Logic-Based Therapy Applied to Existential Issues in Substance Use Disorder Treatment

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Abstract: In this essay I argue that an adequate understanding of addiction and its recovery should be informed by an existential understanding of human nature. I provide a brief overview of an existential perspective/foundation of addiction and recovery, which will contextualize the remainder of the essay. I then present a case study of how the six-step philosophical practice method of Logic-Based Therapy can assist with issues that often arise in addiction treatment framed through an existential perspective.

> Addiction, whatever its form, has always been a desperate search, on a false and hopeless path, for the fulfilment of human freedom.
>
> – Medard Boss (1983, p. 283)

All theories of addiction, whether implicitly or explicitly expressed, have ontological and epistemological foundational suppositions (Richardson, 2005; Slife, 2005).[12] These foundational suppositions significantly influence the trajectory of the advancement of the construct of addiction and the nature of its interventions (Richardson 2005). Yet, in addictionology, these initial suppositions are frequently not noticed or just uncritically accepted (Ribes-Inesta, 2003; Du Plessis 2014a; 2014b). Hill (2010), conducted a study to explore the ontological foundation of the major categories of etiological models of addiction and found that most of these models "shared unity at the ontological level" (p. 5). His assessment of these wide categories of addiction shows that positivist or abstractionist ontology is dominant. Slife and Richardson (2008) explained abstractionism as a manner of viewing the world that recognises or regards all

ontological reality as independent and isolated. From the abstractionist perspective, addiction is perceived as 'consistent regardless of the context in which the individual is found' (Hill 2010: 16). The same holds true for integrative or compound models like the biopsychosocial model.[3]

Existential psychiatrist Medard Boss (1983) pointed out that an abstractionist perspective has its limitations in explaining the human realm and is only sovereign in the nonhuman realm (natural sciences). He is of the opinion that those that apply an abstractionist foundation to studying the human or social sciences "largely overlook how radically the nature of their object of study – human reality – differs from the make-up of every other realm known to us" (Boss, 1983, p. xxix). He believed that in Freud's metapsychology and most other theories of human existence, there is inevitably an abstraction and tapering from our lived engagement in-the-world; in other words, human being-in-the-world reduced to lower orders of ontic complexity.[4] Boss (1983) suggested that in addition to a natural scientific perspective we also need an existential foundation to truly understand what it means to be human and what psychopathology is.

Similarly, in this essay I argue (and as I have done elsewhere, see Du Plessis, 2016, 2018) that an adequate understanding of addiction and recovery should be informed by an existential understanding of human nature, otherwise we remain prone to reducing our being-in-the-world to its constitute parts and consequently, will likely miss the big picture.[5] I will provide a brief overview of an existential perspective/foundation of addiction and recovery, which will contextualize the essay.[6] In the remainder of the essay, and what will be the main focus, I will then present a case study of how Logic-Based Therapy, a philosophical counselling method, can assist with existential issues that often arise in addiction treatment.[7]

An Existential Perspective of Addiction and its Recovery

The term *existential perspective or foundation* can be misleading if not adequately defined. For the purpose of this essay, an existential perspective refers to the insights of existential philosophy, existential phenomenology, existential psychology, and existential therapy.

Existential philosophy is often associated with philosophers such as Soren Kierkegaard, Friedrich Nietzsche, Martin Heidegger, and Jean-Paul Sartre. These philosophers dealt with the troubled relationship between man and existence. Kierkegaard (1849/1954) examined his own

existence through his existential anxiety, and he found this "angst" has a more potent and drastic reality than any concept. Nietzsche (1883/1954) tried to free man from religious and metaphysical consolations by proclaiming, "God is dead." Heidegger (1927/1962) revolutionized Western ontology by characterizing man as "being-in-the-world" (Dasein), thus, destroying the noted Cartesian aphorism, "I think, therefore I am." Sartre (1943/1971) declared that humans are radically free. Sartre found life to be defined by nothingness, but he believed that man could derive subjective meaning through ownership of one's choices and that man needs a personally meaningful project in order to live.

Existential phenomenology is a form of philosophy that emerged primarily from the combination of existential philosophy and phenomenology. Existentialists and phenomenologists placed special emphasis on man's relational openness with his surroundings (the other). Husserl (1901/1973) said that our thoughts have intentionality, in other words they always refer to something, and are related to objects. It is this openness for the other, in the thought of both existential and phenomenological thinkers, that gave rise to a natural merger between these two schools of thought.

> The central idea of existential philosophy is the concept "existence," which indicates that our being is essentially and always openness to the other. A central idea of phenomenology is that of "intentionality," by which is meant that our consciousness is always consciousness-of-something, i.e., it is interwoven with the other. Precisely because these fundamental ideas are common to existentialism and phenomenology, these two streams of thought have been able to merge into a single stream as existential phenomenology. (Kwant, 1965, p. 23)

Existential psychology developed at a time when behaviorism and the application of the natural scientific method to psychology and psychotherapy was dominant (May, 1953). The existential psychology approach can be understood as a reaction against this scientific reductionism or abstractionism (applying natural scientific methods) when trying to understand and describe the human and social sciences.

> Yalom (1980) notes that the scientific tradition has focused too intently on breaking down a complex organism into its parts. These parts, even when combined do not explain the whole. Such research is often found to be inapplicable and inappropriate in explaining

> the meaning of what the individual is dealing with as it does not focus on the entire subjective experience, rather, on singular aspects of psychic structure (Temple and Gall, 2016, p. 4)

Existential therapy began to emerge in the 20th century with the work of such thinkers as Ludwig Binswanger, Otto Rank, Medard Boss, Viktor Frankl, Rollo May, Karl Jaspers, and Irvin Yalom (Cooper, 2003).[8] For example, Frankl (1953) drew from his experience in a concentration camp during World War II in formalizing his logotherapy approach, which centres on man's search for meaning. Holding meaninglessness as the central sickness of the modern world, Frankl's logotherapy approach centered on man's will to meaning. May (1953) translated key concepts of existential psychology into psychotherapeutic practice, which helped transition the philosophy from Europe to North America. Yalom (1980), who wrote an essential text on existential psychotherapy, cantered his existential approach on the four ultimate concerns of clients (death, freedom, existential isolation, and meaninglessness).[9]

Existential givens: A central issue in addiction treatment and recovery is how an individual deal with the existential anxiety that arises when confronting ultimate concerns or existential givens. Moreover, addictive behavior can also be understood as a dysfunctional way of dealing with the anxiety induced by a confrontation of existential givens. It is imperative that an individual in recovery finds healthy ways to confront the givens of existence.

There are certain aspects of life that are within our capacity to control and manipulate, but there are also aspects that are given and cannot be avoided; we are "thrown" into these circumstances (Heidegger, 1927/1962). For Yalom (1980), the most significant givens of existence are the unavoidable freedom to choose the way we live our lives, the unavoidability of death, our social isolation, and the meaninglessness of life. For Yalom, the confrontation with these existential givens may evoke anxiety that we often try to circumvent or suppress. What distinguishes existential anxiety from neurotic anxiety, is that all people share the former, it is ontological in nature (Cooper, 2003).

In addiction, the existential anxiety generated with a confrontation with these four existential givens is even further magnified. In active addiction, the threat of death is ever present, and many addicts have friends that have died as a result of addiction. Addiction isolates the individual in a pursuit that is ultimately meaningless where the capacity to choose is inhibited

by the powerlessness over the substance and/or behavior. The experience of meaninglessness has been shown to develop into depression and substance abuse (Moore & Goldner-Vukov, 2009).

In the next section of the article I will discuss how the existential anxiety generated by a confrontation of certain of these existential givens, particularly that of freedom (and its limitations) can be dealt with using a method of psychological counselling.

Overview of Logic-Based Therapy

Logic-Based Therapy (LBT) is a form of a philosophical counselling method[10] developed by Elliot Cohen. He states that, "The keynote of the theory is that counselees disturb themselves emotionally and behaviorally by deducing self-defeating, unrealistic conclusions from irrational premises in their practical reasoning. LBT accordingly provides the critical thinking tools for constructing counselees' faulty reasoning; identifying and refuting its irrational premises; and constructing philosophically enlightened antidotes to these premises, guided by a corresponding set of "transcendent virtues…" (Cohen, 2013, p. ix).

Simply put, LBT assists a counselee in improving psychological flexibility and resilience. Psychological flexibility refers to an individual's ability to the extent to which a person can cope with changes in circumstances and think about problems and tasks in novel, creative ways. Psychological resilience is defined as an individual's ability to successfully adapt to life tasks in the face of social disadvantage or other highly adverse conditions.

Apart from the LBT counsellor/consulting helping counselees refute fallacious thinking the counselee is taught metacognitive skills that improves metacognition. Metacognition can be understood as an individual's ability to critically analyse how they think, having relatively high self-awareness and control over their thoughts and developing appropriate thinking strategies at daily living. "LBT accordingly provides the critical thinking tools for constructing counselees' faulty reasoning; identifying and refuting its irrational premises; and constructing philosophically enlightened antidotes to these premises, guided by a corresponding set of "transcendent virtues"… (Cohen, 2013, p. ix).

It is important to note that LBT should not be understood as a psychological approach, because these approaches "look for causal explanations for mental processes whereas LBT examines logical arguments for their soundness…It is thus a humanities discipline whereas psychological approaches are social science approaches. Broadly speaking, the humanities are

interested in epistemic justification, that is, the justification of knowledge and value claims. The social sciences seek to find the causal laws that determine mental processes" (Cohen, 2016, xxii).

The methodology of LBT is defined in six steps: (1) Identify the emotional reasoning; (2) check for fallacies in the premises; (3) refute any fallacy; (4) identify the guiding virtue for each fallacy; (5) find an uplifting philosophy that promotes the guiding virtue; and (6) apply the philosophy by implementing a plan of action for the client. According to Cohen (2016) these "six steps provide a rational framework for confronting problems of living" (xix).

LBT presents a transdiagnostic metaphysics in the sense that is based on the premise that fallacious thinking is a common factor underlying many emotional and behavioral problems. Transdiagnostic interventions can be seen as those that apply the same underlying treatment principles across mental disorders, without tailoring the protocol to specific diagnoses. Emerging literature on transdiagnostic processes has illustrated the benefits of honing in on common psychological processes that underlie clinical syndromes rather than focusing on discrete diagnostic entities (McEvoy, Nathan, & Norton, 2009).

For example, case formulation is an approach to assessment and treatment that allows clinicians to choose from available psychological theories and empirically supported treatments when attempting to understand patients' problems and individualizing treatment to resolve them. Knowing which variables may be responsible for patients' problems is a crucial aspect of clinical assessment and a necessary step toward developing effective treatments to resolve those problems. But existing case formulation models offer limited guidance on how to identify specific mechanisms that are believed to underlie presenting problems, and how to select from the ever-increasing treatment options to best target those mechanisms (McEvoy, Nathan, & Norton, 2009). Without a sound orientating framework this can result in syncretism, where therapists haphazardly pick techniques without any overall rationale and this consequently, results in syncretistic confusion (Corey, 2005). Consequently, the value of an effective and theoretically sound transdiagnostic intervention cannot be overstated.

A recent publication by Ho and Nakamura (2017) could potentially support the transdiagnostic applications of LBT. In their paper they present an affect-object generative inference and regulation (AGIR) model, and propose that functional dynamics between two systems, the affect-object thought generation system and the cognitive control system, can guide an individual to achieve homeostasis within self and harmonious relationships with others. Their

hypothesis is that a "hallmark of mind-body wellbeing can be characterized as a low-frequency anti-correlation between 1) the cognitive control system including the dorsal anterior/middle cingulate cortex, and 2) the affect-object thought generation system including the ventromedial prefrontal cortex and posterior cingulate cortex" (Ho and Nakamura, 2017, p. 137). They propose that the existence of unrealistic "self-centered embodied expectations of self and others" (p. 17) significantly impair mind-body well-being. In LBT parlance these "self-centered expectations" are referred to as the unrealistic "shoulds" and "musts" which underlie many of the cardinal fallacies that propagates unproductive thinking, emotions and behavior.

Because LBT is informed by rational emotive behaviour therapy (REBT) and cognitive behaviour therapy principles it applies similar methodologies as many of the 'third wave behaviour therapies' like acceptance and commitment therapy (Hayes, 2005), dialectical behavior therapy (Linehan, 1993), and mindfulness-based interventions.[11] Although LBT shares a similarity to many of these third wave behavior therapies, there are significant epistemological and methodological differences. For example, in mindfulness-based interventions the focus is teaching patients to adopt a 'decentered' perspective of their thoughts as 'mental events'. Instead, in LBT the focus is to teach clients how to adopt a metacognitive perceptive of the psycho-logical mechanisms that cause dysfunctional behaviour and what further makes this method uniquely distinctive is the application of guiding virtues and philosophical antidotes. Instead of merely identifying fallacies and refuting faulty thinking it provides a powerful counterpoint to these points of view.

In the context of addiction recovery, these guiding virtues and philosophical antidotes of LBT could also serve an underlying psychodynamic purpose for recovering addicts. Most addicts suffer from various degrees of pathological narcissism, which can be understood as the regression/fixation to the stage of the archaic, nuclear self. The narcissistically regressed/fixated individual often has a need for omnipotent control, a characteristic of the grandiose self. In active addiction, such power is sought through fusion with an omnipotent self-object (drug of choice) and manifests as impulsivity (Kohut, 1975). Once in recovery, this need for control will initially manifest as the obsessive-compulsive personality traits of ritual and rigidity. Without some clear recovery structure (and guiding virtues and philosophical antidotes can be part of this recovery structure) and the absence of the previously idealized self-object (drug/s of choice), the narcissistically regressed individual will be subject to massive anxiety, stemming from fear of fragmentation of self and empty

depression, which reflects the scantiness of psychic structure and good internal objects. The internalization of guiding virtues (which share many similarities to the 'spiritual principles' in 12 Step programs) can help satisfy the need for ritual and rigidity in a healthy way and once this recovery structure is internalized, it will help build much needed psychic structure (Du Plessis, 2018). I will discuss this in more depth later in the essay.

Cohen (n.d.) points out that although LBT has a clearly outlined and sequential methodology and that it is not rigid and dogmatic and requires a fair degree of meta-philosophical creativity on the part of the LBT counsellor/consultant. He states that

> The philosophical theories LBT utilizes are sundry and diverse…Which of these theories are put into practice is largely a function of what is congenial for the counselee, that is what resonates with his own intellectual lights. So, within broad limits of rationality (as defined by LBT's list of fallacies) and of what is likely to work for individual counselees, LBT avoids proselytizing for particular philosophical views (p. 3).

It is refreshing to note the emphasis LBT places on willpower, which in itself can be seen as a guiding virtue and philosophical antidote to the deterministic bias that prevails in psychotherapeutic models, the social determinism that underlies studies in the human and social sciences, and the victimhood mentality that is so pervasive in contemporary culture (Du Plessis, in press). Cohen (2016) states that LBT

> maintains that people have the capacity to exercise willpower in order to make constructive changes in their lives…This includes, within limits, the ability to overcome tendencies to overreact behaviorally and emotionally to external events; as well as the ability to suspend, or change primary emotional responses to situations that may be creating problems for clients (for example, traumatic events) (p. 176).

A Logic-Based Therapy Case Study

In the following section of the essay I will present a brief description of an LBT session conducted with a client whom I was counselling for a substance use disorder.[12] My client, Alwin (not his real name), is a 48 year-old lawyer. After an initial assessment, it became clear he

suffered from a cocaine use disorder (APA, 2013). One of Alwin's main obstacles to recovery is his struggle in admitting that he cannot adequately control his cocaine use. As somebody that is seemingly, as he states "in control of all areas of my life" and is a successful professional, the idea of being out of control in certain areas of his life fills him with dread and anxiety; and furthermore this prospect of being out of control is a threat to his self-esteem and view of himself as a successful human being. What complicates the issue further is that he is abstinent for significant periods of time where he feels in control, but as soon as he starts using, his drug use spirals out of control rapidly.[13]

Step One: Identify the emotional reasoning

The first step of LBT can generally be described as Socratic and phenomenological (Cohen, 2016). It is Socratic in the sense that it is a dialogue consisting of open-ended questions, and phenomenological in the sense that it focusses on the experiences and interpretations of the counselee. Cohen (n.d.) describes this step as one "in which the counselor attempts to get inside and resonate with the counselee's subjective world so that she is better able to help the counselee bring the relevant data to the fore…[it] gives the counselee an opportunity to describe, phenomenologically, how he is feeling" (p. 4).

This first step consists of two sub-steps: (1) finding the elements of the counselee's emotional reasoning; and (2) constructing the practical syllogism comprising the counselee's emotional reasoning.

Finding the elements of the counselee's emotional reasoning. Cohen (2016) identifies emotional reasoning as, an emotion (E) that defined by its rating (R) and its intentional object (O), thus obtaining the following formula: E = (O + R). The notion of an intentional object is related to the idea of intentionality of Husserl (1901/1973) which proposes that our consciousness or awareness is directional, it is always conscious of an object, where it is personal like our emotions or bodily sensations or others or objects in the world.

During my dialogues with Alwin, his intentional object began to emerge. It became clear that he has trouble accepting the limitations of his control over his use of cocaine. He firmly believes that he should be in control of his using and cannot accept that he is out of control. For him lack of control creates a sense of shame, and he operates under the assumption that he should be in control at all times. For him lack of control in his life equates failure. There are

several more aspects to his reasoning, but for the sake of simplicity I will only focus on this one aspect of his emotional reasoning. Alwin expressed that, “If I cannot control my drug use it means I am a failure. Only losers cannot control themselves”. The emotions that I identified during the conversation with Alwin were anxiety, shame and fear.

Emotional and behavioural reasoning is unique to human beings (as far as we know). Heidegger (1945) uses the expression Dasein to refer to the experience of being that is peculiar to human beings. Heidegger's account of Dasein includes an analysis of the structure of "care" as such. Care is the *a priori* transcendental condition for, and thus shows up pre-ontologically in, the everyday phenomenon of mood. According to Heidegger's analysis, I am always in some mood or other. Heidegger argues that moods are not inner subjective colorings laid over an objectively given world. These “moods” are often determined by our emotional and behavioural reasoning. It could be said that “moods” influenced by fallacious emotional and behavioural reasoning contributes to what Heidegger calls “fallen-ness” where we exist inauthentically by uncritically accepting our view of ourselves, others and the world.

Constructing the practical syllogism comprising the counselee’s emotional reasoning. According to LBT, the arguments that underlie our emotions and behaviors are what Aristotle refers to as *practical syllogisms*, which possesses the standard form of the syllogism, i.e., major premise (rule), minor premise (report), and conclusion; and the conclusion is a practical outcome (an emotion and/or behaviour).

In constructing the syllogism underlying Alwin’s emotional reasoning I will apply the form of a deductive inference (*modus ponens*), which can be stated in terms of the intentional object (O) and rating (R) of the emotion:

(Rule) If O then R

(Report) O

(Conclusion) Therefore R

In Alwin’s case the intentional object is what he is fearful and anxious about (not being able to control his drug use). The rating is how the intentional object is evaluated by Alwin (being a failure). Thus:

(Rule 1) If I am not in control of my life then I’m a failure.

(Report) If I am not in control of my drug, then I am not in control of all areas of my life.

(Conclusion) If I am not in control of my drug, then I’m a failure.

It is often the case that the rule premises of emotional reasoning are deduced from other higher-order rules. Based the above syllogism of Alwin's emotional reasoning I helped him to reveal a more general syllogism, namely, a demand to be in control of all areas of his life:

(Rule-2) I ***must*** be in control of (all areas of) my life.

(Rule 1) If I am not in control of my life then I'm a failure.

(Report) If I am not in control of my drug, then I am not in control of all areas of my life.

(Conclusion) If I am not in control of my drug, then I'm a failure.

Once I was satisfied that I have exposed the higher order premises underpinning Alwin's emotional reasoning, I moved on to the next step of identifying irrational premises.

Step Two: Check for fallacies in the premises

In this step, the counselor identifies the fallacies in the counselee's premises. The cardinal fallacies I identified from my dialogue with Alwin are *demanding perfection* and *damnation (damnation of self).*

Alwin's fallacies of demanding perfection and damnation of self are exemplified by his perceived *need* to be in control, hence the distress caused by his "lack of control" over his cocaine use. The fallacy of demanding perfection can often lead to what Friedrich Nietzsche referred to as *ressentiment*. Men of *ressentiment* are, says Nietzsche, "cellar rats full of revenge and hatred" and conceals "a whole, vibrating realm of subterranean revenge" (in Leiter, 2002, p 203). Brian Leiter (2002) describes the psychological state of *ressentiment* as one produced by "a state of affairs that is both unpleasant to the affected person and one which he is powerless to alter through physical action." (p. 202). In Leiter's definition we see here how perceived loss of control is related to *ressentiment*. Nietzsche's dealt with the notion of *ressentiment* is his book *The Genealogy of Morality* and his book can be considered therapeutic (see step 6) as it discusses this issue and points out how to combat it (Danto, 1994; Goldie, 2000).

Step Three: Refute any fallacy

For this step I applied a Socratic approach to helpAlwin see why his premises are irrational. I helped him to see how control is a central construct in addictive dynamics, and how it is unrealistic to have a perfectionistic demand for control.

I explained that Ulman and Paul (2006), in their book *The Self Psychology of Addiction and its Treatment: Narcissus in Wonderland,* indicate how at the core of addiction dynamics, there is a narcissistic fantasy of having an unrealistic sense of control of oneself, others and things/events in the world:

> In the case of addiction, such a narcissistic fantasy centers on a narcissistic illusion of a megalomaniacal being that possesses magical control over psychoactive agents (things and activities). These latter entities allow for the artificial alteration of the subjective reality of one's sense of one's self and one's personal world. Under the influence of these intoxicating fantasies, an addict imagines being like a sorcerer or wizard who controls a magic wand capable of manipulating the forces of nature—and particularly the forces of human nature. Eventually, a person becomes a captive of these addictive fantasies and then becomes an addict, lost in a wonderland. (p. 6)

In helping Alwin to refute his fallacies of demanding perfection and damnation of self I discussed the notion of basic existential needs. I explained to him that there are various aspects of our being-in-the-world in which we are not in control, and this is not to be understood as negative or something to be ashamed about – but rather as something which makes us human. When basic existential needs are understood as ontological (see Max-Neef, 1991; Glasser, 1965) we note that we cannot control the existence of these needs and our desire or drives to have them met. We have to accept these as ontic and an existential given and find ways to satisfy these needs. Moreover, I will explain to Alwin that his powerlessness over his addiction can be reframed as a natural process from an existential needs perspective. Simply put, when addictive behaviour is seen as an attempt to satisfy basic existential needs then the behaviour is not understood as one of 'powerlessness' but rather a misguided or misaligned method of having these needs met, and the "craving" of having these needs met are ontological, and not pathological. Consequently, the issue is not control per se, but rather choosing the appropriate method or delivery system of stratifying these needs. Therefore, being out of control from this perspective is not a bad thing, but rather an intimate part of what defines us as human beings.

Basic Existential Needs. Chilean economist, Alfred Max-Neef (1991), who developed the theory of human scale development, stated that:

> Fundamental human needs [basic existential needs] are finite, few and classifiable and are the same in all cultures and in all historical periods. What changes, both over time and through cultures, is the way or the means by which the needs are satisfied…. It must be added that each need can be satisfied at different levels and with different intensities. Furthermore, needs are satisfied within three contexts: (a) with regard to oneself (Eigenwelt); (b) with regard to the social group (Mitwelt); and (c) with regard to the environment (Umwelt). The quality and intensity, not only of the levels but also of contexts, will depend on time, place and circumstances. (p. 18)

According to Max-Neef, (1991) any "fundamental human need not adequately satisfied generates a pathology" (p. 22). In Max-Neef's (1991) model, satisfiers refers to the method of having a basic existential need met (satisfying the need), and various groups of satisfiers are proposed. Five types of satisfiers are suggested: violators or destroyers, pseudo-satisfiers, inhibiting satisfiers, singular satisfiers, and synergic satisfiers.

Violators or destroyers are paradoxical in nature because when they are applied to satisfy a need, "not only do they annihilate the possibility of its satisfaction over time, but they also impair the adequate satisfaction of other needs" (Max-Neef, 1991, p. 31). Pseudo-satisfiers "generate a false sense of satisfaction of a given need. Although not endowed with the aggressiveness of violators or destroyers, they may on occasion annul, in the not too long term, the possibility of satisfying the need they were originally aimed at fulfilling" (Max-Neef, 1991, p. 31). Inhibiting satisfiers tend to over-satisfy a given need, consequently, limiting the possibility of other needs being satisfied. Singular satisfiers tend to satisfy one specific need. They are neutral in relation to the satisfaction of other needs. Synergic satisfiers satisfy a given need and "simultaneously stimulating and contributing to the fulfillment of other needs" (Max-Neef, 1991, p. 34).

From the above description, it should be clear that Alwin's addictive behaviour can be understood as violators or destroyers, and pseudo-satisfiers. Addictive behavior is always directed at satisfying a need, but what differentiates addictive behavior (violators or destroyers) from other methods (or other satisfiers) of having needs met is that it paradoxically destroys the

individual's capacity to meet the need(s) it is attempting to satisfy, as well as the capacity to meet other needs. As an addictive lifestyle progresses, the individual's capacity to have most of his or her needs met is diminished, until there is a near total reliance on the substance or behavior to meet most basic existential needs. Consequently, a recovery program and lifestyle can be framed as a process of replacing destroyers/violators with synergistic and singular satisfiers.

Step Four: Identify the Guiding Virtue for each fallacy

Even though a counselee on an intellectual level is able to see the fallacies in his emotional reasoning this does not mean that he may still not be prone to acting out the deeply ingrained irrational arguments. At this stage of the process the value of identifying a guiding virtue for each fallacy is to provide a counterpoint to achieve sustainable change in emotional reasoning and behaviour. LBT provides a guiding virtue for each of the cardinal fallacies that are designed to counteract it.

Cohen (n.d.) states that these "virtues are aspirational in character and therefore not duties that set down the barebones of requirement. They are rational "oughts" rather than "musts"; they challenge counselees to strive toward realization of what is excellent in human reality. They are ideals, however, and never fully actualizable. They are long-term, life aspirations, wherein there can be both progress and backsliding" (p. 11).

For *demanding perfection* the corresponding guiding virtue is *metaphysical security*, which is the ability to accept imperfections in reality and for *damnation of self* it is *self-respect*. In the case of Alwin, this meant that he needed to stop trying to control things that are beyond his control and instead focus on what he can actually control, and need not lose his self-respect as a consequence.

In the next section I will discuss how the application of guiding virtues can act as a guard against psychic fragmentation and ideological possession.

Guiding virtues as guard against fragmentation/psychic annihilation. In certain cases cognitive dissonance may be so great when fallacious thinking is refuted that it can threaten the stability of the self and could in extreme cases lead to fragmentation and annihilation of the self. Consequently, the value of replacing faulty beliefs with guiding virtues.

Kohut (1977) suggests that psychodynamic conflict is used itself as a defense against the a deeper and more unspeakable dread - that of disintegration - the breakup of the self. He refers to

the cohesion of the experiencing and acting self as 'precarious'. Thus, the fundamental danger is of fragmentation. The self-object transferences, of mirroring, idealising and twinship, tend to be invisible until they are disrupted. In Kohut's thinking, the selfobject functions provide the bulwark against fragmentation. The infant organizes its self around its selfobjects. This organisation provides order, affect regulation (Schore 1994), and emotional meaning - or (to put this in other language) facilitates 'mentalization' (Fonagy et al 2002). Whilst the original selfobjects are the organizing functions provided by the child's caregivers, we also in later life tend to form organisations with a wide variety of linguistic, cultural, image-based and behavioral selfobjects. Simply put we begin in a state of fragmentation and require an external source of organisation. Even secure attachment is built on a substrate of the fragmented self, since it is, for any human baby, only the ministrations of the mother that hold back the threat of bio-psychological disintegration.

In some of Kohut's (1977) writings he implied the possibility that the threat of fragmentation (when deeply held beliefs are challenged) may be ever-present as a potential - even in relatively healthy personalities. Kohut implied that even when a cohesive self has been established, the threat of fragmentation may remain, ever ready to invade the self when adverse psychological circumstances are encountered. Furthermore, Kohut indicated that fragmentation anxiety may emerge at crucial moments of psychic change, when an existing maladaptive selfobject organisation is about to be given up. Pathological structures or patterns of object-relating and systems of beliefs may be clung to because change may threaten fragmentation of the self. Psychic change is feared because it brings the threat of fragmentation. Thus, internal working models of relationships, as well as systems of belief may be tenaciously retained because these structure the person's experience.

It is the background of the perceived threat of annihilation that guiding virtues can help counselees slowly change maladaptive beliefs for more adaptive beliefs without significant threat to the stability of the self.

Another issue that the incorporation of guiding virtues would be useful is a prophylactic against dogmatic thinking or ideological possession.

Guiding virtues as a prophylactic against ideological possession. I propose that ideologies are psychoactive and potentially addictive. I suggest that ‘ideology addiction’ can be understood as a type of ideological possession and zealotry, with deleterious consequences for

the individual and society. An individual in the grips of an ideology addiction exhibits psychological and behavioral patterns common to all addicted populations (It must be noted that I am not proposing that all individuals that adhere to an ideological systems is 'ideologically possessed', but instead am referring to an extreme position of ideological belief).

From a psychodynamic perspective, ideology addiction can be understood as the result of a narcissistic disturbance of self experience and deficits in self capabilities. Simply put, from a psychodynamic perspective ideology addiction can be understood as a pathological relationship to an ideology that provides a misguided solution to narcissistic injury and shame. Consequently, the activism of an ideology addict is fundamentally a narcissistic project. A misguided attempt at self repair and satisfaction of archaic narcissistic needs, and seldom motivated by the ideals of the ideology. From a self psychology perspective, narcissistic injury can lead to porous or scant psychic structure that is in constant threat of psychic fragmentation or annihilation. The individual with narcissistic injury often seeks self-objects that provide psychic scaffolding (Kohut, 1977). Ideology can be understood as self-object that provides much needed psychic structure for such individuals, and transports them in a transmogrified fantasy world. The individual who is ideologically possessed is a "narcissist in wonderland" under the influence of "intoxicating fantasies" (Ulman & Paul, 2000) that presents a danger to him or herself and society.

In the context of the extreme political ideologies I will argue that there is a narcissistic transference at play as a causal factor in determining an individual's choice of extreme political positions. As mentioned previously the psychological state of *ressentiment* is closely related to feelings of powerlessness and the need to be in control. I will argue that ideology addiction is an attempt to create a sense of control over a fragmented or unstable inner world. For example although extreme 'left' ideologies like communism and extreme 'right' ideologies like fascism present themselves conceptually as two opposing ideological positions, from a psychological perspective I will argue that the logical and conceptual content of these ideological positions are superfluous, as the psychological dynamics that motivates both its adherents are similar. At the roots lies a form or archaic narcissism that leads to the mode-of-being of *ressentiment* and a yearning for a future utopia, and what distinguishes the extreme left from the extreme right is the type of narcissistic transference each applies to sooth their unstable inner worlds.

There are many typological perspectives that can be applied in the context of addiction. One example is that of feminine and masculine types. “When we speak of ‘masculine’ and ‘feminine’ we are not necessarily speaking of biological ‘male’ or ‘female’. Rather we are referring to a spectrum of attitudes, behaviors, cognitive styles, and emotional energies” (Dupuy & Morelli, 2007, p. 37). Psychoactive substances can be classified according to a masculine or feminine typology. Depressants or downers such as tranquilizers, and heroin can be classified as ‘feminine psychoactive substances’. And stimulants or uppers such as cocaine and methamphetamine can be classified as ‘masculine psychoactive substances’ (Du Plessis, 2010, 2012a). I will argue that extreme left and right ideologies can also be classified according to a similar typological continuum. For example on the one side of the continuum we have extreme left-wing ideology of communism and on the other side we have extreme right-wing ideology of fascism. Although they represent two extreme poles on the political spectrum, there are more similarities than differences. As Sir Rodger Scruton (2016) states in his brilliant book *Fools, Frauds and Firebrands* “the public ideology of communism is one of equality and emancipation, while that of fascism emphasizes distinction and triumph. But the two systems resemble each other in all other aspects...” I will classify extreme left ideologies like communist as a ‘pathological feminine ideology’ of “equality and emancipation” and extreme right ideologies like fascism as a ‘pathological masculine ideology’ of “distinction and triumph”. Like Scruton (2016) I will argue that there is a “deep structural similarity between communism and fascism, both as theory and as practice” and to think otherwise “is to betray the most superficial understanding of modern history…Communism, like fascism, involved the attempt to create a mass popular movement and a state bound together under the rule of a single party, in which there will be total cohesion around a common goal…Both aimed to achieve a new kind of social order, unmediated by institutions, displaying an immediate and fraternal cohesiveness (p. 200 – 201).

To elucidate a typology perspective of substance use disorders and ideology addiction I will apply the bioself-psychological typology of addiction of Ulman and Paul (2006). Kohut, (as cited in Ulman and Paul, 2006) stated: “The self should be conceptualized as a lifelong arc linking two polar sets of experiences: on one side, a pole of ambitions related to the original grandiosity [feminine] as it was affirmed by the mirroring self-object, more often the mother; on

the other side, a pole of idealizations [masculine], the person's realized goals, which, particularly in the boy though not always, are laid down from the original relationship to the self-object that is represented by the father and his greatness" (p. 30). In Ulman and Paul's bioself-psychological typology, addiction is understood as a psychological end result of developmental arrest in the bipolarity of the formation of the self. Biological psychiatrists, in their conception of bipolar spectrum disorder, devote considerable attention to depression and mania as they manifest in this disorder. These mood disorders correlate with disorders of the bipolar self as understood by Kohut. He stated, "In general, a disturbance in the pole of grandiosity [feminine] may find expression in either an empty, depleted depression or, in contrast, in over-expansive and over-exuberant mania or hypomania; whereas a disturbance in the pole of omnipotence [masculine] may appear in either depressive disillusionment and disappointment in the idealized or, in contrast, in manic (or hypomanic) delusions of superhuman physical and/or mental powers. We maintain that an individual maybe subject to specific outcomes resulting from a disturbance in either or both of these poles of the self" (in Ulman & Paul, pp. 395–396). Owing to the specific accompanying mood disorder of each of the possible disturbances of the poles of the self, individuals will be attracted to certain psychoactive substances and ideologies, which can be understood as an attempt at rectifying a specific deficit in self and coping style (Ulman & Paul, 2006). Therefore, by using the masculine and feminine typology, we can see how the psychopharmacological properties of certain classes of psychoactive substances and the psychoactive effect of ideologies correlate with masculine and feminine typologies (i.e., depressant psychoactive substances and extreme left ideologies of "equality and emancipation" with the feminine, and stimulant psychoactive substances and extreme right ideologies of "distinction and triumph" with the masculine), and how Kohut's (1977) poles of the self can also be classified within a masculine and feminine typology (pole of grandiosity/feminine and pole of omnipotence/masculine).We can, therefore, see how certain masculine/feminine psychoactive substances and masculine/feminine ideologies act as a structural prosthesis in an attempt to rectify dysfunctional masculine and/or feminine poles of the self and coping styles.

In the context of the essay Scruton states that the "[m]ost important is the way in which ideology of the kind I discuss insulates itself against criticism, regards non-believers as a threat, and refuses to examine evidence coming from outside the closed circle of gratifying ideas" (personal communication, 5 August 2018). I would ascribe that "burying one's head in the sand"

phenomenon (so typical of the ideologically possessed) as a protective mechanism against 'narcissistic mortification'. For this type of narcissistically disturbed individual the ideology serves the dynamic function of a 'psychic prosthesis' for a feeble and unstable self, and therefore a threat to the coherence of the ideology is experienced as an direct attack on the self, and conjures up powerful archaic fears of psychic fragmentation and annihilation. Therefore, to maintain psychic homeostasis the ideologically possessed individual must do everything in his power to refute these "attacks of reality" and eliminate the threat (often violently), or face a profoundly disturbing and frightening emotional experience (which perhaps could help explain the bizarre and elaborate mental gymnastics performed by many radical leftist "intellectuals" in their defence of Communist dictators like Lenin, Stalin, Mao even after they were clearly exposed as brutal mass murderers).

Simply put, the application of guiding virtues, as well as the analysis of faulty thinking, is surely a powerful prophylactic against extreme ideologic positions which by default will be based on fallacious premises. And with the current political polarisation that is gripping the US, and indeed also in much of the rest of the world, it seems to be a much needed.

Step Five: Find a Philosophy for the Guiding Virtue

Once guiding virtues have been identified it points the way for choosing philosophical perspectives which can provide antidotes to the fallacious beliefs, as well as a vehicle for promoting these guiding virtues. Cohen (n.d.) states that the "appropriateness of a given philosophy for a counselee will depend, in part, on whether it is *congenial*, that is, consistent with other beliefs in the counselee's belief system. A congenial philosophy needs to align with the guiding virtue that is keyed to and counteracts a given fallacy" (p. 11).

As a philosophical perspective for both the guiding virtues of *metaphysical security and self-respect*, I selected aspects of 12 Step philosophy and existential philosophy that can provide an antidote to *demanding perfection* and *damnation of self*.

The existential given of freedom (and its limitations). The concepts of freedom and powerlessness are frequently used in addiction treatment and recovery groups. Freedom is mostly considered a positive state to strive for, and powerlessness as something to be avoided. Yet it is not that simple. Temple and Gall (2016) said that:

> In the existential sense, freedom means to be distinct from external structures however, this leads to being engrossed by dread (Yalom, 1980) or angst (Langdridge, 2013). Human beings desire structure and experience a sense of being ungrounded when confronted with freedom. (p. 9)

May (1981) believed that freedom can enhance our lives or it can cause one to escape and regress from the "dread" or "angst" that it may bring forth. This perspective emphasizes the unique experiences and needs of each individual, and the responsibility each of us has for our choices and what we make of our lives. South African philosopher and statesman Jan Smuts' theory of Holism—in its application to the human personality—is aligned with an existential view of freedom.[14] The striving toward freedom is an essential and central component of Smuts' view of human nature (Du Plessis & Weathers, 2015). Smuts (1926) asserts that:

> To be a free personality represents the highest achievement of which any human being is capable. The Whole is free, and to realize wholeness or freedom (they are correlative expressions) in the smaller world of individual life represents not only the highest of which the individual is capable, but expresses also what is at once the deepest and highest in the universal movement of Holism. (p. 321)

Addiction can be understood as a lifestyle that severely constricts freedom, whereas a recovery lifestyle allows for a fuller expression of freedom and wholeness in our being-in-the-world (Boss, 1983). Even though a person might have a condition that limits their free will in relation to their addiction, known as powerlessness in recovery circles, it does not make them powerless over the choices they make, but they have to get the right support and to follow practices that will prevent them from regressing into this powerless condition. A person has the free will to make choices that support either a recovery lifestyle or an addictive lifestyle.

While existential philosophy and psychology applauds the notion of freedom, it also acknowledges limitations of our freedom. The notion of existential limitations has significance in the context of addiction and recovery. From one perspective, addiction can be understood as an attempt to bypass certain of our inherent limitations. While in active addiction, an individual tries to control the uncontrollable, in an attempt to avoid and medicate natural human experiences of pain, disappointment, boredom, and so forth. Ironically, this attempt at control ends up with a person being more out of control; enslaved by the medium which they use to try and control what ultimately cannot be controlled. Flores (1997) pointed out that, "Powerlessness over

alcohol and the acceptance of one's limitation in relation to alcohol serves as a prototype for the alcoholic facing and accepting other limitations of the human condition" (p. 273).

Kurtz (1982) is of the opinion that AA works because it shares and addresses many features found in existential philosophy. As mentioned previously, a prominent theme in existential philosophy is the realization that, as humans, we exist within limitations. Being confronted by our limitations "engenders the dread, fear, and trembling of Kierkegaard, the angst of Heidegger, the *angoisse* of Sartre, and the abyss of Burber" (Flores, 1997, p. 274). By admitting their powerlessness over alcohol in Step One, they recognize and admit this fundamental limitation.

Apart from the acceptance of this limitation, AA requires alcoholics to share this limitation with other alcoholics. "The invitation to make such a connection with others and the awareness of the necessity of doing so arise from the alcoholic's very acceptance of limitation" (Kurtz, 1982, p. 53). Although AA suggests the acknowledgment of limitation, it does not abdicate the alcoholic of responsibility.

The existential given of suffering. A common theme in existential philosophy and 12 Step philosophy is the problem of suffering. AA recognizes suffering as an innate aspect of existence, with potential positive influence on our lives. In the context of AA, suffering is given meaning because it creates impetus in the alcoholic to question his or her existence and to be open for change. Viktor Frankl (1953) believed that when we can place our suffering within some meaningful context, we are not defeated by it, but are helped to transcend it. Similarly, in AA members share "the kinship of suffering" and recovery depends on the mutual sharing of suffering. AA teaches the alcoholic that to be fully human is to need others, and provides alcoholics with a universally shared explanation for their suffering.

From a Buddhist perspective, suffering or *dukkha* is caused by our unwillingness to accept the world as it is and our insistence on trying to make it fit our expected ideas or fantasies. Addiction is, in essence, a refusal to accept things as they are and an attempt to avoid the reality of necessary suffering. An important aspect of recovery is realizing the inevitability of suffering and learning how to cope with it in a healthy way. Happiness is earned only through hard work—not through instant gratification. Flores (1997) summed up this existential predicament of the alcoholic:

> Many existential writers believe that in such a confrontation between the realistic acceptance of the world as it is and the self-centered demands for unlimited

> gratification, reason would prevail and the individual would choose more realistically between the alternatives—continued unhappy struggles with old patterns of expectations or authentic existence with expanded freedom of choice and responsible expression of drives and wishes. With Socrates, we argue to 'know thyself.' In this fashion, AA members are taught to believe that the authentic existence advocated by the AA program holds the key to self-examination, self-knowledge, emancipation, cure, and eventual salvation. (p. 280)

Step Six: Apply the philosophy

In the previous stages the counselee developed the philosophical and conceptual foundation to make positive changes in their behavioural and emotional responses. However, there still very likely a cognitive dissonance present between the counselee's new rational way of thinking and ingrained irrational beliefs. Cohen (1) explains that step six of LBT consist of a further three sub-steps: (1) identifying the counselee's behavioural reasoning, (2) building a plan of action, and (3) implementing the plan of action.

Identifying the Counselee's Behavioral Reasoning. Cohen (n.d.) explains that in this sub-step "the behavioral implications of the counselee's irrational beliefs need to be carefully unpacked and a behavioral plan of action based on the counselee's new antidotal wisdom needs to be created. In other words, there needs to be *behavioral* as well as cognitive changes" (p. 16). In unpacking Alwin's behavioral reasoning and I helped him to see what he is deducing in the way of prescribed actions from his conclusion. This behavioral reasoning takes the form of a behavioral prescription (P) deduced from the justification (J) and a behavioral rule (If J then P):

If J then P

J

So, P, Thus:

(Behavioral Rule) When I cannot control something, I must regain control.

(Justification) I am out of control

(Behavioral Prescription) So I should try harder and regain control.

Building a Plan of Action. As part of step six a plan of action will be agreed upon that is based on the philosophies that were chosen in the fifth step. That is, an opposing set of behavioural rules can be deduced from the philosophy.

In the above interchange I helped Alwin to draw out the implications of 12 Step and existential philosophy in building a plan of action. In short, I helped Alwin to construct behavioral reasoning using 12 Step and existential philosophy as major premises:

(Behavioral Rule) If you feel out of control, then decide if you can or not control this specific area of your life.

(Justification) You feel out of control.

(Behavioral Prescription) So, you when you can't control a specific situation you can accept that it is out of your control

And:

(Behavioral Rule) If you prefer to be in control then you should not base your self-esteem on whether you are in control or not.

(Justification) You prefer to be in control.

(Behavioral Prescription) So, you should acknowledge this is just a preference and not demand that you are in control.

Implementing the Plan of Action. This state of cognitive dissonance between the first two rational syllogisms and the third irrational one can be resolved by building and exercising willpower. It is important to note the ontological emphasis that LBT places on willpower. While the Sarteian notion of radical freedom is obviously outdated and naïve, it is equally naïve to adopt a radical deterministic position. LBT acknowledges the notion of irrational psychodynamic forces and behavioural patterns, as well as socio-political influences on behaviour, the fact that we have personal agency means that to an significant extent we can change our emotional and intellectual worlds and thereby have control over our behaviour. It would be useful to briefly discuss the implications of a deterministic view in the context of addiction to point out the value of willpower as part of a treatment strategy.

Willpower as antidote to deterministic bias in understanding addiction. Socially deterministic approaches to addiction has increasingly gained traction. I would ascribe this phenomenon to the rising influence of social justice perspectives in the human and social sciences. This view or rather ideology holds a radically deterministic view of addiction (and human nature), based on the premise that social pathologies are addiction's 'root cause'. The pitfall here is when social factors, which of course contribute to patterns of drug use, are considered determinate.[15]

Social justice proponents often operate with over-simplified dichotomies of power and status, such as 'oppressor/privileged' and 'oppressed/non-privileged' (Peterson 2018), and present a socially deterministic framework where drug abuse has been identified as a symptom of various types of inequalities (Peralta and Jauk, 2011). It introduces a new moralism by suggesting that problematic drug use might be a 'rational' response to (in some cases generalized) social victimhood. Social justice proponents epistemologically prioritize 'social inequality' in which the individual drug user is the hapless victim of an unfair, deficient or exploitative world. But, as Mugford & OMally (1991), state, 'such a [socially] deficit model must be considered against the fact that the fastest growth in drug use arose [in many parts of the world] in the affluent 60s and 70s…It was the privileged in search of pleasure, not the underprivileged in search of escape who provided the impetus for the development of large-scale cocaine trade (p. 24)'. They go on to say that social inequality and pathology 'is associated with certain kinds of psychotropic drug use in the present period, but it is neither a necessary nor sufficient condition for such use' (p. 24). The truth is that addiction and drug use is a 'great equalizer' and cut across all boundaries and identities of class, gender, sexuality, race, culture and religion (Amodeo & Jones 1997).

Nobody would deny that there are socio-economic factors that influence an individual's behaviour. But when we adopt a deterministic view of human existence we risk conceptualizing individuals as being without agency or without the resilience to overcome obstacles, and thus do injustice to human nature and the individuals we purport to help. A socially deterministic view of addiction implies that individuals have little or no free-will, are psychologically homogenous, and are at the mercy of their environment. Most crucially, by adopting a socially determined view the consequent solutions will be equally socially determined and at odds with many of our basic human rights. A socially deterministic view of recovery or harm reduction has obvious appeal to governments and pharmaceutical corporations. Personal responsibility and agency has no market value, but a victim can be sold many 'external solutions' to his/her 'problem', whether through social engineering or pharmaceutical interventions.

Behavioural recommendations. As part of Alwin's LBT behavioural protocol I suggested bibliotherapy. I recommended two books for Alwin: (1) *On The Genealogy of Morality* by Friedrich Nietzsche (1998) *and (2) Spirituality of Imperfection* by Ernest Kurtz.

These readings can assist Alwin in reinforcing his behavioural prescription developed earlier in this step.

I also suggested Alwin continues working his 12 Step program with his sponsor as many of the attitudinal practices (applying its spiritual principles) shares similarities with the guiding virtues discussed so far.

Conclusion

For the practical assignment of the Primary Certificate Training I had to self-reflect on the process and how I would perform a similar LBT session differently in the future. Considering I am a neophyte in LBT the process felt a bit mechanical and I had to remind myself continuesly to follow the protocol. It must be noted that Cohen (2013, 2016) states that the process should not be dogmatic, and there is clearly a reason and pragmatic value in following the steps sequentially. I think that I also explained too much of the process to my client, probably in an attempt to keep myself on track. It is unnecessary for the client to understand the process completely in early stages of counselling, and it would make the process more fluid if I explained less. Another issue is that I placed too much emphasis on is the names of philosophers and technical details. Knowing the name of the philosopher and the technicalities of the philosophy is not as important as knowing the guiding virtue or nature of the philosophical antitdote or attitude. In short, I found the session an enriching experience.

References

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

Bhaskar R (1997) *A Realist Theory of Science. 2nd edition* London: Verso

Bhaskar R (1998) *The Possibility of Naturalism: A Philosophical Critique of the Contemporary Human Sciences*. 3rd edition Critical Realism Interventions Series. London: Routledge

Boss M (1983) *The existential foundations of medicine and psychology.* New York: Jason Aronson

Cohen, Elliot D. 2007. *The New Rational Therapy: Thinking Your Way to Serenity, Success, and Happiness.* Lanham, MD: Rowman & Littlefield.

Cohen, Elliot D. 2003. *What Would Aristotle Do? Self-Control Through the Power of Reason*. New York: Prometheus Books.

Cohen E. D. (n.d.) Primary Training Workshop In Logic-Based Therapy (LBT). Institute of Critical Thinking

Cooper, M. (2003). Existential therapies. London, England: Sage.

Corey (2005) *Theory & Practice of Counseling & Psychotherapy, 7th Edition.* Brooks Cole.

Danto, AC. (1994). *Some Remarks on The Genealogy of Morals* in Nietzsche, Genealogy, Morality: Essays on The Genealogy of Morals, ed. Richard Schact (University of California Press)

DiClemente CC (2003) *Addiction and change: How addictions develop and addicted people recover.* New York: Guilford Press

Du Plessis GP (2010) The integrated recovery model for addiction treatment and recovery. *Journal of Integral Theory and Practice*, *5*(3), 68-87.

Du Plessis GP (2012a) Integrated recovery therapy: Toward an integrally informed individual psychotherapy for addicted populations. *Journal of Integral Theory and Practice*, *7*(1), 124-148

Du Plessis GP (2012b) Toward an integral model of addiction: By means of integral methodological pluralism as a metatheoretical and integrative conceptual framework. *Journal of Integral Theory and Practice*, *7*(3), 1-24

Du Plessis G P (2013) *The Import of Integral Pluralism in Striving Towards an Integral Metatheory of Addiction*. Paper presented at the Third Biennial Integral Theory Conference, CA: San Francisco, 20 July 2013.

Du Plessis GP (2014a) *Towards an Integral Metatheory of Addiction.* Master Dissertation. University of South Africa.

Du Plessis GP (2014b) An Integral Ontology of Addiction: A multiple object existing as a continuum of ontological complexity. *Journal of Integral Theory and Practice*, 9(1), 38–54.

Du Plessis G P (2015) *An Integral Guide to Recovery: Twelve Steps and Beyond*. Integral Publishers: AZ, Tuscan.

Du Plessis GP (2018) *An Integral Foundation of Addiction and its Treatment: Beyond the Biopsychosocial Model*. Integral Publishers: AZ, Tuscan.

Esbjörn-Hargens S (2010) An Ontology of Climate Change: Integral Pluralism and the Enactment of Multiple Objects. *Journal of Integral Theory and Practice*, 4 (1), 143 – 174

Fields R (1998) *Drugs in perspective.* Boston: McGraw-Hill

Flores PJ (1997) *Group psychotherapy with addicted populations.* Binghamton, NY: The Haworth Press

Frankl, V. (1953). Man's search for meaning. Boston, MA: Beacon.

Glasser, W. (1965). *Reality therapy. A new approach to psychiatry.* New York: Harper & Row.

Goldie, P (2000). *Emotions.* Oxford University Press.

Gordis E (2000) From genes to geography: The cutting edge alcohol research. *Alcohol Alert, 48*. Rockville MD: National Institute of Alcohol and Drug Abuse

Griffiths MD (2005) A components model of addiction within a biopsychosocial framework. *Journal of Substance Use, 10*, 191-197

Hacking I (1999) *The social construction of what?* Harvard: Harvard University Press

Harre R, & Moghaddam F M (2012) *Psychology for the third millennium: Integrating cultural and neuroscience perspectives* (New York edition) SAGE Publications

Heidegger M (1927/1962) *Being and Time*. Trans. John Macquarrie and Edward Robinson. New York: Harper

Hill WB (2010) *An ontological analysis of mainstream addiction theories: Exploring relational alternatives.* Retrieved April, 2017, from http://search.proquest.com//docview/305185322

Ho, S.S. and Nakamura, Y. (2017) Healing Dysfunctional Identity: Bridging Mind-Body Intervention to Brain Systems. *Journal of Behavioral and Brain Science, 7,* 137-164.

Husserl, E. (1901/1973). Logical Investigations. Trans. J. N. Findlay, London:Routledge.

Kierkegaard, S. (1954). The sickness unto death. New York, NY: Doubleday. (Original work published 1849)

Leiter, Brian. 2002. *Nietzsche on Morality* (Routledge Philosophy Guidebooks)

Leshner AI (1997) Addiction Is a Brain Disease, and It Matters, *Science* 3 October 1997: Vol. 278. no. 5335, pp. 45 - 47

Levant RF (2004) 21st Century psychology: Toward a biopsychosocial model. *The Family Psychologist*, Summer, 29-30

McEvoy, P. M.; Nathan, P, Norton, J. Journal of Cognitive Psychotherapy Volume 23, Number 1, 2009, pp. 20-33(14)

May, R. (1953). Man's search for himself. New York, NY: Dell.

Miller WR & Rollnick S (2002) *Motivational interviewing: Preparing people to change.* New York: Guilford Press

Miller WR (2006) Motivational factors in addictive behaviors. In W.R. Miller & K. M. Carroll (Eds), *Rethinking substance abuse: What the science shows, and what we should do about it* (pp. 134-152). New York: Guilford Press

Nietzsche, F. (1954). Thus spake Zarathustra. In W. Kaufman (Ed. & Trans.), The portable Nietzsche (pp. 103–439). New York, NY: Viking. (Original work published 1883)

Nietzsche, F (1998). *On The Genealogy of Morality*, translated by Maudemarie Clark and Alan J. Swenson (Hackett Publishing Company)

Ribes-Inesta E (2003) Concepts and theories: Relation to scientific categories. In K.A. Lattel & P.N. Chase (Eds.), *Behavior theory and philosophy*, (pp.147-166). New York: Kluwer Academic/Plenum

Richardson FC (2002) Current dilemmas, hermeneutics, and power. *Journal of Theoretical and Philosophical Psychology. 22,* 114-132

Richardson FC (2005) Psychotherapy and modern dilemmas. In B.D. Slife, F.C. Richardson & J.S. Reber (Eds), *Critical thinking about psychology: Hidden assumptions and plausible alternatives.* Washington, D.C.: American Psychological Association.

Sartre, J. (1971). Being and nothingness. NewYork, NY: Bantam. (Original

work published 1943)

Shaffer HJ (1986) Conceptual crisis and the addictions: A philosophy of science perspective. *Journal of Substance Abuse Treatment, 3*, 285-296

Shaffer HJ, LaPlante DA, LaBrie RA, Kidman RC, Donato AN & Stanton MV (2004) Toward a syndrome model of addiction: Multiple expressions, common etiology. *Harvard Review of Psychiatry, 12,* 367-364

Slife BD & Richardson FC (2008) *Problematic ontological underpinnings of positive psychology: A strong relational alternative*. Brigham Young University, Provo, UT. University of Texas, Austin, TX

Slife BD (2005) Taking practice seriously: Toward a relational ontology. *Journal of Theoretical and Philosophical Psychology, 24,* 157-178

Smuts JC (1926). *Holism and evolution.* London: MacMillan

Temple, M., & Gall, T. L. (2016). Working through existential anxiety toward authenticity: A spiritual journey of meaning making. Journal of Humanistic Psychology, š1-26. doi:10.1177/0022167816629968

Travis T (2009) *The Language of the Heart: A Cultural History of the Recovery Movement from Alcoholics Anonymous to Oprah Winfrey*. Chapel Hill: University of North Carolina Press

Ulman RB & Paul, H (2006) *The self psychology of addiction and its treatment: Narcissus in wonderland.* New York: Routledge

Volkow, N.D., Fowler, J.S. & Wang, G.J. (2002). Role of dopamine in drug reinforcement and addiction in humans: results from imaging studies. *Behavioral pharmacology, 13,* 355-366.

Wallace J (1993) Modern disease models of alcoholism and other chemical dependencies: The new biopsychosocial models. *Drugs and Society, 8,* 69-87

Wilber K (1995) *Sex, ecology and spirituality: The spirit of evolution.* Boston, MA: Shambhala

Wilber K (2006) *Integral spirituality: A startling new role for religion in the modern and postmodern world.* Boston, MA: Integral Books

Winkelman M (2001) Alternative and traditional medicine approaches for substance abuse programs: a shamanic perspective. *International Journal of Drug Policy, 12*, 337-351

Yalom, I. (1980). Existential psychotherapy. New York, NY: Basic Books.

Zoja L (1989) *Drugs, addiction and initiation: The modern search for ritual*. Boston, MA: Sigo

[1] Questions of an ontological and epistemological nature usually relate to what is known as a person's Weltanschauung or worldview (Slife 2005).

[2] In this essay the term addiction and substance use disorders will be used interchangeably. Although the term addiction refers to a broader category of behaviour, this essay will limit its discussion to substances use disorders as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (American Psychiatric Association, 2013).

[3] Even though the biopsychosocial model (Griffiths 2005; Levant 2004), acknowledges multiple factors in addiction it 'does not automatically eliminate [its] fundamentally abstractionists' assumptions [abstractionist use of de-contextualism, reductionism, and determinism]' (Hill 2010, p. 107), and consequently it "has not explained how the integration of biological, psychological, sociological and behavioural components occur' (DiClimente 2003, p. 18)

[4] Boss's approach of *Daseinsanalysis*, could be described as an ontic articulation of existential philosopher Martin Heidegger's (1962/1927) ontology of Being.

[5] I have previously proposed that it is important to situate an existential perspective within a larger metatheoretical framework otherwise it many result in the same reductionism it attempts to critique. I proposed such an integrative metaparadigmatic heuristic, through the application of a critical or pragmatic realism (Harre & Moghaddam 2012; Bhaskar 1997; 1998) and integral pluralism (Wilber 1995; 2006), could help to address the conceptual challenges in addiction theory and treatment. In short, this heuristic points out that various explanatory views 'co-arise' depending on methodology (methodological pluralism) which 'enacts' a particular reality of addiction (ontological pluralism and complexity), while being mediated by the worldview of the subject applying the method (epistemological pluralism) (see Du Plessis 2012; 2013; 2014a; 2014b 2018). This is not to be confused with a social constructionist position or epistemic relativism.

[6] This section of the article as well as some other sections are derived from my book *An Integral Foundation for Addiction: Beyond the Biopsychosocial Model* (Du Plessis, 2018).

[7] It is beyond the scope of this essay to provide a comprehensive discussion of an existential perspective of addiction and recovery, and I will only focus on some features that are relevant to the discussion presented in this essay. Please note that these are my interpretations of an existential approach to addiction and recovery; other scholars may have significantly different interpretations.

[8] For an excellent introduction to existential psychotherapy see Hans Cohn's (1997) *Existential Thought and Therapeutic Practice: An Introduction to Existential Psychotherapy*. London, England: Sage.

[9] Temple and Gall (2016) described the current status of existential therapy by stating that it can be "thought of in four different approaches or schools from which various training programs have emerged" (p. 4). (1) Daseinsanalysis (Boss, 1983) which is largely influenced by Heidegger's writings; (2) logotherapy which was developed by Viktor Frankl (1992) and aims to help clients discover the meaning and purpose in their lives (Cooper,

2003); (3) the British school of existential psychotherapy and is based largely on the writings of R. D. Laing and pioneered primarily by Emmy van Deurzen (Cooper, 2003); and (4) the "American approach" and which includes the existential–humanistic approach established by Rollo May, who acted as mentor to James Bugental, Irving Yalom, and Kirk Schneider" (Temple and Gall, 2016, p. 4).

[10] LBT can also be understood as a type of integrative metatheory of individual and human functioning. A metatheory can simply be understood as referring to a type of super-theory built from overarching constructs that organize and subsume more local, discipline-specific theories and concepts. Edwards (2008a) wrote, "The 'data' of metatheory is not found within this empirical layer of sense-making but within the 'unit-theories' themselves (i.e., the individual theories that are the focus of study for metatheorists)" (p. 65).
[11] Mindfulness-based intervention (MBI) is a general term for mind–body interventions that focus on the power of "mental training" in regulating mental and physical health conditions (Begley, 2007). The category of MBI includes Mindfulness-Based Stress Reduction (MBSR) (Kabat-Zinn, 1991) and Mindfulness-Based Cognitive Therapy (MBCT) (Teasdale et al., 2002; Teasdale et al., 2000).
[12] At the time of the session I was completing a Primary Certificate Training in LBT, and a case study was needed as part of my training. I explained to my client that I was not proficient in LBT and that it was part of my training and that the session would be offered free of charge.

[13] The issue of lack of control as a defining issue of addiction is a contentious issue in debates of addiction, as well as in the field of philosophy of action. In this essay I do not wish to enter into debates of determinism and free will, or whether loss of control is indeed a central feature of addictive disorders (APA, 2013).
[14] Although the concept of holism has been implied by many thinkers, the term *holism*, as academic terminology, was first introduced and appeared publicly in print, by General Jan Smuts (1926) in his book *Holism and Evolution*. He writes that: "Holism (from ολος = whole) is the term here coined for this fundamental factor operative towards the creation of wholes in the universe" (p. 86). It must be noted that the concept of holism as introduced and applied by Smuts is not the same as the word "holism" as it is generally applied in many disciplines. Smuts used the word in a metaphysical context, not as a broad principle as it is often used today. Smuts (1926) defined holism as "the ultimate synthetic, ordering, organising, regulative activity in the universe which accounts for all the structural groupings and syntheses in it, from the atom and the physic-chemical structures, through the cell and organisms, through Mind in animals, to Personality in man" (p. 326).
[15] Due to he pervasive influence of social It is not only in the field of addiction treatment and harm reduction that there is a push to politicize mental health debate and interventions but also in the field of psychology (see the Federal Action Network of the American Psychological Association 2014) 'where some have argued that the field's ethical commitments to social justice requires psychologists to expand their professional activities to political domain' (Allen & Dodd 2018: 42). It is hard to find the words to adequately describe the farcicality of the proposition that psychologists are ethically required 'to expand their professional activities to political domain' (Allen & Dodd 2018: 42). It is obviously absurd and unethical to force psychologists to participate in debate in an arena (political science and political philosophy) in which they have received no exposure as part of their training. This can be seen as type of logical fallacy, called appeal to authority, where for some reason a psychologist's view on politics carries more weight than let's say that of a plumber. I consider it equally unethical and deplorable for a psychologist or any mental health professional to impose their political or religious ideology onto their clients, which is exactly what the 'social justice counselling' orientation promotes (See Vera & Speights 2003; Allen & Dodd 2018).