Chapter Seven

The BONNY METHOD OF GIM: WORKING WITH ADDICTIONS AND THE ADDICTIVE PROCESS

Jim Borling

"Whatever you do, don't try and escape from your pain, but be with it."
Tibetan Book of Living and Dying (Rinpoche, 1994)

Introduction

Currently in our cultural landscape, Substance Use Disorders (SUD) are receiving considerable attention. Recent federal mandates are giving noteworthy attention to what is being considered an epidemic rise in the use of opiates in the United States. Prevention programs, medication-assisted treatment strategies, support for enforcement efforts, and more, all demonstrate the importance being given to this endemic societal challenge. Moreover, while this attention is all very necessary and positive in the fight against substance abuse, the complexities of addiction have been a clinical focus for many years. This focus has required varied and diverse treatment approaches for 'long term recovery' from the disease.

SUD's over the years have carried a variety of labels—chemical dependency, substance abuse, drug or alcohol dependence, and alcoholism, to name a few. For the purposes of this chapter, the term most commonly used will be 'addiction'. While the most current Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (American Psychiatric Association, 2013) makes use of the term 'substance use disorder', in this chapter addiction will imply a broad and complex process that involves not only the physical nature of an addiction but will also take into consideration the mental, emotional, and spiritual aspects of the disease.

We live in a culture that is all about the quick 'get away' and instant relief. People with an addiction do not have control over what they are taking or doing. They become dependent upon a substance or behavior in order to cope with daily life. Typically, an addiction becomes identifiable when it reaches a point that is considered harmful in some way. Addiction not only includes the physical substances that we consume like drugs and alcohol, but may also include such abstract things as gambling, the internet, work, exercise, sex, or other behaviors that begin to substantially interfere with one's life. The causes of addiction vary considerably, and are not often fully understood. They are generally initiated by a combination of physical, mental, circumstantial, and emotional factors.

The traditional view of addiction, however, is that it is typically considered a dependence, physical in nature, on a substance outside of oneself that, once remedied, begins to define a process of recovery or sobriety. Treatment venues that are most common today include in-patient and out-patient settings, long-term and short-term commitments, individualized counseling, and structured after-care programs for those who have successfully completed a treatment program (Borling, 2012). The customary view of addiction refers to psychoactive substances that cross the blood-brain barrier, temporarily altering the chemical balance of the brain. Stahl (2000) discusses the physiological state of neuro-adaptation that is produced by repeated administration of the drug of choice. This neuro-adaption leads to a continued administration of the drug to prevent

the appearance of the withdrawal syndrome. Important to note however, is consideration of the more abstract manifestations of addiction. All addictive processes potentially lead to feelings of guilt, shame, hopelessness, despair, failure, anxiety and more. Addressing these more psycho-emotional aspects of the disease is essential when seeking stable recovery and healing. Additionally, giving attention to the psycho-spiritual side of addiction and recovery seems to be equally important if a life of sobriety and long-term recovery is to be realized.

The Bonny method of Guided Imagery and Music, hereafter GIM, has clearly demonstrated a strong impact on these complex dimensions of the human experience. While much of the work in GIM may be considered psycho-emotional in nature, Helen Bonny (1978a) was clear in the beginning that there was a deep and authentic spiritual dimension to the GIM process as well. It is safe to say that GIM is a method of psychotherapeutic intervention that supports the fundamental underpinnings of humanistic and transpersonal psychology as discussed by Maslow (1970), Grof (1988), Wilber (1986) and others.

What Is Addiction?

Addiction is often referred to as a three-pronged illness with the physical side of any addiction being the most readily identifiable aspect of the disease. Clearly, this physical side of the disease is first in order of importance to address. However, addressing the emotional and spiritual sides of addiction are considered an essential component of treatment if long-term recovery is hoped to be achieved. In fact, this physical dependence is often considered by some to be no more than a symptom of the deeper disease process. It is at this deeper level that the emotional and spiritual complexities take their hold.

The DSM-5 defines Substance Use Disorder as the persistent use of one's drug of choice leading to substantial functional impairment of physical or psychological health. After sustained exposure to this drug of choice, the user will likely begin a process of failure at work, school, or home (APA, 2013, p. 483). This broadly inclusive definition provides an open view of SUD's with consideration for psychological health.

Speaking specifically of alcoholism, Meuller and Ketchum (1987) define alcoholism as "a chronic, primary, hereditary, eventually fatal disease that progresses from an early physiological susceptibility into an addiction characterized by tolerance changes, physiological dependence, and loss of control over drinking" (p. 9). The primary emphasis in this definition is clearly on the physical or physiological aspect of the disease. Certainly, we must interrupt the physical aspect of the disease process. But where exactly is recovery from a broader point of view? Often, abstinence is mistaken for recovery and the true pattern for recovery is never fully engaged. This more inclusive understanding of a recovery process must include the emotional and spiritual levels of addiction to begin authentic work toward true and long-lasting recovery and growth.

Borling (2011), when discussing the progression of the addictive process, states that the use of a substance is initially a voluntary and controlled experience. However, it can easily progress for some into a compulsive use of the substance. It is generally here that the individual cannot resist a physiological or psycho-emotional pull to use their substance of choice. The user effectively has no viable option but to continue this addictive behavior.

Borling (2012) goes on the state that addiction work needs to consider interventions at the bio-physical, psycho-emotional, and psycho-spiritual levels to progress toward true recovery. When discussing music therapy specifically, he states, "a music therapist is uniquely positioned to address each area of need" (p. 4). It makes sense that GIM fits appropriately in this discussion as well.

Definition of Commonly Used Terms

For the purpose of clarity, the following terms need definition in the context of this chapter. While there is a general acceptance of the meaning of these terms, it is believed that clarification will lead to a better understanding as the deeper core issues surrounding addictions are discussed.

Addiction: the individual is unable to control the varied aspects of the addiction without support due to the mental or physical conditions involved. Addiction is considered a psychological or physiologic dependence on a substance or practice that is beyond voluntary control.

Habit: something that is done by choice. The individual with the habit can consciously select to discontinue, and will subsequently stop the action or behavior successfully if wanted. The psychological/physical component is not an issue as it is with an addiction.

Relapse: often considered a process rather than a singular event. Many people in recovery do not know when an actual return to the drug of choice is about to happen. Relapse needs to be understood on the emotional, mental, and spiritual levels; all of which may lead to the ultimate physical relapse and return to one's drug of choice.

Recovery: a return to a normal state of health, mentally and physically, particularly from a condition of sustained use of a substance which altered body, mind, and spirit. Recovery implies a return to a once known state of health and well-being; a state that should be familiar to the individual involved in this process.

Sobriety: the development of a new perspective including the assimilation of ideals and principles that lead to a newfound happiness, serenity, and outlook on life. While sobriety is not considered to be a continuous state of balance and good universal health, it does integrate healthy coping mechanisms that allow for sustained management of one's life at a new level of awareness.

Abstinence: often considered the practice of not doing or having something that is strongly desired; in this case, one's drug of choice. Abstinence is also known to be a self-enforced restraint from indulging in activities or consuming substances that are widely experienced as giving pleasure. Abstinence is generally considered the absence of something as opposed to the implementation of a health enhancing strategy.

What Is Recovery?

Recovery: From a Twelve-Step Perspective

The twelve-step model for dealing with addictions has been around for nearly a century. Bill Wilson, co-founder of Alcoholics Anonymous (AA), along with Dr. Bob Smith, established a "fellowship of men and women" (Alcoholics Anonymous Preamble, 2013) whose sole purpose was to help individuals achieve and sustain a life of sobriety. AA was founded in 1935. Over the decades that followed, several other 12-step fellowships have been born. These include Narcotics Anonymous, Gamblers Anonymous, Overeaters Anonymous, and more.

Often referred to as spiritual in nature, these 12-step programs offer guidelines for recovery that are rooted in the original 12 steps as developed through Alcoholics Anonymous (see appendix A). Embedded in these steps are principles of surrender (steps 1-3), a moral inventory (steps 4-5), prayer and meditation (step 11) and much more. It is suggested (Alcoholics Anonymous, 2001) that if the guidelines presented in the 12-step model are followed, it will lead to a shift in perspective for an individual that involves not only the physical but also the emotional and spiritual aspects of the human experience.

A criticism of this 12-step model of intervention is that it may not allow for the deeper working of the psyche that is essential to interrupting the core aspect of the disease. In one sense,

this model could be viewed as overly rational, cognitive, and linear to an individual who is entrenched in processes of denial, rationalization, and/or minimization. A technique allowing for deeper workings of the psyche might be called for in these cases. GIM, as a complement to the traditional 12-step model may, in fact, allow for growth in all areas of recovery including the less consciously available emotional and spiritual dimensions.

To be clear, GIM is not being recommended here as a substitute for participation in a 12-step program. These fellowships of men and women can be highly effective for some. Again, GIM is being suggested as a complement to the principles of the 12-step model, especially for those individuals who are entering stage two recovery (to be discussed later).

Recovery: From an Emotional Perspective

Emotional recovery is considered an emerging process that takes time. Talbot (2007), when considering this emerging process, refers to addiction as a "seduction" (p. 102). This seduction can either attract the user into an exploration of recovery or help the user escape from life's responsibilities, realities, and pains. It takes considerable time to disengage from this detrimental aspect of seduction and fully commit to emotional recovery. Any attempt to escape from pain, whether through use of the substance or some active behavior, will lead to an experience of more pain at deep psycho-emotional levels. Once the person in early recovery can no longer use the drug of choice as a numbing agent, deeper and more challenging conflicts within the psyche will begin to emerge. The person in recovery will often encounter these deeper struggles well into the healing process, even years down the road. When referring to the emergence of psycho-emotional material, May (1988) states, "when they think they have climbed the toughest mountains and put the hard stuff behind, then they come up against the real mountain . . . themselves and their own self-defeating behaviors" (p.180).

Stated in a core text of the AA literature is this:

> Very deep, sometimes quite forgotten, damaging emotional conflicts persist below the level of consciousness. At the time of these occurrences, they may have actually given our emotions violent twists, which have since discolored our personalities and altered our lives for the worse (Alcoholics Anonymous, 1981, p. 79-80).

The denial and repression of these deeper conflicts is dangerous in terms of long-term sobriety and quality recovery. It is not entirely uncommon for an individual to experience a relapse with their drug of choice if these more intensive needs are not addressed. Tessina (1993) suggests that the restructuring of the mental patterns and often abusive history that created the need for addictive behavior is beyond the (12-step) program's scope. Booth (1991) notes that while AA and other 12-step programs can demonstrate a level of success, the expression of emotional content or fragility might be met with concern from within the fellowship. He feels that,

> Those with the most lasting recovery are those who combine therapy and as many 12-step programs as apply to their lives. Walking through the pain of confronting our addictive behaviors as well as addressing childhood abuses often requires the skilled guidance of a trained therapist. This is much different than the guidance of your peers in 12 step groups. Both provide valuable, necessary tools for recovery (Booth, 1991, p.156).

A challenge that the person in early recovery inevitably encounters is the internal desire to deal with emotions but then the initiation of old modes and patterns of behavior that can lead the individual back to methods of self-numbing, denial, and relapse. This internal desire to deal with emotions is the natural order of the psyche moving toward a healthy and balanced state of

sobriety. Yet, it is also the potentially dangerous ground upon which an emotional relapse and eventual return to one's drug of choice could occur.

Experiential therapists know that clients must directly address issues that are emotionally charged for the purpose of attaining genuine healing. Yet, for the client in early recovery from addiction, the prospect of dealing with dynamic emotions without a safe structure or container creates a stress and that can lead to an increased anxiety and distress. With this emotional intensification comes the increased potential for relapse. Borling (2012) discusses the need to alleviate feelings of distress (fear, anxiety, guilt, shame, sadness, anger, loneliness, regret, grief etc.) as a critical part of the pursuit of stage two recovery. He feels that the pursuit of what Maslow (1968) refers to as core meta-needs is fundamental to the stability of one's sobriety. In fact, Maslow went on to suggest that all humans have the innate capability to reach psychological health well outside normal ego functioning. In the context of working with addictions, acknowledging this innate capability becomes critical.

So, the challenge is to deal with the deeper emotions and conflicts without being overwhelmed by them. Genuine healing, true integration of the positive and negative sides of 'self' must occur at a deep level for it to elicit the necessary change leading to long-term recovery and a life of sobriety. May (1988) when discussing addiction as a reflection of a 'blessed pain', says the following:

> In our society, we have come to believe that discomfort always means that something is wrong. We are conditioned to believe that feelings of distress, pain, deprivation, yearning, and longing means something is wrong with the way we are living our lives. Conversely, we are convinced that a rightly lived life must give us serenity, completion, and fulfillment. Comfort means right and distress means wrong. The influence of such conviction is stifling to the human spirit. Individually and collectively, we must somehow recover the truth. The truth is, we were never meant to be completely satisfied (May, 1988, p. 179).

Recovery: From a Spiritual Perspective

It is the nature of addiction to disrupt the fabric of social, emotional, and spiritual bonds that have been part of the human experience throughout time. This disruption can certainly be felt within the various systems of the client dealing with addiction. Additionally, this disruption can be experienced as a solitary experience. As addiction progresses, there is a natural tendency to narrow one's intimacy in and contact with life; to diminish interactions in a manner that begin to feel alienating and isolating. Sparks (1993) describes this alienation and isolation as "the ultimate condition of separation" (p. 199). He is suggesting that not only is the individual experiencing physical and emotional turmoil, but there may also a loss of connection to anything beyond the addiction itself including any spiritual dimension of one's life. Wolf (1996) might describe this as a soul sickness.

In the 12-step community of recovery, it is generally accepted that recovery must include growth along spiritual lines as well as an adoption of spiritual principles in the overall areas of daily living (Alcoholics Anonymous, 2001). This concept of spirituality, of course, can be widely interpreted, even within the recovery community. The overarching theme that tends to be embraced in these communities is that some awareness of a Higher Power (HP) is beneficial when seeking long-term sobriety. Bill Wilson, co-founder of Alcoholics Anonymous, discusses this spiritual dimension of the recovery process when stating that quality sobriety is built upon a "deep and effective spiritual experience which has revolutionized our whole attitude toward life" (Alcoholics Anonymous, 1984, p. 25). In both AA and in the professional community, it is well accepted that recovery must include some aspect of this spiritual development.

It is easy to see the "hitting bottom" syndrome manifest physically, but emotional and spiritual bottoms may be reached well before any physical indicators are present. From a more psycho-spiritual perspective, clients consumed by addiction may speak of hitting a bottom that is spiritual in nature. Sometimes referred to as being spiritually bankrupt, this bottom or void may be viewed as a door of opportunity that gives birth to a creative spirit so necessary in recovery. This is the type of recovery that Bill Wilson was talking about when he suggested that people may experience a shift in perspective, consciousness, or have a vital spiritual experience so necessary for a life of sobriety.

Hitting an emotional and/or spiritual bottom may result in any number of clinically defined issues that are common in mental health settings. The process of hitting bottom, when viewed spiritually however, may be seen, paradoxically, as a sacred function that 'enables us to return to the creative void, our source, anytime we need to die to something' (Small, 1991, p. 178). Keen (1992) suggests that,

> All maps tell us that on the path to authentic selfhood we must remain for a time in the dark night of the soul, in the winter of our discontent, until we reach the very bottom of despair. Only then do we discover that the seeds of renewal are blindly pushing their way up through the loam toward the yet eclipsed sun.
> When we arrive at the dark pit of despair, we have reached the nadir, the low point of the spiritual journey—the place which is, paradoxically, the womb of the new self. Despair is the grave from which we may be born again (p. 147).

Even Carl Jung, who was a little-known contributor to the beginnings of the Alcoholics Anonymous fellowship, felt that the alcoholic craving was fundamentally of a spiritual nature and only a spiritual experience could counteract or heal the malady. Contained in a letter to Bill Wilson, Jung comments on what is necessary for someone to find a life of sobriety. He writes "his craving for alcohol was the equivalent, on a low level, of the spiritual search of our being for wholeness, expressed in medieval language: the union with God" (Alcoholics Anonymous, 1984, p. 384). It was here that Jung coined the phrase "Spiritus contra Spiritum," (p. 384) which may be loosely translated as "Spirit against the ravages of spirits" (Recovery Today Online, n.d.). May (1988) when discussing Addiction and Grace, states that "the one thing that brings us to our knees may, paradoxically, also be the channel for the powerful flow of grace" (p.19).

GIM, with its systematic process of engaging unconscious material that may be spiritual in nature, can support Jung's principles of individuation. Described as a series of transformative and growth-oriented experiences, individuation is considered a process that assists the client to grow from a relatively unconscious state to a more fully conscious state. True spiritual growth and healing is characterized by increasingly deep risk taking at those levels where we are most vulnerable, wounded, and weak. GIM is a safe container for the depth work being discussed here. It is a way of accessing our deeper potentials for healing and growth which are often repressed or denied the opportunity for expression and release. Interestingly, Bill Wilson gave consideration to the ideas of imagery as a tool for healing and growth when saying this:

> There is nothing the matter with constructive imagination; all sound achievements rest upon it. After all, no man can build a house until he first envisions a plan for it. It helps to envision our spiritual objective before we try to move toward it (Alcoholics Anonymous, 1981, p. 100).

While most models of treatment do speak of the spiritual side of the recovery process, the principles of GIM that most closely align with this discussion come from the Transpersonal Psychology's understanding of the psyche. It is widely accepted within the transpersonal model that human development can transcend the standard ego-bound individualized identity that

many addicts are fighting against. Wilber (1997) proclaims that an individual's range of consciousness includes room for development well beyond personalized boundaries and can extend into the archetypal, mystical, numinous, spiritual, and collective realms. Bush (1995) suggests that a transpersonal experience can be profoundly transformative, integrative, and life enhancing.

Stage Two Recovery

As previously suggested, primary attention must be given to the physical needs in the addictive process. This often includes interventions that are medical in nature and that occur in a traditional treatment setting. However, once this aspect of the disease is appropriately managed, stage-two recovery needs begin to take on increased importance (Borling, 2017). Loosely defined as psycho-emotional and psycho-spiritual in nature, attention to stage-two recovery allows for the direct work with emotional issues critical to a sober life. Further, addressing the needs of stage-two recovery allows for the exploration and possible adoption of a value and ethic driven life for those with this disorder, a disorder that is currently identified primarily as a medical disease.

Stage-two recovery is a time when the individual senses an increased need for serenity, joy, and peace of mind; qualities that are beyond the bio-physical recovery that is often the focus. Borling (2011) emphasized the need to ease manifestations of distress (fear, anxiety, guilt, shame, sadness, anger, loneliness, regret, grief etc.) as central to the pursuit of stage-two recovery. Careful attention to the core meta-needs as stated by Maslow (1968) is central to the stability of one's sobriety. This stage of recovery is an opportunity to explore and support client values, ideals, and basic tenets by which one is living life. Corey (2004) discusses qualities that are unique and available to all humans. These qualities include open mindedness, freedom, creativity, meaning, purpose, and ego-transcendence. The psychological maturity that can result from careful attention to stage-two needs may lead to a newfound openness, creativity, and responsibility in one's life that are critical to sobriety. The real concern, then, when addressing stage-two recovery seems to be one of embracing social, emotional, and spiritual growth that will be life affirming, not life defeating.

Stage Two Recovery and Alcoholics Anonymous

While 12-step programs do not speak of stage-two recovery or any clinical matters per se, there is a strong indication within the literature that addressing stage-two issues is essential and is a fundamental aspect of the model. Again, Bill Wilson describes a necessary step in recovery that can lead to a "deep and effective spiritual experience" (Alcoholics Anonymous, 2001, p. 25), effectively revolutionizing one's whole attitude toward life. Within the 12-steps, principles like "surrender" (steps 1-3) and "honesty" (steps 4-7) are identified as assets that have less to do with the physical dependence on a substance and more to do with qualities of life. These qualities of life are consistent with Maslow's (1968) idea of "being values" or B-values. Further, the making of amends (steps 8-9) and the practice of prayer and meditation (steps 10-12) address the growth well beyond traditional treatment goals of changing actions, behaviors, and patterns. Levine (2014), supportive of this 12-step paradigm, feels that embracing recovery in this manner allows us "to inhabit the conditions of our present reality" (p. 22).

Maslow (1968), when discussing meta-motivation and spiritualty, identified a grouping of meta-needs that all humans possess. These needs include qualities like wholeness, justice, simplicity, and beauty; playfulness, truth, and autonomy, to name a few. It could be suggested that addiction, and all SUD's, may be a frustrated striving toward the satisfaction of these meta-needs, an urge so to speak. If these needs or urges are frustrated or unsatisfied, Maslow suggests

that meta-pathology may emerge in its place. A reconnection with the core drive or motivation toward these meta-needs may be central in combatting these meta-pathologies and to the recovery process and long-term sobriety overall. More simply stated, the ignoring of these basic human needs my lead to relapse, the return to the use of ones drug of choice.

May (1988) describes addiction as any compulsive, habitual behavior that limits the freedom of human desire. He goes on to say that this freedom of human desire in the context of recovery can be seen as a spiritual surrender. Said this way, he is implying that surrender will lead to a life of dignity and the overcoming of the addiction. Alcoholics Anonymous (2001), when discussing the manifestation of spiritual gifts of the 12-step program, identifies 12 Promises (see appendix B) that will slowly become evident in one's life. Consistent with this discussion of stage two recovery and spiritual growth are the following promises (2, 4, and 9):

2. we are going to know a new freedom and a new happiness
4. we will comprehend the word serenity and we will know peace
9. our whole attitude and outlook on life will change (p. 83-84).

Music reflects the complexities of our lives and may be the one tool that can honor this core drive that is innately part of the human journey. Paired with imagery and the natural desire of the psyche to move toward wholeness (Grof, 1988), GIM holds the potential to honor that natural desire within in a supportive and compassionate therapeutic model.

Core Principles of the Bonny Method of GIM

The most appropriate clients for work within the GIM model are those who are motivated for growth and change. This motivation will typically come from a level of self-awareness and desire for self-understanding that is part of the dynamic recovery process. The solutions to those challenges found in early recovery must come from within the client (Borling, 2011).

GIM is a modality that allows for access to these solutions as the client progresses towards recovery. Clients must be motivated to engage in the necessary work involved in recovery beyond abstinence. Through the use of music, imagery, and the innate desire for healing and growth, the client can experience an engaging yet supportive recovery process. The GIM therapist actively participates in this process by evoking emotional responses and dynamic material that may be otherwise hidden within the psyche in order to promote authentic emotional and spiritual growth (Bush, 1999).

Addressing Core Needs through GIM: Case Examples

In an attempt to demonstrate the differing levels of the recovery process, and how GIM may address these levels, the following case examples are presented. Each case is based on a client who came to do this work through one of the following venues:

a) referral from a traditional therapist in the community,
b) post-treatment aftercare, or
c) word of mouth within the local and regional recovery communities.

Through these case examples, it is shown that the GIM process creates a clinically rooted climate of compassion. As suggested by Rinpoche (1994), only in the presence of compassion can we be with the pain that is being shielded by the active addictive process. With support from the music, internally generated imagery, and the presence of the guide, GIM serves as this clinically compassionate and growth oriented intervention.

Christopher:

Christopher came to GIM as a referral from a community counselor. At the age of 29, and with no professional direction in his life, he was concerned that he would fall back into a life of both substance abuse and addiction to pornography. He successfully completed an inpatient treatment program and initially was very pleased with the outcome of his time in this traditional setting. He found himself, however, troubled by encounters with intimacy in his life. He described his current life as a struggle between intimacy and numbness; an absence of feeling but a strong desire to be present with the significant people in his life.

Through the course of GIM treatment, Christopher was able to identify old wounds that were directly related to his father and the way he was raised. He described a lack of mentorship and guidance as a child and young man. Further exploration of this concern revealed that he was fearful of entering adulthood and functioning as a mature male. Christopher came to GIM wanting to explore the 'why' of life. Through discussion and the goal setting process, we further settled on the following goals:

1. to connect with intimacy, both inter- and intra-personal
2. to explore his self-protective nature and the emotional wounds from the father, and
3. to embrace the mature masculine archetype as discussed by Moore and Gillette (1991).

Much of Christopher's work over the series of GIM sessions revolved around connecting with the woundedness from childhood. He often focused on the literal and emotional absence of his father as well as the passivity routinely displayed by his mother. He recognized through the music and imagery process that he much preferred the safety of being alone to any connection to people around him.

As Christopher deepened into the GIM work, he very purposefully started connecting with qualities of grace, honor, strength, and freedom. He was slowly uncovering these human qualities as he allowed himself to look closely at the wounding of his childhood. With an intention of exploring the "mature masculine" in a subsequent session, Christopher began to embrace these aforementioned qualities throughout his whole being. He stated "this feels like home", "I feel that I am stepping into the future". When encouraged to allow the music to support this process, he described two large hands that came from above in his imagery. He enthusiastically described these hands as being "the hands of God". He went on to share that he was simultaneously connecting with his own source of spirit and strength from deep within himself. While the universal qualities of love, peace, and beauty were energetically present, the archetypal image of a black stallion stepped forward, representing strength, fortitude, and clarity.

As Christopher's GIM series work began to approach termination, we were able to discuss his archetypal experiences as they related to the "mature masculine" and what he referred to as a "Blessing of the Father". He felt this blessing was rooted in a biographical past but also had a strong spiritual underpinning. Consistent with the constructs that addiction is the "ultimate condition of separation" and that true recovery is built on a "vital spiritual experience", Christopher appears to have entered stage two recovery by answering the internal call for both psycho-emotional and psycho-spiritual healing.

As a side note: since the time of this work with GIM, Christopher communicated to me that he remains clean and sober (5 years at the time of communication) and is now gainfully employed and married with two young children.

Mary:

Mary entered an Intensive Outpatient Program (IOP) for addictions at the recommendation of her primary care physician. Mary was struggling with alcohol and was having trouble in most areas of her life as a result. She was a devoutly religious woman, married with two children, and working as a paraprofessional in her community. She was facing several legal charges because of her drinking and she readily admitted to the strain that was emerging within her marriage. I first met Mary as a part of the treatment team for the IOP.

Mary successfully completed the IOP over several months and felt that she was back on track to a healthy and productive life. She regularly attended 12-step meetings and actively participated in the recommended recovery strategies found within that fellowship. Slowly, and with some concern, she began experiencing guilt, shame, and considerable emotional heaviness and distress. Even though she returned to her church family, she felt estranged and distant. She felt disconnected from her previous religious life. A close friend in the 12-step community suggested she consider working with GIM.

Uncertain about the GIM process initially, Mary cautiously began sessions with the hope of regaining a sense of herself and reconnecting with life in a meaningful way. As we talked and as she became familiar with the mechanics of the GIM process, it was clear that she was harboring considerable guilt and shame around her addiction. While the fellowship of a 12-step program provided her support and community, she was unable to access the deeply seated emotional distortions that held her in emotional distress. Working as a team, we began to explore her emotional states and those blocks to life as it once was.

Many of her preliminary sessions involved exploring and connecting with deeply held emotions. She would feel a numbness, she cried, she would feel anxiety and panic. She regularly would feel disoriented in her sessions often accompanied by a spinning and sense of being out of control. She felt her initial GIM sessions (roughly 5 in total) as a cleansing and releasing of what was held deep within. (I should note here that in a psycho-emotional sense this description parallels steps four and five of the twelve steps of AA).

It was not until after this cleansing that Mary began to have experiences of a Higher Power that she could relate to. Her imagery would often bring bible passages to her. She would be reminded of scripture that was particularly meaningful for her during this journey of addiction and recovery. She began to find a perspective on trauma from the early years of her life. She struggled with the hurt, anger, and impact of this early trauma.

With the intention of exploring forgiveness and the common AA slogan “Let go, Let God”, she had a full-body experience of the following quote from the book of Matthew in the Christian bible: “For if you forgive others their trespasses, your heavenly Father will also forgive you” (Matthew 6:14 English Standard Version). Mary wept. Her affective release came because not only did she have an authentic and vital spiritual experience, but she also knew, on a visceral level, that she had been forgiven and could return to the church.

The following sessions with Mary often revolved around integrating her work in GIM in a manner that was healthy and life preserving. She was a humble and modest person who was clear that her experience might not be for everyone, but for her it was an essential expression of a spiritual healing. Mary maintains a healthy family life, an active church life, and continues to attend 12-step meetings regularly.

Barbara:

A friend and therapist who was familiar with this method referred Barbara for GIM work. As a seasoned professional therapist herself, Barbara described her needs as deeply existential in nature. By her own description, she was struggling with the meaning of life, particularly as she felt that the trauma and abuse she experienced early in life would never be resolved. Her professional

life was strong but she mistrusted most encounters with others and held profound doubts about herself that were truly isolating. She was an active member of the local recovery community having gone through in-patient treatment for poly-substance abuse 3 years prior.

The core issue of childhood sexual trauma quickly emerged in her early GIM sessions. She experienced nausea, pain, rigidity, and dissociation. Little by little, childhood memories began to emerge. Our goals for these sessions were to simply "stay with" these experiences for whatever period of time felt right. Barbara would often reflect in post-session that common phrase heard in recovery circles simply did not apply here. Phrases like "let go, let God", "easy does it", or "one day at a time", had become offensive and shallow for her. Barbara knew that a deeper process was required to complement the work she was doing in her recovery community.

Two key images began to present during the series of sessions for Barbara. One was of an immovable stone deep in the belly of her body. She recognized that as the trauma implanted in her by her father. The other was of a spiritual guide or helper. This guide was consistent with the custom of a power animal found in shamanic traditions as well as the core wisdom that is suggested to be within each of us. She recognized this image as a source of hope and possible healing.

As Barbara was able to stay with the challenging and painful image of the stone, she was simultaneously giving life and movement to the inner guide or helper. During one particularly dynamic session working with the embedded stone she felt movement and energy begin to flow within her body. This movement and energy, manifesting as her inner guide, began to take on human characteristics that were recognizable to her. As I asked what she was with, she very quietly stated, "Carl is here!" A peace began to flow within as she settled into a sense of balance and rest.

In the post session discussion, we reflected on what had just occurred. She felt that she was just now beginning to understand what is meant in Promise 1 and 3 of the 12 Promises of AA:

1. We are going to know a new freedom and a new happiness
3. We will comprehend the word serenity and we will know peace (Alcoholics Anonymous, 2001, p. 83-84)

Here she was not just reciting literature that she was very familiar with, but she was integrating and embodying the message that this literature made available to her. As Bush (1995) so clearly suggests, a transpersonal experience can be profoundly integrative. Before leaving for the day, I asked her to clarify one thing. I said, "Who is Carl?" She grinned and laughed, "Oh that was Carl Jung!" Barbara is a solid student of Jungian principles and Carl has been back to visit several times since in her series of GIM sessions. Barbara recently married and maintains a very healthy and secure life of sobriety today.

Group Modifications of the Core GIM Principles

While the standard model of GIM is effective and appropriate for those fully committed to recovery, some modified uses of GIM can be an effective complement to the more standardized treatment approaches. The group modifications described below are meant to be implemented in a treatment setting. Appropriate and adequate training and understanding of GIM is critical to this group format as well.

Structured Imagery Work

Structured imagery work for addictions is a modification of the traditional GIM method and should be considered a more advanced approach to working with clients in early recovery. Principally, these experiences are designed to introduce the client to a more direct, non-analytic encounter

with one's inner process. The more traditional groups in a treatment setting may be psycho-educational, medical, or verbally grounded for insight and skill development. Working with GIM in groups does hold some core concepts of GIM and has the potential to access deep and dynamic material just as the individual work with GIM can. Fundamentally, the structured imagery approach when working with groups makes use of both scripted and non-scripted experiences. Primary goals of this group work include connection with emotional states and potential for growth, as well as creative problem solving. The group facilitator may choose to provide clients with a seed image; an image from which the particular experience may begin. Further, clients are encouraged to enter this experience with a direction or intention already in mind. If these variables are in place, the client is able to work with issues that are ready for access and that may lie just below the threshold of awareness. As Borling (2011) states, structured imagery work, used in a treatment setting group format, allows a client to experience the imagery process from a broader span of consciousness, beyond the traditional constraints and limitations of cognitive or linear thinking found in other groups and approaches to therapy. It also honors the natural inclination of the healing process to move forward without conscious resistance, thereby allowing the client to have an experience that is both personal and meaningful in the context of this structured work.

General ideas for group work in early recovery include but are not limited to the following:

Slogans: Often heard slogans in the context of recovery groups are easily dismissed if a personal experience or relationship with them is not developed. This personal connection often needs to occur beyond the cognitive level. This connection should embrace the more visceral and affective states of the client as well. Common slogans like "Let Go, Let God", "Easy Does It", "One Day at a Time", and many more are good seed images for a group imagery experience. The group facilitator simply encourages the client to call forward an image the can represent the chosen slogan. The image may be visual or experienced in some other manner. As the music begins, an exploration of personal meaning for that slogan can begin as well.

Inner Guides: A seed image of an inner guide or power animal may give rise to the healing resources, strength, or wisdom that lie within the client. These inner resources can often assist the client to connect in a more meaningful way to their own power to heal.

Starting Point: A doorway, path, bridge, or fork in the road, can all give direction to an inner experience with music and imagery. By using these images as the beginning point of a journey, the client can enter into their own imaginal understanding of the journey that lies before them, both metaphorically and literally.

It is recommended that gentle and supportive music be used for these experiences. The music should be able to sustain the process without taking a client too deeply into more dynamic material that is not appropriate for the group structure. It is important to note also that these imagery exercises will require some verbal processing after the experience.

By working with seed images and spontaneous imagery in this manner, the group members are provided the opportunity to actively participate in the healing process, albeit through a music and imagery experience most likely with eyes closed. Many group facilitators provide mandala materials for clients after the group music experience. This can help to ground a client and to provide an avenue for further expression. Analysis and interpretation of the mandala drawing is discouraged in the group setting, however, unless you have specific training in this mandala process. Even then, it is most appropriate in this format to allow the client to speak through the mandala if they wish without any external analysis or interpretation. Another option for clients post-music is to compose a simple paragraph that describes their experience.

The option to have the writing witnessed by the group should be provided by the therapist, but should remain optional.

The above suggestions are just that, suggestions. Let your creativity be the guide to how a GIM-informed group for those in early recovery may take shape. Fundamentally, the answers for each client are already within. Providing them space to explore through this method is just the beginning of a fascinating and exciting life ahead. As many people in recovery will attest, once the commitment to the journey is made you will be "amazed before you are halfway through!" (Alcoholics Anonymous, 2001, p. 84).

Final Note: I strongly recommend that any therapist working with this population find 12-step meetings in their local area and attend these meetings for the purpose of learning and professional growth. One need not be in active recovery to attend many of the meetings offered by these 12-step programs. Meetings considered 'open' are for anyone interested in learning more about the 12-step process; 'closed' meetings are for those directly dealing with an addiction.

References

Alcoholics Anonymous World Services, Inc. (1981). *Twelve steps and twelve traditions*. New York: Alcoholics Anonymous World Services, Inc.

Alcoholics Anonymous World Services, Inc. (1984). *Pass it on: Bill Wilson and the A.A. message.* New York: Alcoholics Anonymous World Services, Inc.

Alcoholics Anonymous World Services, Inc. (2001). *Alcoholics anonymous* (4th ed.). New York: Alcoholics: Anonymous World Services, Inc.

Alcoholics Anonymous World Services, Inc. (2013). *Preamble.* New York: Alcoholics Anonymous World Services, Inc.

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: American Psychiatric Association.

Bonny, H. (1978a). *Facilitating guided imagery and music sessions. Monograph #1*. Salina, KS: Bonny Foundation.

Booth, L. (1991). *When God becomes a drug: Breaking the chains of religious addiction and abuse*. Los Angeles, CA: J.P. Tarcher/Perigee.

Borling, J. (2011). Music therapy and addiction: Addressing essential components in the recovery process In A. Meadows (Ed.) *Developments in music therapy practice: Case studies perspectives.* Gilsum, NH: Barcelona Press.

Borling, J. (2012). Considerations in treatment planning for addictions in treatment protocol for music therapy process. In A. Gadberry (Ed). *Treatment Planning for Music Therapy Cases*. Denton, TX: Sarsen Press.

Borling, J. (2017). Stage two recovery for substance use disorders: Considerations and strategies for music therapists. *Music and Medicine: An Interdisciplinary Journal, 9* (1), 59-63.

Bush, C. (1999). *Healing imagery and music: Pathways to the inner self*. Portland, OR: Rudra Press.

Corey, G. (2004). *Theory and practice of group counseling*. Belmont, California: Brooks Cole.

Grof, S. (1988). *The adventure of self-discovery: Dimensions of consciousness and new perspectives in psychotherapy and inner exploration.* Albany, NY: State University of New York.

Keen, S. (1992). *Fire in the belly.* New York, NY: Bantam Books.

Levine, N. (2014). *Refuge recovery*. New York, NY: HarperCollins Publishers.

Maslow, A. (1970). *Religions, values, and peak experiences*. New York, NY: Arkana.

Maslow, A. (1968). *Toward a psychology of being.* Princeton, NJ: Van Nostrand.

May, G. (1988). *Addiction and grace: Love and spirituality in the healing of addictions.* New York:

HarperSanFrancisco.
Moore, R, and Gillette, D. (1991). *King, warrior, magician, lover: Rediscovering the archetypes of the mature masculine*. New York, NY: Harper Collins.
Mueller, L. A. & Ketcham, K. (1987). *Recovering: How to get and stay sober*. New York, NY: Bantam Books.
Recovery Today Online (2018, February 2). Spiritus contra spiritum: Spirit against the ravages of spirits. http://www.recoverytoday.net/articles/434-spiritus-contra-spiritum-spirit-against-the-ravages-of-spirits
Rinpoche, S. (1994). *The Tibetan Book of Living and Dying*. New York, NY: HarperCollins.
Small, J. (1991). *Awakening in time.* New York: Bantam.
Sparks, T. (1993). *The wide open door: The twelve steps, spiritual tradition, and the new psychology.* Santa Cruz, CA: Hanford Mead Publications.
Stahl S. (2000). *Essential psychopharmacology: Neuroscientific basis and practical applications (Essential Psychopharmacology Series)* 2nd ed. New York, NY: Cambridge University Press.
Talbot, J. (2007). *Loaded: Women and addiction*. Emeryville, CA: Seal Press.
Tessina, T. (1993). *The real thirteenth step: Discovering confidence, self-reliance, and autonomy beyond the 12-step programs.* Wayne, NJ: Career Press.
Wilber, K. (1986). The spectrum of development. In K. Wilber, J. Engler, and D. P. Brown (eds.). *Transformations of consciousness*. (pp. 65-105). Boston, MA: Shambala.
Wilber, K. (1997). *The eye of spirit: An integral vision for a world gone slightly mad*. Boston, MA: Shambala.
Wolf, F. (1996). *The spiritual universe: How quantum physics proves the existence of the soul*. New York, NY: Simon and Schuster.

Appendix A

TWELVE STEPS
OF
ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over alcohol, that our lives had become unmanageable.

2. Came to believe that a power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our live over to the care of God, as we understood him.

4. Made a searching and fearless inventory of ourselves.

5. Admitted to God, ourselves, and another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove these defects of character.

7. Humbly asked Him to remove our shortcomings.

8. Made a list of all persons we had harmed and became willing to make amends to them all.

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry it out.

12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

Appendix B
TWELVE PROMISES
OF
ALCOHOLICS ANONYMOUS

If we are painstaking about this phase of our development, we will be amazed before we are halfway through.

1. We are going to know a new freedom and a new happiness.

2. We will not regret the past nor wish to shut the door on it.

3. We will comprehend the word serenity.

4. We will know peace.

5. No matter how far down the scale we have gone, we will see how our experience can benefit others.

6. That feeling of uselessness and self-pity will disappear.

7. We will lose interest in selfish things and gain interest in our fellows.

8. Self-seeking will slip away.

9. Our whole attitude and outlook on life will change.

10. Fear of people and of economic insecurity will leave us.

11. We will intuitively know how to handle situations which used to baffle us.

12. We will suddenly realize that God is doing for us what we could not do for ourselves.

Are these extravagant promises? We think not. They are being fulfilled among us-sometimes quickly, sometimes slowly. They will always materialize if we work for them.