and ask, "Can I change this?" As a result, recovering alcoholics/addicts can achieve a balanced lifestyle, the ability to deal with urges and cravings, and avoid impulsive destructive decisions and destructive interactions. Recovery is facilitated by the individual's ability to adapt and integrate feelings related to change. Striving for progress rather than perfection is a healthy goal (Retrieved March 19, 2024, www.winternet.com/~terrym/serenity)

1.8. Soul Healing: Accepting, Changing, and the Wisdom to Finding our Spiritual Path

Soul-healing includes the awareness of a transcendent dimension of existence embodied in all relational interactions. Its goal is not only the growth and development of persons but of the "soul of the world" [27]. It involves "creating contexts in which the focus is no longer primarily on problems but emphasizes solutions and the facilitation of wellness in a holistic sense"[27]. A soul-healing perspective involves five principles: *acknowledging connectedness, suspending judgment, trusting the universe, creating realities, and walking with heart* [27].

- Acknowledging connectedness means underscoring the interdependence between persons, persons, and the world."
- Suspending judgment means shifting the focus away from blame toward acceptance and respect for the dignity and worth of persons." It means " working to bring about a change in context rather than seeing a problem as residing within a particular person"[27].
- Trusting the universe involves adopting a life stance of mystery and awe with a fundamental faith in ourselves and a power beyond ourselves.
- Creating realities suggests that we are participants in forming the realities we experience and have the capacity for awareness of ourselves as co-creators of our experiences.
- Walking with a heart means living and working so that human potential is more fully developed and that the goals of compassion and peace are integrated into our daily lives [27,28].

1.9. Self-Help, Recovery, and the Spirituality of Ordinary People

There are many definitions of spirituality and recovery. It refers to something transcendent and ultimate and becomes known to an individual in an extrasensory manner [29]. It is sometimes called the *"life force" or the "essence of life."* An organized way of expressing one's spirituality can be observed in Western culture as practice. One's faith within a structured religion, suggested that religion is the container and spirituality of the essences held within it (p.5) [30]. Although religion and spirituality are interconnected, religion tends to define a more concrete cultural-specific expression, while spirituality represents. A more universal concept [31]. Some individuals resist an organized religious state, probably because of their early childhood experiences.

As adults, these individuals appear more receptive to a spiritual space on earth devoid of an organized perspective (religion). In both cases, one's commitment to a higher power is not diminished by how one organizes one's process of 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"* is that humans are responsible for their actions [31].

The Hebrew, Christian, and Islamic traditions share these three universal beliefs expressed by their respective prophets, Abraham, Moses, Jesus, and Mohammed. The highest expression of an individual's spiritual awakening is communicated through compassion, understanding, and peacefulness. Clinebell suggests several areas of healthy spiritual needs [32].

- 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 (p.82).

Suppose one believes that humans have souls (spirits) that continue after the biological death of their body. One is forced to value one's deeds and worship one's ancestors. The common themes of Judaism, Islam, and Christianity are that judgment day and external existences are based upon both good and bad thoughts and actions recorded in our memory.

In the Eastern religions (e.g., Buddhism, Hinduism, etc.), this life cycle belief (judgment day) finds expression in the belief in reincarnation. The *"law of Karma"* directs biological death or the continuity between lives. One can advance toward "god status" or decline toward "animal or plant status." An individual is released from the birth/rebirth cycle through enlightenment. What elevates one's afterlife is how one uses their resources to foster the positive elements of the human - condition [33].

Effective healing embraces an integrated approach that integrates well into a comprehensive social and spiritual support network

perspective geared toward:

- The elimination of stress in the overall community.
- Being attentive toward environmental public health factors such as divorce, death, and illness; and
- Supporting and providing opportunities for better population health factors such as housing, increased employment opportunities, education, and positive family activities. Without attention to these communal interventions, people will continue to live in a static environment or a declining neighborhood, which will become a toxic wasteland for individuals, their families, and the community [34-36].

References

1. Alcoholics Anonymous: The story of how many thousands of people have recovered from alcoholism. (1976) New York: Alcoholics Anonymous World Services.
2. Alcoholics Anonymous Comes of Age: A Brief History of A.A. (1985). New York: Alcoholics Anonymous World Services.
3. Prest, L. Harm Reduction. (2018). University of Utah Health, University of Utah.
4. Scoles, P. (2019). "The Flow of Recovery." Counselor. Vol. 20, No. 1 pp. 33-37.
5. <https://findrecovery.com/a-comprehensive-list-of-the-pros-cons-of-12-step-programs/#:~:text=Cons%20of%2012-Step%20Programs%201%20A%20One-Size-Fits>
6. Peck, M. S. (1993). Further along the road less traveled: The unending journey towards spiritual growth. Simon and Schuster.
7. Chappel, J. N. (1993). Long-term recovery from alcoholism. *The Psychiatric Clinics of North America*, 16(1), 177-187.
8. Galaif, E. R., & Sussman, S. (1995). For whom does Alcoholics Anonymous work? *International Journal of the Addictions*, 30(2), 161-184.
9. Peele, S. (1992). Alcoholism, politics, and bureaucracy: The consensus against controlled-drinking therapy in America. *Addictive Behaviors*, 17(1), 49-62.
10. McLatchie, B. H., & Lomp, K. G. E. (1988). "Alcoholics Anonymous Affiliation and Treatment Outcome among a Clinical Sample of Problem Drinkers." *The American Journal of Drug and Alcohol Abuse*, 14(3), 309-324.
11. Miller, W. R., Leckman, A. L., Delaney, H. D., & Tinkcom, M. A. R. T. H. A. (1992). Long-term follow-up of behavioral self-control training. *Journal of studies on alcohol*, 53(3), 249-261.
12. Harvard Mental Health Letter. (1995). Treatment of Drug Abuse and Addiction — Part III. Volume 12, Number 4, October.
13. Tonigan, J. S., & HillerSturmhöfel, S. (1994). Alcoholics anonymous: who benefits? *Alcohol Health and Research World*, 18(4), 308.
14. White, W. L. (1998). Slaying the dragon: The history of addiction treatment and recovery in America.
15. White, W., & Ali, S. (2010). Lapse and relapse: Is it time for a new language. *Posted at*.
16. White, W. and E. Kurtz. (2006). Linking Addiction Treatment & Communities of Recovery: A Primer for Addiction Counselors and Recovery Coaches. This report was supported through funding from the Clark Hagen Trust - PNC grant and the Northeast Technology Transfer Center (NeATTC) under a cooperative agreement with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT).
17. Kurtz, L. F., & Fisher, M. (2003). Participation in community life by AA and NA members. *Contemporary Drug Problems*, 30(4), 875-904.
18. Emrick, C. D. (1987). Alcoholics Anonymous: affiliation processes and effectiveness as treatment. *Alcoholism, Clinical and Experimental Research*, 11(5), 416-423.
19. Kleinke, C. L. (1994). *Common principles of psychotherapy*. Thomson Brooks/Cole Publishing Co.
20. Singer, J. (1994). *Boundaries of the Soul*. New York: Doubleday Publishing.
21. Jung, C. G., von Franz, M. L., & Henderson, J. L. (1964). *Man and his symbols*. New York: Bantam Doubleday Dell Publishing Group.
22. Jensen, J. P., & Bergin, A. E. (1988). Mental health values of professional therapists: A national interdisciplinary survey. *Professional Psychology: Research and Practice*, 19(3), 290.
23. Prochaska, J. O., & DiClemente, C. C. (1986). Toward a comprehensive model of change. In *Treating addictive behaviors: Processes of change* (pp. 3-27). Boston, MA: Springer US.
24. Scoles, P. (2020). Anger, Anxiety, and Health Determinants in the Process of Community Recovery. *International Journal of Addiction Research and Therapy*. Vol. 3:19.
25. Ash, M. (1993). *The Zen of Recovery*. New York: Putnam Books.
26. Frankle, V. (1984). *Man's Search for Meaning*. A Logotherapy Paperback.
27. Becvar, D. S. (1997). Soul healing and the family. *Journal of Family Social Work*, 2, 1-11.
28. Scoles, P. (2021b). Spiritual Beliefs, Communal Experiences, and Multicultural Diversity in Recovery. *Journal of Addictive Disorders and Mental Health*. July. pp.1-6.
29. Myers, L. J., Speight, S. L., Highlen, P. S., Cox, C. I., Reynolds, A. L., Adams, E. M., & Hanley, C. P. (1991). Identity development and worldview: Toward an optimal conceptualization. *Journal of counseling & development*, 70(1), 54-63.
30. Artress, L. (1995). *Walking a Sacred Path: Rediscovering the Labyrinth as a Spiritual Tool*. New York: Riverhead.
31. Fukuyama, M. A., & Sevig, T. D. (1999). *Integrating spirituality into multicultural counseling* (Vol. 13). Sage Publications.
32. Clinebell, H. (1995). *Counseling for Spiritual Empowerment Wholeness: A Hope Centered Approach*. New York: Haworth Pastoral Press.
33. Hopkins, T. J. (1992). Hindu views of death and afterlife. *Death and afterlife*, 143-156.
34. Scoles, P. (2020). Public Health, Population Health, and the Self-Help Movement in Recovery. *Journal of Behavioral*

-
- Health*, 9(3), 1-5.
35. Jung, C.G. (1963). *Memories, Dreams, Reflections*. New York: Random House.
36. Miller, W. R., & Hester, R. K. (1986). Matching problem drinkers with optimal treatments. In *Treating addictive behaviors: Processes of change* (pp. 175-203). Boston, MA: Springer US.

Copyright: ©2024 Pascal Scoles. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.