Exploring Language Construction and the Meaning of “Success” in Addiction Recovery Settings

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UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

EXPLORING LANGUAGE CONSTRUCTION AND THE MEANING OF “SUCCESS” IN ADDICTION RECOVERY SETTINGS

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Arts

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This Thesis by: Ashleigh Pulling

Entitled: Exploring Language Construction and the Meaning of “Success” in Addiction Recovery Settings

has been approved as meeting the requirements for the Degree of Master of Arts in College of Humanities and Social Sciences in Department of Sociology, Program of Sociology

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ABSTRACT


The number of drug overdose deaths has spiked in recent years, currently at a rate where 142 Americans die from opioid overdose every day (Goodnough 2017). This public health crisis has been framed as an epidemic, and this collective understanding may shape the way individuals and communities experience this tragedy. Few studies, however, have examined how the term success is defined in addiction recovery settings. To investigate language regarding what successful addiction recovery means, this research examined framing strategies in two recovery models, cognitive behavior therapy and shamanic therapeutic mechanisms, and connected them to the practices being employed by practitioners of each method. Further, my study gathered data and analyzed results by comparing and contrasting key terms used in a content analysis and 10 in-depth interviews with practitioners. Results are discussed in light of medicinal practices used and provide a theoretical angle that emphasizes conceptualization and constructionism within systems of beliefs and values (Snow 2008) while focusing specifically on words and terms used in the settings. The language use constructing individuals’ experiences resulted in a greater understanding of the addiction recovery methods helps bridge the gaps between the models and uncovers overarching similarities used in addiction treatment. Through analysis of the various findings, the reader can gain a better understanding of why
language in addiction recovery settings matter and ultimately aid in addiction recovery success. Future research should look at whether both models achieve equal success rates and if so, why they are being treated differently by the professional community.

The framing processes show us the setting in which one seeks recovery may influence the way terms around success are constructed and an individual’s internal belief system about what successful recovery means.

*Keywords:* language, addiction, recovery, success, therapy
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CHAPTER I
INTRODUCTION

Every day more than 142 Americans die from opioid overdose (Goodnough 2017), and the World Health Organization stated that more than 15.3 million people have substance use disorders (Abutaleb 2017). The number of drug overdose deaths has spiked in recent years and the nation’s life expectancy is falling (Nachtweg 2018). In the United States, opioid use disorder has become a public health crisis with death rates for prescription opioids having quadrupled from 1999 to 2010 (Jones, Mack, and Paulozzi 2013; Rudd, Alesheir, Zibbell, and Gladden, 2016). Addiction is a health issue impacting communities in America, and examining language used in addiction recovery settings will further the understanding of how the language used can frame the way individuals can successfully recover from addiction.

The increasing death rates show that how we talk about the addiction epidemic matters. Appropriate use of language in the field of addiction is important, and as Broyles et al. (2014) stated, “language frames what the public thinks about substance use and recovery, and it can also affect how individuals think about themselves and their own ability to change” (p. 217). The number of Americans who have died from drug overdoses exceeds those lost in the entire Vietnam, Iraq, and Afghanistan wars combined (Nachtweg 2018). Given the very high mortality rate of this opioid crisis, it is important to examine how therapists talk about success with clients and if framing plays a role in recovery.
Snow (2008) used framing processes to show us that scholarly attention should focus on systems of beliefs and how they influence the psychology of individuals. Snow’s theoretical framework implies a psychofunctional linkage between individual predispositions to larger social experiences. This connects the macro scale epidemic to the micro level of personal and individual psychological experiences with addiction. This research applied framing theory to examine conceptualization of recovery success and constructionism within systems of beliefs and values (Snow 2008) within two different methods of recovery, cognitive behavioral therapy (CBT) and shamanic therapeutic mechanisms (STM). The study examined two methods used in addiction recovery and explored how practitioners using each method discuss and construct success within the therapy setting. One method is evidenced-based and focuses on thought patterns and uses talk therapy sessions while the other method is considered traditional, alternative, or complementary method of energetic and spiritual therapy.

Framing theory suggests that meanings do not automatically or naturally attach themselves to the experiences one encounters, but instead surface through interactively-based interpretive processes. My research gathered more empirical data on how the interactive process between therapists and clients in the settings may frame a successful recovery differently. Scholars and academics have researched and theorized about addiction, and yet the number of deaths because of addiction-related overdoses continues to rise (Goodnough 2017). The deaths linked to addiction-related overdoses are apparent, but more conversation is needed about those who recover from addiction and what it means to successfully recover. This research explored how therapists in different settings are dialoging with clients and how they frame recovery success.
This research specifically focused on the idea of “recovery success” and how the term “success” is constructed within therapy settings. Goffman and Mills noted: “The interpretation and labeling of feelings is based both on reaction to the imagined response of others as well as on our awareness of the normative expectations that infuse a given situation” (Applerouth and Edles 2008:520). Therefore, an interpretive process was used to examine the meanings behind how the term success is constructed in addiction recovery settings. This will add to the growing body of literature trying to address addiction with individual clients and to the greater opioid addiction phenomena.

Frame theory posits that individuals are agents in the production and maintenance of meaning. This research unpacks this idea further by exploring how the two models use framing around the term success when working on addiction treatment with clients. Analysis of these data is essential to deepen our understanding of the meaning-making process in recovery language, and because language is the way in which people make sense of their reality, the social construction of the term success may influence the way a person relates to successful addiction recovery.

Benefits of this study include establishing reliability and validity for terms and language used in addiction recovery settings; enriching empirical evidence; and providing resourceful research for community health locations and scholars, addiction treatment professionals and patients, sociologists, psychologists, psychotherapists, cognitive behavior specialists, and shamanic practitioners. This study adds knowledge in identifying how addiction recovery settings frame and communicate about, construct, and define successful recovery.
This study took an exploratory, qualitative approach to address the question:

Q1 How do cognitive behavior therapy and shamanic therapeutic mechanism practitioners communicate about recovery success?

Q1a How is the term success defined in recovery settings?

Q1b How is the term success constructed?

The definition gathered information on how the setting describes the nature, scope, and meaning of addiction recovery success in that setting. The term’s construction uncovered how the definition was established in the setting and what elements were brought together to form the definition. The purpose was to examine two addiction recovery models, explore the models definition of success, and analyze the results by comparing and contrasting the models. How successful recovery is defined is an important contribution to the conversation about addiction recovery because it can impact how people behave. Language used could influence a person’s ability to recover, and with opioid overdoses on the rise, the time for this research is now.
CHAPTER II
LITERATURE REVIEW

LANGUAGE

Interpretive frames help us to integrate language use in addiction recovery models that may perform a transformative function (Snow 2008). In this case, the language used by therapists, counselors, and practitioners working with clients in addiction recovery settings could impact successful treatment and recovery results. Personal interpretation and associated action can relate to terms used in addiction settings with and about a person with addictive behaviors. The theoretical standpoint suggests that frames are subject to change (Goffman 1981) and are not static social objects, which means that how success is framed in a given setting can vary and shape how people understand their environment and, in this case, their ability to successfully recover from addiction.

Goffman (1974) argued that frames function to organize experiences and guide action by enabling individuals “to locate, perceive, identify, and label” occurrences and events within their life spaces (p. 21). How success is framed may contrast among therapists and individuals. As Goffman (1974) suggested, frames construct situational and relevant meanings that are an essential aspect in therapy. Therefore, the language used with clients in therapy sessions may shape how the client frames his or her own experience and if the client can successfully recover from addiction. Terms connected to issues of addiction have varied across settings; the impact in how we discuss these
experiences is real in their consequences (Thomas & Thomas 1982). This means that how recovery success is talked about, defined, and constructed could change a person’s beliefs and, in turn, their addictive behaviors.

RECOVERY

Research in the field of addiction has explored the term “recovery” as associated with addiction treatment success and how one defines a “successful recovery.” However, professional settings have been critiqued for a lack of consensus around how the word is defined. White (2007) argued that this lack of consensus about the definition of the word recovery creates problems in clinical practice and research and disrupts those in the field and their ability to communicate with patients, policymakers, and the public.

SETTINGS

Two types of recovery settings are explored in this research, both of which an individual can work with intervention practitioners who help clients achieve addiction recovery. Participants can be involved in the setting as well as gain individual guidance from a practitioner or therapist. There is dispute in the academic, medical, and health community about terms such as “recover” and “evidence.” Evidenced-based behavior change interventions assess the impact of theories of behavior change and play an important role in the way society relates to addiction, recovery, impacts, and overall outcomes of the recovery settings. Harvey et al. (2004) argued that evidence-based settings focus on financial and philosophical efforts in evidence-based practice and while few would disagree with the notion of delivering care based on information about what works, there remain significant challenges about what
evidence is, and thus how practitioners use it in decision-making in the reality of clinical practice.

Research goes on to suggest that the “delivery of effective, evidence-based patient-centered care will only be realized when a broader definition of what counts as evidence is embraced” (Harvey et al. 2004:81). Previous research showed gaps exist in the literature and in the language being used about successful addiction recovery. Specifically, what counts as recovery success and how is this defined?

Evidence-based medicine applies the scientific method to medical practice. The goal is for healthcare professionals to make “conscientious, explicit, and judicious use of current best evidence” (Tabish 2008:5) in their everyday practice. There are other recovery models or what Tabish (2008) called complementary and alternative medicine. It is proposed that these methods could be considered evidence-based if validity is explored through the scientific method and results show health benefits to patients. This research shows this is happening in integrative health models using meditation for pain management; what was once considered a nonevidence-based model has since moved into an evidence-based model. This is important in terms of success and the construction of the word, because the setting in which someone is recovering may affect the understanding of what success is and how one frames recovery.

This research further explored the social construction of reality (Berger and Luckman 1996) and that language influences internalization processes and socialization impacts people at an individual level, suggesting that one’s social setting influences individual experiences. If a client engaging in therapy sees alternative medicine as ineffective and non-scientific, and that is something that is important to
the client, then we can see how such a treatment might not work. However, if another person did not relate to the scientific method model of recovery and found personal validity in an alternative method, that method may work for that person. This is due to a personal belief or being in a social setting where such methods worked for others and, therefore, others believe it would work for them. The language around success being an essential point of data that needs to be explored to see if the language in the social setting is impacting a person’s recovery. A person constructing what it means to successfully recover supports the theoretical framework about beliefs systems and how framing of individual beliefs influence behavior.

Tabish’s (2008) research explored how alternative therapies may provide benefits to the patient, but also that medical professionals should make decisions for patients based on evidence. As we can see, there are differences emerging in the models that are further explored in the content analysis section. This research needs to further explore the emotive experiences to cognitive awareness and further recognize the connection between self and social settings. Individual emotions and experiences are produced and shaped within a public context (Applerouth and Edles 2008), and Bargagli et al. (2007) argued that evidence-based retention in drug treatment was protective against overdose mortality but there is a “lack of evidence for other treatment modalities” (p. 1954). Data are lacking about how the addiction treatment settings are communicating about successful recovery treatment.

This research is important for future research measuring the benefits and harms of therapies for opiate and heroin use but misses a key point by not assessing the language used with participants of the study. Future research should look at how individuals identify success and if that affects recovery results. Current addiction
research often misses an important theoretical frame that is seen in the interaction model addressed by both Goffman and Mills that evaluates how emotions are viewed and noted that the active production of emotions is itself a social process; “the interpretation and labeling of feeling is based both on reaction to the imagined response of others as well as on our awareness of the normative expectations that infuse a given situation” (Applerouth and Edles 2008:520).

The research provided interesting findings and suggests that future research needs a way to measure treatment, but more importantly, we need to define what successful treatment means. Current studies lack exploration about communication in therapy and if the words used in therapy impact recovery. The data section of this research analyzed what successful recovery means: is it surviving, using less, not using, or continuing in the specific treatment model or program? These questions are essential in furthering our understanding about successful treatment. Because frames are subject to change, how success is framed in a given setting can vary and shape the context in which people understand their environment, and in this case, their ability to successfully recover from addiction.

The type of language used could impact a person in recovery. An example of this could be if a person considers to be a person of God or very spiritual, one may connect the recovery process to religious rituals or lean toward a belief that a higher power will help them, as is seen in literature from the Alcoholics Anonymous model. The other side of this could be a non-spiritual person with no connection to a higher source, but rather to the source of scientific study, who uses science to shape the way one experiences recovery. These two examples show the importance language has on the recovery process. If a person is religious and is in a setting that uses scientific
terminology to aid in their recovery process, that person might not successfully recover, and the same is true for a person who uses scientific sources to relate to experience who may not respond to a setting in which others are speaking about God. The way addiction recovery settings communicate about successful recovery could affect the overall outcome of treatment.

MODELS

*Cognitive Behavioral Therapy*

Cognitive behavioral therapy (CBT) is an evidence-based therapy that focuses on faulty thinking patterns and automatic thoughts. The CBT suggests that people respond to situations based on how these situations are consciously and automatically evaluated in terms of beliefs (Beck 2011:491). The CBT focuses on cognitions and verbal experiences or pictorial events that influence a person’s stream of consciousness and, in turn, an individual’s base assumptions, schemas, and developed attitudes from previous experiences. This adds to research being done on addiction and mindfulness—as will be discussed later—and adds a further angle about consciousness experiences, as well as the verbal language and events that shape attitudes and beliefs.

In the case of the CBT model, the frame for transformation from addiction to successful recovery is agent-based (Snow 2008) in which the individual could go through a dramatic or radical transformation. However, if we look at the opioid epidemic on a large scale, we see a different frame that is the result of being what Snow (2008) called event-initiated. There is a large-scale frame of the epidemic as well as a small-scale individual frame for the individual in recovery.
Carroll (1988) researched CBT and explained it as an approach that helps people struggling to recognize situations in which they may use drugs and to avoid these situations, the individual or agent-based frame. The method is intended to help people efficiently cope with problems and behaviors associated with drug abuse. Carroll (1988) stated that functional analysis and skills training are components used in CBT in addition to providing motivation for abstinence, coping skills, and reinforcement contingencies. The “management of painful feelings and improved interpersonal functioning and social supports” (Carroll 1988:136) is a key component of CBT that adds to the theoretical frame when it comes to the social theory of construction in that the social settings in which individuals participate may influence their emotional responses to addictive behavior and potentially change that behavior based on the way they can conceptualize the problem and solution. The language around how success is constructed in the social setting could influence the way an individual relates to successful recovery and their experience of treatment.

**Shamanic Therapeutic Mechanisms**

Shamanic therapeutic mechanisms (STM) are considered in the literature to be “complementary and alternative healthcare and medical practices” (Tabish 2008:5), which is a group of diverse medical practices and products that are not presently considered to be part of conventional medicine. The list of practices that are considered as complementary and alternative healthcare and medical practices are continually changing, as these practices and therapies are being recognized as safe and effective, and as Tabish (2008) argued are more cost effective, which is a reason why individuals have sought out alternative methods for recovery. In a 2017 pilot study, 71 percent of those interviewed suggested that money is the reason for using a variety of
medical practices. One participant said she started using shamanic medicine instead of clinical medicine because the cost of drugs and doctor visits became too high and she needed a more cost-effective way to deal with her addiction (Pulling 2017).

Framing can change people’s minds about medicine. This is a frame transformation in that participants are seeing this medicine quite differently from which they were previously viewed. Snow (2008) found that this frame transformation can occur at an individual or a group level. This is interesting regarding alternative medicine because the frame has changed historically; native and aboriginal cultures would not call this type of medicine new or alternative, but ancient and traditional. We can see the framing of the two models suggesting differences in how individuals and cultures may conceptualize the models based on their access or experience within the model or social group setting. Winkelman’s (2011) research argued that western culture historically represses shamanic therapeutic mechanisms and naturally induced altered states of consciousness. Winkelman (2011) targeted how these mechanisms are not accepted in modern society as they were in the past.

The STM address the psychodynamics of drug addiction, and Winkelman’s (2011) research suggested that natural altered states of consciousness can “reduce substance dependence problems and treatment of drug dependence through meditative practice and psychobiological dynamics” (p. 209). Winkelman (2011) claimed that “shamanistic practices induce the relaxation response, enhance theta-wave production, and stimulate endogenous opioid and serotonergic mechanisms with their mood elevating effects” (p. 209). This is important because Winkelman (2011) was suggesting that STM helps addiction recovery.
Comparison and Contrasts in the Literature between the Models

Winkelman’s (2011) research claimed there is a neurophenomenological framework linking biology and experience, while CBT argues that neurotransmitters and neuropathways are essential to target for changing addictive behaviors. Both models note a neurological dimension plays a role in addiction recovery, neurological being a branch of medicine that works with the nervous system. The STM is associating a biological factor, referencing generational habits or trauma passed down between lives. Altered states of consciousness practiced in the STM focus on adaptations of the internal environment of self, other, and cultural systems, thus expressing that neurogenetic structures of consciousness and imagistic representations of salient emotional memories represent the self and motivation systems central to self (Winkelman 2000).

This is important because scientific method-based practices research neurogenetics and relates to Carroll’s (1988) research but contrasts in working with neuropathways presently impacting individuals in this life rather than in past lives or generationally. Management of painful feelings and interpersonal functioning relates in both models. The STM are often considered nonevidence-based, in contrast to the CBT model, which is considered evidence-based because neural characteristics can be both measurable in the case of CBT and non-measurable in the case of STM. What this means is that neuropathways can be measured individually in a living person but cannot necessarily be measured in a grandparent who has passed.
RESEARCHER’S STANCE

There are a variety of therapies and mechanisms trying to address addiction and the social construction around how the opioid epidemic is framed. The collective understanding of this public health emergency is that it encompasses a transformation in the way in which specific groups define, constitute, construct, and reconstruct this social problem (Snow 2008). This is important in the conversation about addiction because the conversation has changed from being viewed as a socially deviant behavior to being a disease (White 2010). There is a source of struggle in this research due to the lack of consensus about addiction recovery definitions across disciplines as well as in professional settings; this is how recovery success is framed and why the social construction of the term success in recovery settings is so important.

Though many disciplines are talking about addiction, gathering data on how successful treatment is defined and what language is being used is a crucial step in continuing the conversation. This thesis explored different recovery settings for addiction treatment found in the state of Colorado and adds knowledge to a growing body of literature in CBT and STM. If we can start to identify how addiction recovery settings communicate about successful treatment and how they define successful recovery, we can continue to promote accurate language used in academic literature, addiction recovery settings, as well as community health at large. Potential benefits of the present study may include establishing reliability and validity for language used in addiction recovery settings, enriching empirical evidence and providing researched resources for community health locations and scholars. This study gathered essential data on how language is constructed in settings that work with people with addictive
behavior and further explored and elaborated on the theoretical element of framing and how that influences behaviors.
CHAPTER III

METHODOLOGY

This project examined the language used around the term success among cognitive behavioral therapists and shamanic therapeutic practitioners participating in addiction recovery settings in the state of Colorado in the United States. Therapists work in contact with clients in recovery and healing environments providing cognitive thought pattern evaluation and spiritual insights that may aid in addiction recovery. Exploring models that utilize intentional language in healing and recovery settings helps us understand how terms influence individuals successfully recovering in the setting.

Data for this project were collected in fall and winter 2018 and include content analysis, participant in-depth interviews, transcribing and coding language themes, and patterns of therapists’ reflections of language used around the term success. Multiple methods were employed for triangulation. A total of 30 websites were reviewed for content and language patterns. These websites were chosen due to location and the treatment models used for addiction recovery. After the completion of the content analysis, contact information was gathered and put into an Excel file, and potential participants were called to interview if they were located in Colorado and worked with addiction recovery in one of the model settings. Ten qualitative in-depth interviews were conducted, ranging between 30 and 90 minutes; five interviews were conducted with participants from the cognitive behavioral therapy (CBT) model, and
five interviews were conducted with participants from the shamanic therapeutic mechanisms (STM) model. Finally, a content analysis, with a code book and outlined theme analysis provided authentication and triangulation.

The semi-structured interviews with therapists provided insight into the methodology of the model and the intentions behind the use of language in the settings as well as provided details of specific terms used in each setting. Interviews examined the influence of words and language on clients in sessions and how clients were able to receive a successful session in therapy (see Table 1 for important characteristics of participants). Please review Appendix A for the Institutional Review Board approval, Appendix B for the interview guide, and Appendix C for the consent form.

Content analysis, interview transcripts, and interview notes were analyzed and coded for patterns and themes. The researcher transcribed the interviews and reviewed interview notes and transcripts, developed codes, narrowed the focus of the codes, and made analytic memos about the data. The researcher specifically examined the language use and outlined key terms used in the models and how the practitioners communicated about success. The researcher then outlined key words and concepts associated with successful healing and addiction recovery. New themes were developed through an inductive analytic process while coding the data. Excerpts of data representative of these themes are presented in the analysis. The combination of these data sources allowed for a holistic understanding of how the recovery and healing models use specific language terms in therapy and suggests that the framing of experience encourages changed behavior, and thus enhances the theoretical model of framing used throughout the paper.
<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Role</th>
<th>Data Collected</th>
<th>Demographic Information</th>
</tr>
</thead>
</table>
| Sarah     | Cognitive Behavioral Therapist | Content Analysis, Interview | Age: 28  
Gender Identity: Female  
Racial and/or Ethnic identity: White  
Highest Level of Education Completed: Master of Social Work |
| Courtney  | Cognitive Behavioral Therapist | Content Analysis, Interview | Age: 30  
Gender Identity: Female  
Racial and/or Ethnic identity: Caucasian  
Highest Level of Education Completed: Master, Licensed Marriage Family Therapist, Trauma Focused - Cognitive Behavioral Therapy Certified |
| Brad      | Cognitive Behavioral Therapist | Content Analysis, Interview | Age: 62  
Gender Identity: Male  
Racial and/or Ethnic identity: Caucasian  
Highest Level of Education completed: Doctorate |
| Stacy     | Cognitive Behavioral Therapist | Content Analysis, Interview | Age: 36  
Gender identity: Female  
Racial and/or Ethnic identity: Caucasian  
Highest Level of Education Completed: Masters |
| Josephine | Cognitive Behavioral Therapist | Content Analysis, Interview | Age: 50  
Gender Identity: Female  
Racial and/or Ethnic identity: White  
Highest Level of Education Completed: Masters |
| Monica    | Shamanic Therapeutic Practitioner | Content Analysis, Interview | Age: 62  
Gender Identity: Female  
Racial and/or Ethnic identity: Caucasian  
Highest Level of Education Completed: Master, Counseling Psychology, Master of Education |
| Wilma     | Shamanic Therapeutic Practitioner | Content Analysis, Interview | Age: 57  
Gender Identity: Female  
Racial and/or Ethnic identity: Jewish  
Highest Level of Education Completed: Masters |
| CWW       | Shamanic Therapeutic Practitioner | Content Analysis, Interview | Age: 62  
Gender Identity: Female  
Racial and/or Ethnic Identity: Native American/African  
Highest Level of Education Completed: No |
| Jerry     | Shamanic Therapeutic Practitioner | Content Analysis, Interview | Age: 75  
Gender Identity: Male  
Racial and/or Ethnic Identity: White  
Highest Level of Education Completed: Some Graduate Work |
| Shaman7   | Shamanic Therapeutic Practitioner | Content Analysis, Interview | Age: 57  
Gender Identity: Female  
Racial and/or Ethnic identity: White  
Highest Level of Education Completed: Doctorate; Post Doctorate |
CHAPTER IV

FINDINGS AND DISCUSSION

The content analysis uncovered language patterns that were also found in the interviews. Both models referred to the individuals seeking treatment or healing as clients and described their work with the clients as sessions. Being mindfully aware of individual patterns also allows clients to reframe their thoughts and experiences as the data in this research suggests, making the theoretical framework of frame theory even more relevant. In order to conceptualize the frame from which the models come from, it is important to understand how the models define their method of therapy. The definitions help us understand the framework from each model.

The Denver Recovery Center defines cognitive behavioral therapy (CBT) as a method of treatment that seeks to address mental health issues used to target anxiety, depression, and the substance abuse disorders of clients. The CBT is a form of talk or psychotherapy that uncovers the ways that thoughts, feelings, emotions, and behaviors connect to one another. It also deals with how thoughts can impact feelings and how people’s feelings may dictate behavior (Denver Recovery Center 2018).

The CBT overlaps with mindfulness-based treatments, suggesting that “MBCT [mindfulness-based cognitive therapy] offers a promising cost-efficient psychological approach to preventing relapse/recurrence in recovered recurrently depressed patients” (Lau et al. 2000:615). This is worth noting because we can see key terms arising in the CBT model from the language, such as psychotherapy, thoughts, feelings, emotions,
treatments, and behaviors. Thoughts and behavior patterns are essential to the frame that CBT has and are used as pathways to success in addiction recovery.

The Power Path Organization (2018) website helps to further explain what shamanic therapeutic mechanisms (STM) are and notes that the medicine dates back 25,000 years. This recovery method is described as a spiritual/medical practice that includes a belief that all healing has a spiritual dimension and a spirit or energy field that is around everything and everyone. The thought is that everything is alive and has a spirit and awareness. The shamanic healing language uses terms like energy and vibration and sees that everything that exists is energetically connected in a web of life. Shamanic therapeutic practitioners work in an unseen spiritual reality and believe that affects visible reality as expressed in local shamanic therapy sites.

This relates to Winkelman’s (2011) views about altered states of consciousness but uses a different language; instead of using altered states of consciousness, it uses an unseen spiritual reality. Shamanic healing can include plant, herb, and mineral spirit medicine and the use of song, dance, instruments, and other tools to move and transform energy. Visualization, soul retrieval, extraction, hands-on massage, or physical body manipulation are ways in which shamanic practitioners work, and there is a belief that “true healing is whole and complete: body, mind and spirit” experience (The Power Path Organization 2018). Spirit and energetic transformation are essential to the frame that STM has and are used as pathways to success in addiction recovery.

THEMES

Frames affect how individual think about themselves and their own ability to change and we can see how the theory and main themes emerge in the findings. Key patterns were found in both models when constructing language around addiction
recovery success. The results found five main categories addressed in both models as well as five subcategories. Over-arching themes were comparable in the models but how the models addressed the themes are different. The five overarching themes found in both models are: mindfulness, consciousness, functioning, psychotherapy and metaphors. The five subthemes that connect to the overarching themes in both models are: choice, belief, individual, trauma, and reframing.

**Mindfulness**

Both treatment models use the terms mindfulness and/or meditation in the work being done as practitioners with clients. The idea of mindfulness and doing meditation to rewire neuro pathways is seen in CBT, and to reach altered states of consciousness in STM makes this concept important in this research. *Mindful Magazine* stated that “every day, some 90 Americans die from overdoses of prescription opioid painkillers—more than the number of people who died during the peak of the AIDS epidemic” (Jaret 2018:45). Eric Garland, from the University of Utah’s Center on Mindfulness and Integrative Health, has been researching mindfulness-oriented recovery enhancement that helps patients addicted to opioids (Garland and Howard 2013). This concept of mindfulness surfaces in the academic literature, website content, and interviews.

The results have shown that patients learning mindfulness meditation reported less pain and were less likely to misuse opioids (Garland and Howard 2013). This is a good example of something that was once explored in nonevidence-based settings moving into an evidence-based setting and relates to STM being considered alternative or commentary medicine while CBT is considered evidence-based. Mindfulness starts to blur the lines between the models showing the comparison that they both have. This
insight also shows that this problem is being looked at in the general public as well as in academia. The CBT and STM use mindfulness in therapy sessions for recovery, healing, and treatment of addiction.

The concept of mindfulness is an overarching theme in both models because they both use mindfulness and meditation as practice in activities in the therapy sessions, but the way this concept emerges and is constructed in the settings is different as can be seen with thought patterns (CBT) versus energetic transformation (STM). This key theme of mindfulness exists in both models that help people conceptualize recovery success, but they emerge in different ways and the examples used in the models connect to bigger codes. We see here that mindfulness is an overarching theme in both models in how recovery is defined and as a tool for recovery success, but the examples used in the therapy models and the way success is constructed in the models are different even though this overarching theme is similar.

*Consciousness*

Consciousness is a key theme found in both models that is used when constructing success and reaching successful recovery. Both models compare in that consciousness and conscious awareness about behaviors is an essential element in changing behaviors. This overarching theme compares in both models but the activities that the models use to activate consciousness are different. The content analysis suggested that mindfulness or meditation is a practice that bridges the gap between the models, and both models had used meditation in their sessions and elaborate on this further by addressing consciousness. One interviewee from the STM model said this: “meditation is something for the conscious mind to latch on to so that the unconscious mind can respond more freely with minimal interference.” A STM
interviewee confirmed the above statement and took it a step further quoting that, “clients would have to respond out of their conscious mind, not necessarily out of their intuitive or spiritual functioning on how they want to reframe their experience.”

This is important because it connects us to theory and how therapists use framing and re-framing with their clients. Both of the models using this language of consciousness tells us that this concept is an important pathway to success in addiction recovery, but how the term emerges is different for each model. While CBT uses thought pattern identification and being consciously aware of thoughts while bringing mindfulness to stop the harmful thought patterns in their track, the STM uses drumming and chanting to reach altered states to try and bypass the rational, conscious mind, and tap into the subconscious mind and bring healing into that. The consciousness concept is strong in both models as it is an important theme in recovery success, but there is still a difference in the way that the therapists address consciousness with their clients and the activities they used in their method to tap into the consciousness and subconscious mind are different.

Goffman’s (1974) Frame Analysis (21) argued that frames function to organize experience and guide action by enabling individuals “to locate, perceive, identify, and label” occurrences and events within their life spaces (p. 21). Interpretive frames help us to integrate language use in addiction recovery models that may perform a transformative function. This suggests that meanings surface through interactively-based interpretive processes and have theoretical implications that framing is used to conceptualize and assign meanings that individuals then use to interpret and construct their reality. The two models use mindfulness and consciousness to do this with their clients. The framing perspective is rooted in symbolic interaction and a constructivist
perspective that suggest meanings are created. This is unfolding as an essential component in that sessions with clients are working to reframe experiences. We also see that the term consciousness echoed in both quotes as it was previously in the content, suggesting that words used to promote the practice are also used in the practice.

**Functioning**

The STM model mentioned better functioning as a result of successful recovery, which was a term also used in the CBT model. This term function was a term not mentioned in the content but was used in the interviews from both models. A CBT interviewee said, “symptom remission is great, but the data shows it’s a very narrow way of looking at outcomes and it’s not very predictable functioning, so I am actually looking at people who function better.” An STM interviewee explained this concept by saying:

I think for most of my clients, they know that they are better, so whatever scale they are talking about, they can function in their lives, so whether it’s, I used to be so depressed that I couldn’t leave the house, and now that’s all gone and I feel so joyous and happy, and sure I’ll get sad sometimes but it wasn’t ever like that, so they always have the yardstick to compare it to, but it always goes back to some really basic functional stuff. DSM [Diagnostic and Statistical Manual of Mental Disorders], mental health, SS36, SS16, measures that physicians and psychiatrists use when they intake patients to see if they are sick or not, and usually from the patient point of view, they measure if they can do work or not and if they can do their work, then they are good, and then you can go in and find was quote on quote “function” is because that’s different for different people.

Functioning on individual clients was not found in the website content and literature but is a key theme found in the interviews that contributes to the question about what success means and in the case of both models, successful addiction
recovery means that a person is able to function better, mentally, physically, emotionally, or all of the above.

*Psychotherapy*

Psychotherapy was a term and practice mirrored in the content as well as the interviews and is prevalent in both models. The CBT and STM models used or referenced psychotherapy, psychotherapists, and psychiatrists in the interviews. A CBT interviewee said that “psycho-education” was an important part of her practice, while an STM interviewee said, “we do some pretty classic stuff that psychotherapists do. I get a history and we explore past events and how they lead into present behaviors and events and beliefs are very important to uncover.”

The beliefs being uncovered in the sessions are important to the theoretical framing found in this research or, as Snow (2008) suggested, the systems of beliefs and values individuals hold impact their behavior and the relationships, meaning, and interpretive processes used in mediating relationships, which could be applied to relationships between therapists and clients, relationships between the client and the addiction, and relationship between clients and others in their social network. The term relationships was found in the CBT content but was not a notable theme in the interviews, though it is suggested that relationships will become better if using the tools learned in sessions. A CBT therapist gave an example of a client’s relationship with addiction, specifically self-doubt, and the interviewee mentioned that while working with clients, “they find a way to relate to it more flexibly. It’s all about psychological flexibility that helps them show up and engage in their life and be more present.”
The psychotherapy theme is in content, literature, and was repeated throughout the interviews suggesting that psychotherapy is an essential aspect in addressing individuals with addiction and is a crucial element that therapists use with clients in order to have a successful recovery.

Psychotherapy is used with clients when addressing past trauma and to unpack experiences so that they do not trigger addictive behaviors. This is a tool that therapists in both models used as a means to get to the root cause of the addiction. Both models saw addiction as a symptom of something else going on. Psychotherapy tools were used in CBT to uncover traumatic experiences in the client and they were used the same way in STM, but the STM model took this approach a step further by looking into past life experiences as well as present life experiences. The definition of success in both models suggests that in order to change addictive behaviors the clients must first address deeper rooted issues. The construction of successful recovery in the models emerges differently as one model looks into the physical realm and thought patterns triggering behaviors while the other model addressed the nonphysical realm and focuses in on trauma from past life experiences.

**Metaphors**

A key word that was not found in the content analysis but was mentioned in both models throughout the interviews was the use of metaphors and how metaphors allow individuals to rescript or reframe their past experiences for a more desirable outcome. This is a profound finding in that the theory used throughout this research is framing and how that shapes people’s experiences; as the data suggests, metaphors are a key element in individuals reframing their experience. Snow (2008) argued that
meanings are malleable, and this surfaced again in the interviews when a CBT therapist said,

I’ve seen how reframing a thought or mediating somebody’s perspective, using metaphors, or getting them to change a thought that is completely distorted and magnified, and all or nothing thinking, to something slightly more truthful in their language allows it [the thought] to be not so threatening.

A STM practitioner extended on this by saying that,

Of the processes we used in recovery from illness, fear or recurrence, anxiety and self-disorientation—going from one identity to another, from a healthy person to a sick person, we used a lot of holistic methods, including guided meditation and hypnosis. . . . I wanted to train in that specifically because it was so profound, the use of language, the use of metaphor.

The relation to the theoretical framework is in how individuals frame their experience and how this may directly impact their emotional states and further impact the ability to receive therapy and move forward in life in a more productive and healthy way. In these sessions, meanings arise through an interactive and interpretive process (Snow 2008), especially through metaphors. This is a compelling find that neither of the models suggested use of metaphors in the website content; but in individual sessions with clients, this was a key term and practice used to help reframe and rescript the individual’s experiences, feelings, and helped influence behavioral change and healthier symptom outcomes. An STM practitioner said that her helping spirits, “give me metaphors that would be meaningful” for the clients.

Both models used metaphors to construct successful recovery with their clients, and both models found that using metaphors can change a person with addictive behaviors by changing the stories and ways in which they see themselves. If the clients can change how they view themselves and their behavior, they can have a successful recovery because the way they think and feel will be different and in turn
create different behavioral outcomes. The comparisons above link to the framing theory while comparing and contrasting key words from the content and the interviews; however, several more themes emerged as comparisons among the models as themes in the data: individual definitions of success, trauma, reframing, symptoms, beliefs, and choice.

SUBCATEGORIES

Subcategories of the main themes arose in the data as follows:

- Mindfulness: Choice
- Consciousness: Beliefs
- Functioning: Individual
- Psychotherapy: Trauma
- Metaphors: Reframing

**Individual Definition of Success**

The first compelling subcategory falls under the function theme and was mentioned in every interview from both models. This was that the definition of success was individual and unique for each client. This is the main theme that emerged in the data when exploring the social construction of language while focusing on the term success. The data suggest that in both models, the therapists did not have a definition of success, but rather worked with the clients to find the client’s own individual definition of success. As one CBT therapist said:

I have had a lot of exposure and the recovery language gets adapted in my practice working with individuals, and it can even apply to people dealing with issues in mental health so it doesn’t have to be saturated in substance addictions, but yea there are certain terms and phrases that I use, but I have to be honest in that it depends on the rapport that I have with the person; the more we get to know each other, the more I get a feel for who they are as a person, and what they would be comfortable with or respond to, and I can’t say that I
have a coin phrase that I might use with each and every person I work with because people are individuals.

A STM therapist compared to what the CBT therapist said when talking about clients, “I let them tell me what a definition of success is for them . . . it’s the changed beliefs you have about yourself.” A CBT interviewee said that success is “a different path for every individual, and as a clinician I think it’s really important to honor that, and never tell anybody that they have to do things in a certain way; it has to become their own and as a counselor you have to nurture that.” Further, when responding to what is success, an STM interviewee said, “it’s very different for each person.”

Another CBT interviewee, again, made this point clear when she said, “I think it is hard to give a definitive answer on what is successful because everyone experiences minor successes in different ways.”

A few therapists from both models expressed that they did not use the term success in their practice. One STM interviewee said: “I don’t use that term, actually. . . . I just don’t use it, I just want to know what his feelings are and what his experience is.” A CBT interview framed success in addiction treatment by saying:

I’ve never really used the term like successful session; it’s just not a very natural verbiage, I think, that has come up for me. . . . The opposite of success is failure, so I don’t think I would necessarily use that terminology with clients. . . . When I hear success, the only alternative is failure, and that’s black and white, like you are completely successful today or you failed, you know, like it doesn’t leave a lot of wiggle room, so I just kind of ask, like, what’s working in therapy and what’s not working so far? What has worked for you in the past and what hasn’t worked for you? I use workability a lot.

This quote further explains how successful recovery is individual and that clients can experience success in different ways. There is a focus on the individual being an agent in what success means to them and that the construction of success is malleable depending on the session. Successful recovery is subject to change based on
individual experience and belief systems clients have about themselves. Both models compared in this by saying individuals create what successful recovery means and it is constructed in the client’s life spaces.

**Trauma**

Trauma is a key subcategory that falls under the psychotherapy theme that was brought up in all the interviews from both models. An STM interviewee said, “an issue in this life could have been created by trauma.” The STM model uses “divine presence to touch the trauma in regression therapy whether that be childhood to now or another life time, so that is how I arrived at utilizing divine presence in healing trauma in this and other lives.” This STM interviewee went on to say that “the basic principle of healing addiction, or not, is bringing healing to trauma in this life, or that life, by divine presence, one way or another, brings release.” We can see that the STM model talks about healing, releasing, and use of divine presence when working with trauma, as one STM interviewee said, “if you focus on bringing healing to the trauma and those patterns that contributed to the addiction, then the using of the drug is no longer an obsession on the part of the client and they are not addicted anymore.” The CBT model also addresses trauma, but it is talked about in a very different way. One CBT interviewee described her interest in the CBT model by explaining that,

A lot of my professors were CBT-based and I got really interested in it in grad school after seeing clients there, seeing it work with clients there, and especially trauma focused CBT. At the time, I was working with kids, and it’s one of the only empirically validated treatments, so yea, I decided to get training in that because most of my clients had past trauma.

We can see that the CBT model speaks to trauma and that the model uses empirically validated treatments, which is different than the STM model working with a divine presence. The models are coming from different frameworks but still address
that trauma is an important issue when working with clients with substance use disorder. When talking about addiction and other disorders, a CBT interviewee quoted that the client is, “usually trying to numb out emotions, right, like, I can’t feel this, or I’m not comfortable feeling this, or there is too much pain or trauma in my life, so I am going to turn to this thing and numb it, you know, same story with addiction.”

In association to trauma was the term numb, which was used in both models during interviews but was not found in the content online. We can see how the term numb was used in the quote above in the CBT model, but it was also used in the STM model, as one interviewee quoted, “if I’m an alcoholic, and there were places that I didn’t receive love, and that was such a painful thing that I wanted to numb out, and how I would feel energetically, and go to a very numb place to not feel my pain.” A CBT interviewee said:

Recovery can happen every day and relapse can happen every day, like you can have a moment in your day where you are back to anxiety and you feel all those feelings in your body and you are tense, and then you can remember those skills that you’ve learned and then you are able to recover again . . . so success to me is that remembering piece, the remembering your skills, remembering, you know, um, to turn to other people, to not bottle things up, to share, rather than hide, to cope rather than numb.

Trauma and how clients relate to trauma allows us to move deeper into the theory, seeing that clients are individuals and agents engaged in the production and maintenance of meaning (Snow 2008) and, ultimately, changing the meaning, and then the pattern, or as a STM interviewee put it,

So that if a person were seeking a high, that they would come to experience that without the drug, and heal the pattern, that they had nothing, that they were empty or lost, that can be healed, so that they are not seeking to fill the emptiness that used to be there.
The practitioners and therapists in both models mirrored language found in the content analysis, but the interview data uncovers more than the websites content did and additional themes and patterns emerged. An interesting finding was that both methods addressed trauma as a cause for addictive behavior. Though trauma was not mentioned in the websites, it is addressed in scholarly literature and is a theme in the client's sessions with the therapists.

Reframing

The third subcategory under the metaphor theme is arguably the most important because it directly ties to the framing theory used throughout this research and was used often in both models. A quote from an STM interviewee showed the reframing process in action when she said,

The individualized piece is getting someone’s history thoroughly, and listening carefully, and letting them tell their story, and then using that story as a basis for doing this cellular release process or another hypnotherapy process to neutralize, to rescript, to bring in higher resources of one kind or another, so that you can change the movie, you can go back and re-edit the movie so it’s a new movie.

This frame is assigning a new meaning, or as she put it, changing or creating a new movie. This allows clients to change their frame, to interpret relevant events and conditions in a new way.

When discussing clients, A CBT interviewee said that,

The only way that they are actually going to find sustainable change is if they are implementing cognitive skills throughout their day. . . . If you commit and make a commitment to do a little bit of daily practice, it can become something that your brain just automatically does, and I stand by that. I do see people that have been able to reframe the way that they have approached life, their thought processes, and world view.
Another CBT interviewee mentioned reframing in that,

I think that’s the biggest component, is how you think is how you feel, and if you can change those thoughts, we can change how you feel and how you behave, so yea, like working on restructuring, reframing or refocusing, doing one of those in one of our sessions is really key and really crucial.

The key notion being that changing thoughts can change feelings and in turn behavior. The reframing preforms a transformative function (Snow 2008) in that individuals’ behaviors change or transform. Goffman (1959) suggested that frames function to organize experience and can be a guide to action. We see that in the CBT model, the use of reframing is a guide to action in changing future actions and behaviors.

The STM model referenced reframing in an interviewee response saying that,

Whatever the personal experience, other than having them understand that they are a spirit body in a human body, which means there is more to themselves, which means there is more to this world, and then in that way, we can seek true healing. That in itself is huge for me, because then a person’s perceptions will shift. It’s like opening up a framework and saying, I used to believe in this, but now I believe in this, and they themselves continue through their life will find a more organic whole picture.

In framing, locating, identifying, labeling, and perceiving events play an important role in framing experiences; an STM interviewee noted why the frame matters when she said,

A shamanic healing called soul retrieval—and a lot of my clients are in that process right now of soul retrieval and that is a very specific shamanic healing. This is a practice in shamanism that would be very specific, um, people might not know what that is, but if we frame it as there was soul loss around that particular event and the person never felt the same way again, or the same issue keeps coming up with the same problems across their lives, then they go “oh my gosh” and they see the connection and are willing to move forward.

We see how interpretation matters in sessions and articulating specifics to clients may change or reframe their reality. When talking about clients, one STM interviewee said,
They would have to respond out of their conscious mind, not necessarily out of their intuitive or spiritual functioning on how they want to reframe it so it worked pretty well relatively speaking. It was a significant shift in the field of psychotherapy to go back and re-examine prior lifetimes that had contributed to what was happening now.

This point connects to the framing theory in associations with grievances and past experiences that influence the interpretive processes (Snow 2008) and the conditions which bring a person to therapy. A notion of symbolic transformation (Snow 2008) can be applied here in that clients are conceptually changing personal experiences (present and past life, STM) and applying this new frame to their lives that in turn shapes behavior for a more positive outcome. This is a transformative frame that could occur to a person in STM therapy who may have never considered or believed in past lives. Also, this idea, this shift of belief, could reframe that individual’s reality.

Reframing was not mentioned in the websites content but is a key theoretical element used in both models and is an essential tool used in both methods of therapy as was uncovered in the interviews.

Beliefs

Systems of beliefs and values are an essential aspect of framing theory and were a key category found under the consciousness theme in the data. Beliefs and values were found to be challenged in both settings, and both models encourage or challenge beliefs to change in clients if these beliefs caused harmful behaviors. In frame theory, beliefs shape reality, and that was mirrored in both the models. The framing of words and experiences can come from underlying beliefs that support or hinder recovery successes. A quote from a CBT interviewee when discussing language used in sessions was that,
Language absolutely impacts an individual having a successful recovery because the choice of words that you select manifests your destiny, so to speak. The type of language that I use can either hold me back and form a belief about what’s to come in my future or what I am going to do, or how things are going to turn out, and if I say these things, if I believe these things, and if it’s a very negative outlook, I’m creating a very negative experience for myself, and I will continue to have that kind of experience negative over and over again, and wonder what’s going on and why, but continue this belief system that is perpetuating a negative outlook for myself. So it all starts with the words because that’s how we think of ourselves, and that’s how we think in our minds and how we represent ourselves to other people in the world, working, social, family, and otherwise, it’s just how we are. The words mean everything because when we are experiencing thoughts and emotions we are applying words to those thoughts and emotions, that are forming beliefs, and the beliefs are becoming the catalyst for outcomes, and if we can tweak that. . . . That’s when everything starts to change and you have something to grow on.

Two additional quotes from the STM model mirror this idea about beliefs in that, “we explore past events and how they lead into present behaviors and events and beliefs are very important to uncover” and “you have to make sure that you’re finding the people, the modalities, the things that you fully believe in and fully trust and are open to working with or you’re not going to get very far.” This highlights that beliefs are important not only in the clients but in the therapists as well. An STM interviewee went on to say that,

It can even be past life situations that have been carried forward into this life, and not everyone believes that, or is willing to look at that, and you know, um, people have religious or psychological blocks to digging that deep and looking that far into their reality, so not everyone is open to that.

This theme of beliefs also tied into interviews from both models talking about how knowing themselves as therapists and practitioners is important in the work being done. One STM interviewee said,

You need to follow your guidance and your intentions and only work with the modalities that you completely trust and completely believe in, and that you can give your whole self in putting those forward to helping people, and again, know yourself well enough to know what clients you want to work with.
A CBT interviewee suggested the same idea when she said:

In grad school they repeated, “know thy self” constantly, and I think that’s a really important tool as you get into practice and start facilitating groups and doing individual sessions. It really becomes a part of you and you start to incorporate the skills in your personal life, certain skills, it’s just unavoidable and I think knowing who you are as a person, having strong boundaries, and I just never thought anything of it, know thy self, know thy self, over and over, and I don’t know if they do that in your program, but it’s something that stuck with me and it is something that at the time, I thought okay, whatever, but now I understand the meaning behind it and why it’s important to know yourself as a counselor and as a person.

The beliefs theme played a role in how the therapists and practitioners worked with clients, and the client’s beliefs about themselves, but it is also worth noting that the interviewees talked about their personal beliefs and values associated in the work they do. This belief theme appears to be subject to change over time with different situations and relevant meanings; articulating this to oneself individually, as well as translating this to clients in a meaningful way that shapes beliefs for more positive outcomes. This interpretive work in the frame theory is essential to belief systems and how they can shape and construct individual realities.

Choice

Choice is a subcategory that arose in the first main theme of mindfulness and was seen in both models and can be applied to framing theory when clients address personal identity and personal choice. A CBT quote that addressed this when describing a session with a client who might say,

You made me feel that, is stifling, because it’s a common term and people use that all the time. However, nobody makes you feel anything, it’s a choice, and the sooner that you realize that, I have a choice in how I feel, and I have a choice in how I respond, and you can put words to that, that’s the foundation of CBT right there, that’s when everything starts to change.
This interviewee also said the individuals have the choice to “numb out” which relates back to language discussed previously in Theme 2. Another CBT interviewee said that clients, “come in, they unpack the story, we identify problems, we apply concrete skills and tools to practice, they go home and practice them, they get better and I never see them again.” This suggests that the clients have a choice to practice the skills, or not. These quotes from the CBT model compare to what was said in the STM model.

One STM interviewee said,

The goal is to not have to keep coming back with the same thing, you can come back for other things, but we want to give you the tools you need and the internal support, and the internal transformation of beliefs, and um, fears and things like that so that it’s not an issue anymore, or at least much less of one.

Another STM interviewee quoted that,

Not everyone wants to be healed, you know. They were given the same choice as we were, and they opted out, you know, you can’t force it on people. Spirit taught me a long time ago, that I can’t care more for someone than they do, you can’t talk someone into healing, you just can’t. They have to choose that for themselves, and it’s hard when you love people, and you know the secret to their healing, and they brush you off. You can do all the interventions in the world, but it’s not going to succeed until they choose that for themselves.

This theme about choice in the conversation also hits on using tools outside of sessions that allow clients to continue on their own or as a STM interviewee said,

I am a hollow reed that allows source to come through and that is from god, source, universe, the void, or however you want to term it, but it is a higher power, and then there’s the me that knows all of this and is kind of able to put it into words, put it into a format, and then give them [the clients] tools to continue on their own.

We see that the narrative used between the models and the language used is different, but the concept of clients having a choice is the same. Frame theory and its roots in symbolic interactionism reference individual cognitive structures, and a social–psychological perspective of the theme of choice conveys that individuals have a
choice to cognitively choose to change, recover, heal, etc. The theme of choice was not mentioned in the content websites but is an essential element is clients having a successful recovery.

**Contrasts**

Overarching themes and subcategories were found in both models; however, contrasts arose in the examples the models used to further explain the themes and subcategories. Table 2 shows how the models start to contrast in the examples used to support the themes and subcategories.

Table 2. Main Themes, Subcategories, and Examples from Shamanic Therapeutic Mechanisms and Cognitive Behavioral Therapy

<table>
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<th>Model</th>
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<th>Main Theme Categories</th>
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<td>Beliefs, Vibration, Healing Root Cause</td>
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<td>Mechanisms</td>
<td>Intention,</td>
<td>Alter, Vibration, Charge, Energy, Light, Altered States</td>
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<td>Cognitive Behavioral</td>
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<tr>
<td>Therapy</td>
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SHAMANIC THERAPEUTIC MECHANISMS

The STM model interviews were comparable to the content analysis when using key terms such as healing, energy, regression, light, spirit, and working in other realms. However, the interviews uncovered that there were other key words used in
the model that surfaced in interviews with a deeper uncovering of content and context in which the model constructs the terms. The STM model has a strong focus in the following key words that you have already heard used in this paper, but that we will go into further in this section.

The STM model comes from a spiritual framework in that practitioners work with helping spirits and guides after reaching higher or altered states of consciousness through drumming, rattling, singing, chanting, meditation, and journeys. Within the STM model, there are submethods used in sessions and key words to describe the practitioners and methods such as medium, shamanism, hypnotherapy, regression (past life) therapy, soul retrieval, extraction, homeopathy, and holistic methods.

**Cleanse**

The concept of cleanse and cleansing was used often in the STM model and was not used in the CBT model. The overarching metaphor theme is used here as well as the subcategory of reframing and using the metaphor and reframing in cleansing the client. One STM interviewee was describing her sessions and mentioned the sessions having,

> Key elements like letting go, being cleansed, letting the light come in and dissolving all the shame, like the sunlight dissolves the thinnest layer of ice on the water at the end of winter and the beginning of spring, letting that light come in and cleanse and dissolve and melt away all that shame, all that sadness, you know, whatever that may be.

This concept of cleansing applies to another theme in the STM model about spirit attachments that are explained more in another section and how it is important to clear away energies that are not meant to be in the individual’s field.

One STM interviewee said it is important to do “spirit releasement therapy, it is integrated into my work . . . identifying entities and how to clear them out.”
interviewee went on to say that “identifying and clearing out entities, diseased humans, and dark beings is very important. I would not even want to bother having a therapeutic practice without that knowledge and understanding.” Another interviewee mentioned that we are all multi-faceted beings and everybody’s story is different and when she works with clients, she will go over their history to see if there is an “energy clearing and emotional energy clearing method” that can be done. This method is what she called “cellular release,” and cellular release goes on the premise that the body remembers everything. A different interviewee said that, “we may need to start with a cleanse before we even do any healing because nothing is going be integrated if their body is toxic, if they have addiction, we got to clear that.” This concept of cleansing was not found as a key word used in the websites but is a practice used in the clients sessions that is an important aspect of the therapists work in the STM model. A successful recovery cannot take place in this model without first clearing out harmful energy that are not meant to be in the client’s field.

*Intention*

Intention and specifically sacred intentions are a theme found in the STM model and not the CBT model. Intentions are an example from the subcategory choice and overarching theme of mindfulness. One STM interviewee said, “anytime you really look at yourself and set intentions and meet those goals, it is self-awareness and self-empowerment on a whole other level, so it kind of feeds upon itself.” Another STM interviewee was describing what she did when starting a session with a client; she was describing a client would come in, sit down, have a grounding, where both the therapist and client get in the same place at the same time, and then the practitioner would use imagery and instruct the client to, “lay out a table, with a beautiful banquet,
or feast or buffet, for your helping spirits, and putting all your intentions for your healing on that table and that could be pictures or words or feelings or energy.” An interview with a STM participant said:

I found it interesting that your thesis spoke on language because one of the things that spirit taught me, very specifically . . . was the language of intention . . . when I was doing a lot of shamanic journey work, the people would create an intention before they went into their journey and then we would speak that intention once they got in with spirit, and certain words gave people certain experiences, so some wanted discovery so they got lots of experience, or people wanted understanding and they got more information, some people actually wanted healing or transformation. We had to be really specific about the language because pretty much what you ask for is what you get and people can be very casual about their language, I think, when they say they want healing, and the spirit really taught me to get very direct and very clear in those intentions, and not just leave them, kind of simple and casual.

This interviewee went on to say that,

When spirit started teaching me very specifically in the early 1990s about sacred intentions and the language of that; that was definitely a big leap in my work that I hadn’t considered. To me, it was like if people had the intention in their heart then that should be what guided the healing, but spirit was very specific that the language, what people are speaking out loud, you know, the world was created by the word, and people seem to be healed by the word, in a lot of ways, so that was a pretty big turning point in my work.

The STM model addressed that intention and working with sacred attention is an important element when doing work with clients that helps aid in successful recovery. Intention was not mentioned on the websites but was uncovered in the interviews and is key part of the process that STM therapists use when working with clients.

Regression

Regression, also known as past life therapy, was a concept and theme that came up throughout the STM model interviews. Regression is used in trauma therapy found in the overarching theme of psychotherapy. One interviewee described regression therapy when saying, “it can even be past life situations that have even been
carried forward into this life.” A STM interviewee noted the Hindu tradition term of Sanscara, and said that,

In the concept of Sanscara, the theme or the pattern of rejection was created some place and generally it was not just a pattern developed spontaneously in this life but actually created in another life. Its presence goes on to the soul after death, the energetic signature is what I call it, and so that when the person incarnates it’s on the soul, and the image or movie of that energetic scene of feelings and beliefs and actions are projected out of the person in this life.

An example used in the interview was the therapist having a client who was using heroin and then trying to recover by getting on methadone, and through inquiry, the practitioner can find where that pattern of addiction was created and “often it came from a prior lifetime and is being replicated down.” The STM model uses regression to show where the addiction was created, and further address where the vulnerabilities happened for the person to “choose the addiction experience.” Regression is a key term that was found throughout the content but was unpacked further in the interviews. This is an element of successful recovery in that it is getting back to the root of trauma in order to heal it and in the case of the STM model the root of the pattern of behaviors are very often from other past lifetimes.

*Healing the Root Cause*

Healing the root cause of trauma that leads to addiction behaviors is found in the overarching theme of functioning and the individual subcategory in that the root cause of trauma leads to individual needs of healing that can aid in a person’s overall functioning. In the STM model healing the root cause of addiction was a theme, and one interviewee said that,

The basic principle of healing for addiction, or not, are still there, and bringing healing to trauma in this, or that, life by divine presence one way or another brings release so that if a person were seeking a high that they would come to experience that without the drug, and heal the pattern that they had nothing,
that they were empty or lost, that can be healed so that they are not seeking to fill the emptiness that used to be there.

Another STM interviewee suggested,

The concept of healing is to be able to be in one’s full power, whether that means that all your blood tests all turn out good, or your hormonal system is all good, or whether that means that the essence of who we are, the vibratory essence of who we are is really connected and connected to source. So healing would be, from a shamanic or energetic point of view, being that, we look to heal the root cause of any illness and a root cause is what heals eventually and will show up in the physical body, so that is a very different definition from straight across western practitioners, but actually they all fall to the same place regardless of what the practice itself is.

This therapist in the STM model further explained that true healing of the root cause is essential, “of why that person exhibits those symptoms.” From a shamanic or energetic point of view, any imbalance in the body, mind, emotional body, any kind of ailment, has a root cause or spiritual imbalance and that needs to be healed for the symptoms to go away. She explained that,

The soul is simply the essence of what powers you in each life time. So it is your physical power, so that is what healing really is. It is to be able to have that balance, that equilibrium, in the physical body, the mental body, the emotional body.

We can see that words used in the content are also used in the interviews, but the healing of the root cause is something that was found in the interviews and not in the content. Healing, balance, equilibrium, essence, power are all words echoed in the content and interviews but getting to the root cause of healing is what the interviews uncovered that is a crucial element in clients successfully recovering from addiction.

Attachments

Spirit attachments are an example found in the subcategory of trauma and the overarching theme of psychotherapy. This is an example found in STM even though different words were used in describing the concept; for example, “we see this place as
heart centered, either de-possession work, or heart centered releasement of suffering beings . . . or in the spiritus term, energetic passes.” A different interviewee described this as, “recognizing the presence of demons or dark ones that come into the person or the client and were affecting their behavior. Almost always, if a person is clinically depressed, you can find a dark being in there.” Another STM interviewee put it this way:

From a shamanic point of view, we may have spirit attachments, which is common, so spirit attachments are souls that have not crossed over that are still stuck on this plane. And so whatever addictions they have, they vibrate at that place. Alcoholics, let’s say . . . have an issue with receiving love in their life, they had a difficult childhood, and they did not receive love and so they turn to different aspects to fill that void, like alcohol. So when we work with that person, we’re looking again at those deeper issues, so that thirst, that need, the void, can be filled and it might just be something like the suffering being attached to them.

Another interviewee said that, “the presence of other entities, deceased humans, or dark beings and in some occasions, there are extraterrestrials that come in, which I have clinical experience with.” The presence may or may not be deliberate in their manipulating of the person they are connected to. This interviewee suggested “the effect of a deceased human in which the host may have no knowledge of their presence.” This could affect a person, in that when a person dies they die in a certain state of consciousness “If they don’t go into the light, but remain in the in between area, then they become what we call ghosts, and people see them when they attach to a person, and they become an earth bound spirit, that is the clinical term.” The STM interviewee argued that this brings into that person the state of consciousness that they died in, for instance,

If they died in a state of depression or suicide, then all of a sudden the client starts feeling depressed and suicidal without having, you know, any prior tendency in that direction at all. They may have been open, vulnerable
emotionally for something to come in. . . . It’s a little bit overwhelming when you first start looking into it, but it’s all there and it’s all real.

The STM interviews made it clear that when discussing spirit attachments, they go into it from a neutral and positive place. The interviewees spoke to being very mindful and aware of the language they used in trying to get the clients they work with to understand this concept in a way that makes sense to the client. Framing, being essential in the language used as clients come from different backgrounds that could make their interpretation different. The interviewees discussed diffusing the language to make it make sense to the person. For example, one of the STM interviewees brought up working with people with a strong religious background; they may not identify with the term spirit attachments, or the term demon would scare them, but they may be familiar with the term angels and use language that registers with the person. Another example that an STM interviewee used was an alcoholic who experienced such painful experiences that the person wanted to numb out that experience and how they felt energetically. This person would then go to a very numb place to not feel the pain, and this is a very common thread in addiction work. This interviewee said:

Now imagine a tuning fork and that person vibrates at F, so if you were to strike a tuning fork at vibration F, the person would vibrate at F, it’s a quantum physics thing, like attracts another like, and those things then vibrate together. So let’s say this person goes out to bars and clubs; if there are spirits there that haven’t passed and are also alcoholics and have those same symptoms wanting to numb themselves out for not receiving love, they vibrate at the same frequency, at an F, so if someone comes to visit me because they have an addiction, I can guarantee that they have a suffering being or two. And so that is like a heavy blanket on a person, so we need to release that spirit and get them back into the light and also the person who we are healing, the host, find out what the wounding is and clear it, and then rejuvenate them with light, and then they will no longer need the addiction because the root cause of it is healed. So it is a very different way to approach this and when we do, it is very helpful that they also go to AA [Alcoholics Anonymous] and other support
groups because they then learn the social way to, um, if they feel the need to drink, to go, but when working with me, we would do a journey or meditation when they can connect to source or their spirit guide so that they will be filled in that way, so again they don’t have to go to “I’m in a place of lack and I need to go to this thing” and in this case that is alcohol.

STM model participants discussed spirit attachments but also energy that does not belong in someone’s field. The practitioner looks at their client’s energetic field and identifies energy that does not belong there; it does not have to be a spirit to do a release. This is one theme found in the data, but it was apparent that there are many different levels of releasement. We are not talking about possession, de-possession, obsession, those are different forms that go beyond the scope of this project, but there are people, like grandma and grandpa, who have linked to the client and then left as suggested by practitioners in the STM model:

When you start studying that aspect of therapy then you realize that my gosh if a lot of the depression that people experience is because of the attachments of others who have died in suicide or depression. There could be a lot of healing going on if we help those who are attached go home and go into the light and finish their journey. Well okay, lets help them all go home, and we would significantly impact the whole issue of mental illness in the society if therapists had knowledge and the tools to clear them out, knowledge of the potential of attachments in their clients and patients.

Extraction and soul loss are terms mentioned in the STM interviews and in the content as a method of work STM practitioners offer that expands upon the concept further. The practitioner is looking at soul loss or an aspect of a client’s soul that needs to come back, “like a pocket is there where their essence isn’t there.” An STM interviewee said,

We have a saying in shamanism, “the universe abodes a vacuum” so that anything else that needs to find a place to grow or live will get sucked in by that vacuum, so it’s like science tells us this too, if there is a big hole, something is going to go in there.
If someone has a harmful energy, a shamanic practitioner can do an extraction to remove it. An STM interviewee mentioned shadow work and trying to get the client to talk about suffering beings as opposed to spirit attachments or demons, but she would never use those words, but instead uses terms like “out of the light” and words that do not have so much “charge.” This shows the power of framing and how much words matter; the example of saying demon versus out of the light shows the charge that she is referencing, in that those two terms may feel and be received very differently. The way the word is oriented or regarded directly impacts the person’s interpretive meaning.

The STM model argues that language has a charge and is in context with different words. This was a big part of the work in the STM model, working with clients to release harmful energies and clients understanding their essence and power and how they can move forward,

the concept is always, you need to know what the light is and you need to understand what the source is and you need to be able to connect that; that means you have to be aligned, and only from that place can we go to other areas like the middle world work or releasing suffering beings or energetic passes.

Releasing of harmful energies or entities is a theme in STM that is discussed in the content and in the interviews. In order to have a successful addiction recovery, there are elements that needs to be released from the individual with addiction and then filled up again with something that is healing and not harmful.

*Vibration, Charge, Energy, and Light*

Vibration, charge, energy, and light are not synonymous, but have been categorized together for the purpose of this research. The previous key terms are found in the beliefs subcategory and the consciousness overarching theme. The category of
beliefs is used because these words addressed different beliefs in the clients as well as the therapists. As one STM interviewee put it, “when someone is not 100 percent or someone’s vibratory is not aligned, something else can go in there that is not healthy.” This interviewee went on to say that language can often get in the way because “language is seriously charged.” What she meant by this, is that in her sessions, she never talks about good and evil, because evil charges up fear in people, especially if the client comes from a system of beliefs (Snow 2008). This hits on the importance of framing when using language in sessions and as the STM model would argue is energetically charged. Another STM interviewee discussed a client after doing a session and said, “a change came over them, energetically, emotionally, and they felt different and better.”

The STM model works with clients emotionally as well as energetically and speaks toward working with clients at a vibrational and energetic level,

With kind of this emotional charge diffusing process, you can neutralize, so that people, eventually, if they stick with it, an experience that is shaming, demoralizing, terrifying, whatever, doesn’t have that charge, you know, it’s kind of like a movie, a sad story, but when you think about it, you don’t get retriggered, your pulse isn’t racing, you’re not craving a drink.

One STM interviewee said,

I would come to the sober living house and lead guided meditations, which I did, and they focused on things like journeying and things like, um, finding yourself in a beautiful outdoor setting and feeling connected to the earth and feeling connected to the sun and taking in those energies just like every other living thing in the environment takes in those energies. Then cleansing, and looking at themselves in a mirror and noticing if there was anybody else’s energies that were sort of mixed up in theirs, anybody’s energies in the form of judgments or projections or anything like that, and then just allowing light to come in and wash it away, and find if there were any parts of themselves that might have gotten lost in their struggles, in their traumas, in their pain that are buried or disassociated.
This framing used in STM may be a transformative frame for clients or as Snow (2008) suggested, frame transformation can encompass dramatic reconstructions. This could be seen in the way in which a client or the object or orientation, one’s very sense of oneself, is seen, and this could be agent-based or event-based. One interviewee suggested that,

Clients can talk, cry, or yell about things that give some measure of relief but the body holds on to the emotional charge of the things that lead to the addictive behaviors. One can minimize the external triggers by not being around people who are drinking or using, and clients can change their thinking, but there is still this undercurrent that is waiting to be retriggered.

The STM model addresses clearing out what does not need to be there energetically or spiritually and then filling back up that space with light and love. Another STM interviewee said it this way:

I am very careful not to get caught up in dogmatic language, unless it is absolutely essential. If someone were to come to me because they have taken some shamanic classes and they tell me they are absolutely sure that they need an extraction, and because it’s listed on the website and explains what it is, they are confident I can do it, but it’s that framework, that shamanic perspective. But, if someone comes to me who believes in angels and in saints, and they do prayer work, if I was to use the concept of extraction, that would scare the heck out of them and they couldn’t make that connection. But, if I were to explain to them, that in themselves they had doubt and they had fear, and felt that they were out of the light, and wanting to get back into the light, that’s an extraction as well because we are talking about taking out something that is dense and negative and filling it back up with light.

The way that the STM therapists are framing the work that they do with clients and the language they are using is an essential aspect in how the client relates to and frame their own experience that could impact their ability to successful heal and recover.

**Altered States**

Altered states, traveling to different realms, and journeying are common among the STM model and can be reached by sounds, drumming, rattling, singing,
chanting, meditation, and hypnotherapy. Altered states is an example found in the beliefs category and consciousness because there is the belief of reaching altered states or different levels of consciousness in the work from this model. One STM interviewee discussed that in a session “the client is feeling significantly different and in higher altered states, and if you used that protocol that person ends up in a very high altered state, having experiences of bliss and ecstatic union with the divine within them.” The term cellular release came up with expanding on altered states in the interviews. This cellular release process was described as programming a computer, or putting in a new program, or uninstalling an old one, that there is a sequence to go through.

The practitioners addressed experiences and feelings specific to the client, the precise language, and much repetition, “not unlike when someone is doing a spiritual practice and they are chanting, or someone is doing a rosary and they are repeating the rosary, or the mala beads in Hindu or Buddhist meditation.” In STM this is something for the conscious mind to connect to so that the “unconscious mind can respond more freely with minimal interference.”

The clients and the practitioners reaching altered states of consciousness is an essential aspect to the work being done in the STM model and aids in clients successful addiction recovery because they are able to reach divine information and transformative healing that allows the clients to move forward without the harmful and additive behavioral patterns. Altered states is used in the literature, the website content, as well as in the interviews and is a well know process seen throughout the STM therapists and practitioners and is a crucial element in how the practitioners work with clients to reach successful recovery and healing.
COGNITIVE BEHAVIORAL THERAPY

The content observed from the CBT model were outpatient, triggers, coping, manage, relapse, substance abuse, and relationships. A variety of these terms were echoed in the interviews, and some are themes throughout the research while others were not brought up in the interviews. Outpatient is a term that was mentioned in the interviews but was not a specific focus when gathering information about language use and the meaning of success in the setting. Triggers and coping were echoed in the interviews and were themes found in the CBT model. Managing emotions was used to prevent relapse, and the term substance abuse was used in the CBT model. There was also a variety of other factors that are addressed in the setting, such as, obsessive compulsive disorder, mental illness, trauma, eating disorders, anxiety, and depression.

Themes found in the interview portion of the data were triggers, coping, thought patterns, skills, goals, emotions and cognitions, reframing absolute truth, and evidence-based. This model works in the physical realm and focuses on helping clients develop skills to change their thought patterns. Spiritual or energetic modalities were not mentioned in this setting; however, there were mentions of meeting clients where they were at and building rapport and if a client had a strong religious background, then the therapists would meet the client where they were at and try and use language that registered with them and their beliefs. A CBT interviewee suggested that:

As somebody who has practiced in this field for all of my career, there is no one way to get sober, everyone has their own different ways. Some people excel at meetings and other people are stifled by them, and by meetings, I mean AA [Alcoholics Anonymous] and NA [Narcotics Anonymous]. I am a proponent of supporting people to establish connections through AA and NA meetings. I always try to veer away from strongly heavily religious things because I have seen that have negative impacts on people; however, it is a sure fire way to, um, have connections to rebuild a social life, but there are other
ways: some people just stop using all together and they change their social
group, some people don’t go to meetings, some people find smart recovery.
Um, it’s a different path for every individual and as a clinician I think it’s
really important to honor that and never tell anybody that they have to do
things in a certain way; it has to become their own and as a counselor you have
to nurture that.

We can see a comparison among the two models about therapists being mindful of the
language used in the sessions and working with clients to frame things in a way that
make sense to the clients and connecting with them in language that makes sense to
client and only in using terms that register with the client can they be lead to a
successful recovery.

Triggers

Triggers is the first theme found in the CBT model and is echoed in the
content. Triggers are the example found in the choice subcategory and the mindfulness
overarching theme. Triggers are the first element to manage in this recovery model,
because the trigger is what starts the process that could lead to substance abuse. As
one interviewee said,

Your automatic thoughts pertain to the trigger. Your beliefs and thoughts are
the next thing to happen and then your feelings, so judgements and
assumptions about the thoughts, and then comes the behavior, and how you act
based on this chain reaction.

This interviewee gave an example of this process when discussing a client she worked
with who came to her with depression, abandonment issues, obsessive compulsive
personality disorder, and unresolved trauma. She said her client’s

primary negative thought was loss of his grandchild. This loss had not occurred
yet, and may not occur in the future, but he is really stuck in the negative
thought process that he will be abandoned by his grandchild and that he will be
sad and depressed and have no motivation for life and can’t imagine this loss.
He can’t stop thinking about it, so what we did is I had a huge chart . . . the
chart outlined very clearly his thinking process, so the beginning of the chart I
explained to him what the trigger was.
This interviewee further explained that all of these reactions were reinforcing the original trigger, but that the trigger was not why he was experiencing negative behaviors; it is everything that comes after the trigger, because “triggers are everywhere.” This interviewee suggested that, “anything could be a trigger, and what’s important for me to explain to him is what comes next: thoughts, feelings, actions.” The CBT therapists work with clients to identify the triggers and try to reframe what comes after the triggers by tapping into the clients’ thought patterns. The frame theory and frame transformation for the client is both agent-based in an individual decision and could also be event-based, in that an event may have caused the initial trigger that needs to be reframed. Addressing the triggers is an essential key element in the CBT and identifying triggers and addressing what the clients triggers are is essential in successful recovery because the trigger are what start the addictive behavior process.

*Thought Patterns*

Thought patterns are a key element in the CBT model as the goal of this method is changing cognitions to influence behavior. Thought patterns is the example used in the subcategory of beliefs and overarching category of consciousness. It was explained that the method uses thought stopping, which means changing a negative thought in the moment that it’s happening and seeing the negative consequences of that thought in the moment. In that very moment, if the client can change that thought, then that client has a more rewarding behavioral outcome. There is a pattern, which is trigger, thoughts, feelings, action, and then branches off to the final action which can be negative and/or positive. This chain reaction that happens within milliseconds in
the brain and that is how neuro pathways form, “thoughts that fire together wire together.” As one therapist said:

The whole idea is that thoughts influence our behaviors and emotions. You think the way you feel, and you feel the way you think. . . . That was a really simple concept, but I think it was really transformative because it had broad implications and then the question is . . . how do we change the way we think then? And there have been a lot of good answers to that through CBT and third wave therapies, too.

The therapists help the clients cognitively understand the thought processes and how to slow them down and to take a moment to pause, to use metacognition, and to “think about my thinking.” The client is given skills to find the opportunity to stop, breathe, pause, and evaluate, “Okay, what am I thinking? What am I feeling? How am I acting? That’s cognitive behavioral therapy in a nutshell.” Working with thought patterns is an essential aspect of the CBT model and is an important element in successful recovery because the therapists work with the clients and help them identify harmful thought patterns that lead to addictive behaviors. These thought patterns frame the client’s realities and if these thought patterns can be identified and changed in a positive way, the client can have more successful behavioral outcomes.

Coping Skills

Coping and skills plays off the theme of trigger and how clients cope with the triggers. Coping skills are examples from the subcategory of individual and overarching category of function because individuals function in different ways and may implement the skills that aid in their overall functioning. Coping is “usually trying to numb out emotions.” An example used in regard to substance abuse was, “I can’t feel this, or I’m not comfortable feeling this, or there is too much pain or trauma in my life so I am going to turn to this thing and numb it.” Another interviewee said
almost this exact same thing when working with clients who have substance use disorder, in that the therapists are working with clients to try “to cope rather than numb.” One interviewee said it this way:

I mean obviously a reduction of symptoms comes with treatment but just changing the client’s relationships between the symptoms and their reactions to them is what’s most important to me and helping them live a more rich and meaningful life.”

Skills are another theme that arose in the CBT model that have been grouped in with coping. One therapist said that “people go to therapy because they have skill deficits” and skills is a theme because it was brought up in all of the CBT interviews, especially when discussing language about success. One interviewee said, “Success, to me, is that remembering piece, the remembering of your skills, remembering. . . . To turn to other people, to not bottle things up, to share, rather than hide.” This idea of clients using skills was also what was brought up to prevent relapse and aid in recovery,

I will say that recovery can happen every day and relapse can happen every day, like you can have a moment in your day where you are back to anxiety and you feel all those feelings in your body and you are tense, and then you can remember those skills that you’ve learned and then you are able to recover again.

This theme in the CBT model ties into the social–psychological aspect of frame theory and tapping into individual cognitions as a skill set.

The theme of skills came with another subtheme, which was using the skills outside of therapy, that is, clients using the skills at home, at work, and in their social life. A therapist suggested that if a skill set is taught to someone and they get it cognitively, but do not practice it, or cannot put it into action, then that skill set is not beneficial. This interviewee went on to say that people go to therapy “not because they
are bad, or crazy, or wrong, it is because they just have skill deficits, and that’s what CBT does, it teaches skills.” The interviewee advised that the clients need to have a willingness to implement new skills and have open-mindedness to work on CBT exercises because CBT can have long term lasting effects, however, as one therapist said,

There are a lot of people that are ambivalent, and feel that just going and talking to someone will create changes in their life, so I think a lot of times it can be difficult to work with somebody and help them overcome the beliefs that just by appearing there things will change, because the most important part of CBT is getting the individuals to practice the skills during and most importantly outside of sessions.

Practicing CBT skills is an essential concept in successful addiction recovery in the CBT in that therapists teach skills to clients that they can then use in their everyday life to not fall back into harmful addictive patterns.

Goals

Goals is a theme that arose in the CBT model when questioning how success is constructed in the setting because many interviewees said that the client’s goals are how success is understood by the clients. Goals are found in the individual subcategory of the functioning theme because of the individual nature of personal goals. The CBT interviewees suggested that is it important to meet the client where they are at and that, “meeting them in their goals is very important.” This means setting goals, being clear about the goals in an open exchange between the therapist and client. One interviewee made this point by saying, “I might know a little bit more about this method, but I believe the client is the expert of themselves.” A CBT interviewee noted that it is important to connect with clients about their goals:

Periodically I will check in with clients and say, do you feel like you are achieving your goals? Do you feel successful? Do you feel that change is
happening? Are you changing behavior in a way that feels successful to you? If the answer is, yes, then the therapy is working, and the client is working really hard. If the answer is no, we need to go back to the drawing board to see smaller steps, smaller chunks, smaller goals, so that his idea of zero days of drinking really comes to fruition for him.

Goals are a concept used in CBT that relate to successful recovering and tie back to the theme used in both models that individuals have their own definitions of success as well as their own unique goals that allow them to feel successful in their recovery. Goals was not something mention in the CBT content but is an important aspect uncovered in the interviews that leads to client feeling and reaching a successful recovery experience.

**Feelings and Cognitions**

Feelings and cognitions are examples from the trauma subcategory and the psychotherapy overarching theme. In the CBT model, thoughts influence behavior and this is captured where feelings and cognitions are categorized together; this is not an argument that they are one in the same, rather this is how the data unfolded in that the therapists used the terms while discussing both feelings and cognitions, or as one interview said, “I think that’s the biggest component, is how you think, is how you feel, and if we can change those thoughts, we can change how you feel and how you behave.” This relates to the theme that is comparable in both models and the theoretical angle, “restructuring, reframing or refocusing, doing one of those in one of our sessions is really key and really crucial.” Another interviewee expanded on this by saying that the “whole idea that thoughts influence our behaviors and emotions. You think the way you feel, and you feel the way you think.”

The reframing and theoretical element is very strong here and as one interviewee said, “words mean everything” because when we experience thoughts and
emotions, we apply words to those thoughts and emotions that are forming beliefs. The beliefs become, “the catalyst for outcomes.” This interviewee suggested that if we can tweak the language and apply the right words, better outcomes can be achieved.

An example used in an interview was, “I have a choice in how I feel.” The connection between cognitions and feelings is pivotal in CBT, or as one interviewee said,

> The only way that they are actually going to find sustainable change is if they are implementing cognitive skills throughout their day. And, um, I always tell everyone this, that it is challenging to start working on this because your brain is kind of wired to work against the changes you are about to make; however, if you commit and make a commitment to do a little bit of daily practice, it can become something that your brain just automatically does, um, and I stand by that and I do see people that have been able to reframe the way that they approach life, their thought processes, and world view.

Reframing the ways in which the clients views their life and thought processes shows the importance in framing and the theory used in this research because the goal of the sessions is often to alter people’s views of reality, to alter their views about their addiction and behaviors, and to cognitively change this process. Goffman (1974) argued this as well in saying that people “come to be seen by the participants as something quite different from the way in which they were previously viewed and regarded” (p. 43). In the case of this research, the participants are the clients, and they are changing personal views of themselves. This leads to a change in individual consciousness about their perspective on their issue or problem. Feelings, cognitions, and thoughts influence behavior is grouped together as a theme in CBT because these elements work together in the clients reaching a successful recovery and clients using all of these aspects to change their addictive behaviors.
Reframing

Reframing absolute truth and black and white thinking is part of the reframing subcategory and overarching metaphors theme. This concept used in CBT is to reframe black and white type thinking, and the goal is to challenge the clients on what they say, by asking, “is this thought the absolute truth?” One therapist said,

As a CBT therapist, like I’ve seen how reframing a thought or midevening somebody’s perspective, using metaphors, or getting them to change a thought that is completely distorted, and magnified and all or nothing thinking to something slightly more truthful in their language allowing it to be not so threatening, the implication changes, I guess, for your life; because if you are never going to get better, then what’s the point? But instead of that, if we can change the language a little bit, to “it’s going to be really hard work to get better at this” you know, that’s not like rosy, and kind of the best news ever, its more truthful, and more tolerable to go through life.

We see this theme of metaphor use as was suggested in the comparison theme section, but in CBT there is another component to working with clients to change the words and language that they use with themselves and others to be more truthful and to find a changed perspective in the process, or as one therapist said it, “Let’s zoom out, let’s look at this from a different perspective, how do you think someone else might look at this? A lot of language is around taking a different perspective or broadening a perspective.” The therapists all agreed that the language used absolutely impacts an individual having a successful recovery because the choice of words selected can “manifest your destiny.” The type of language used can either hold a client back or allow the client to form a belief about what is to come in the future:

What I am going to do or how are things going to turn out and if I say these things, if I believe these things, and if it’s a very negative outlook, I’m creating a very negative experience for myself and I will continue to have this kind of negative experience over and over again and wonder what’s going on and why but continue this belief system that is perpetuating a negative outlook for myself so it all starts with the words because that’s how we think of ourselves and that’s how we think in our minds and how we represent ourselves to other
people in the world, working, social, familiar, and otherwise it’s just how we are, the words mean everything.

The words, language, and framing of experience is an essential element in the CBT model and clients reaching a successful recovery. Defining success in CBT means that the clients can use tools to reframe their experience and this is constructed with clients in sessions but addressing if the thoughts are the absolute truth and to change them to be less threatening and less charged.

Evidence-Based

The final theme found in the CBT model was evidenced-based, a subcategory of trauma and part of the psychotherapy theme. Evidence-based, meaning it has been used and proven to be effective in working with people with past trauma and substance use disorder, “that’s what CBT does, it teaches skills, very black and white concrete skills, and it is evidence-based.” It can be argued that this model is evidence-based because it works directly in the physical realm, the brain can be analyzed scientifically and empirically validated. One interviewee said, “it’s one of the only . . . empirically validated treatments.”

In this model, a therapist suggested that, “CBT has long-term lasting effects, it is evidenced-based, and it is something that I stand behind as a physician.” Evidence-based is the frame of the CBT model’s perspective. This frame can involve transformations in thinking patterns and feelings about particular activities, such as substance use, abuse, and addiction. This frame looks to use consciousness raising activities and awareness of thought patterns tested in the setting with a focus on working with clients to reframe existing images or identities. There is an evidence-
based ideology referenced in the setting as an integrated set of values for the model being evidence-based.
CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

Language matters. Clients experienced results in both methods and success means feeling better: One participant said,

The client feeling better about themselves, feeling like they have more resources, feeling like they accomplished something that they set out to accomplish, having a deeper understanding of why they got into the predicament or the behavior or the habit in the first place.

A shamanic therapeutic mechanisms (STM) interviewee said:

In energetic work and spiritual work there is a sense of, I am more myself, you will hear, I am more myself than the way I used to be, I enjoy life a lot more, I am a lot happier, I can move through problems, so it is probably a very subjective thing you will hear; but it can be categorized, it can be defined, so from that energetic point of view, we want to come back into equilibrium, harmony, and balance, those are words we use very seriously because you find that place where your emotions are. You will always feel anger, fear, and joy, but you will not be copoled over by them and caught up in this whirlpool and not be able to function. You'll be able to let those energies flow through you and manage, so there is a strong sense on if someone is better.

A notable comparison was that both methods target trauma, and addictive behavior is seen as a symptom, “something else is going on and alcoholism is the symptom. Addiction is a really common theme and is just another form of being really out of balance.” Symptom reduction is a goal in both methods and addiction is a symptom of something else that is going on within the client.

There is also a notion in both models about giving the client the tools to help themselves, “so part of success is also having the tools, having the skills, having the
A cognitive behavioral therapy (CBT) interviewee said that,

Success is a term that I use in therapy and CBT sessions. I first have to understand what the client’s perspective of success is, so I have to think, if this is an alcoholic who drinks seven days a week. For me, success might mean that he moves down from five days a week, and then in time down to four days a week, and so on, and so forth. So that is my definition of success, but if he believes, and he comes in and says, I am drinking seven days a week and in order to succeed, I need complete abstinence. So for him to go from seven days a week to zero days a week, and that is his definition of success, then that is the goal of therapy, and not what I think success is.

Individual definitions of success is a notable comparison in both models and specifically that it is the individual clients definition of success that mattered the most, and that this is per client and per session and to build upon that by providing tools and skills that clients can use and work with. As one CBT interviewee said,

I think it’s hard to give a definitive answer on what is successful because everyone experiences minor successes in different ways, and I would say simply applying skills that are being presented during clinical services, both in session and outside of session, is something that I consider success and something that can lead toward long-term sobriety.

Another CBT interviewee expanded upon this when talking about clients by saying, “if they come into therapy and the client says, I have learned what I need to learn, I have given examples of using the skills and it has affected my life in a positive way and I don’t need therapy anymore, then yea, the therapy worked.” A CBT interviewee said that success is, “My job is to put myself out of a job. They come in, they unpack the story, we identify problems, we apply concrete skills and tools to practice, they go home and practice them, they get better, and I never see them again.” This quote suggests that clients who use the skills and practice the skills can have a successful recovery from addiction.
There is an observable contrast in the models in where the emotional component in the model compares. The energetic charge and attachments contributing to addiction in the STM model is not addressed in the CBT model. There is a similar word used in the term trigger but while one model looks to release something from the body spiritually or energetically, the other looks to reframe the thought process and use skills to alter the behavior. There is a clear distinction between the two models in that one model is addressing the spiritual realm while doing work and the other is addressing the physical realm and thought patterns.

The most notable contrast is the realms in which the models work in is one being very physical, brain-based, with a focus on cognitions and changing harmful thinking patterns, the other method being very spiritual, energetic-based, with a focus on light essence and releasing harmful attachments. The framing, reframing, perspective, and experiences were noted in both methods but the ways in which the models communicated about this process was very different as were the therapeutic tools used.

The STM model practitioners got into their work for their own healing and had a more narrative way of explaining the work that they do with clients. The CBT model therapists noted getting into their line of work from their educational setting and working with others who used the CBT model. The CBT model had a more linear way of explaining their work. What is important to each model and what is significant in terms of success? In CBT, “I think the most important thing to develop early on is rapport.” In STM,

Language is really important in any kind of therapy and especially in hypnosis and journey work, like when you want to tell a child a story and get a message across. The language is simple, the language is descriptive, it’s specific, it’s
repetitive, it’s poetic. That way it’s going deeper, it’s going into the subconscious, because we are listening with both sides of the mind, the conscious, and subconscious.

Within both models were the use of multiple methods within methods, and the STM and CBT models were considered an umbrella for other therapeutic modalities. The CBT model focuses on evidence-based treatment modalities while working in the physical realm, and the therapists work with clients on cognitive skills, feelings, emotions, triggers, goals, anxiety, and negative thought patterns. The CBT therapists do inpatient, outpatient, and clinical treatments that focus on neuropathology, mental functioning, relational framing, acceptance, commitment, and human cognition. Within the CBT model are submodels: dialectical behavior therapy, motivational interviewing, third wave therapies, testing empathy agenda setting methods, self-management and recovery training, acceptance and commitment therapy, and motivational enhancement therapy. One interviewee from the CBT said,

I think it is important for me to say as a therapist, is working with more than the CBT model, I work with DBT [dialectical behavior therapy], motivational interviewing, client centered, insight oriented therapy, I work closely with the DSM-5 [Diagnostic and Statistical Manual of Mental Disorders], I am a diagnostician, I have many fascists of intervention depending on who walks in the door and their needs. An overarching theme to my work whether it be CBT or MI [motivational interviewing] or whatever it is, is this idea that if the client can change the way they are thinking about something, or change the way that they are feeling about something, then ultimately the thing that they are feeling and thinking, they will see it differently.

The CBT models has numerous other methods that the therapists used. Additional methods not mentioned above but mentioned in the interviews were: ASTEM (advanced specialist training in emergency training), MET (motivational enhancement therapy), AA (Alcoholics Anonymous) and NA (Narcotics Anonymous) meetings.
The STM model focuses on spirit treatment modalities reached in altered states of consciousness, or the non-physical realm. The STM therapist works with spirit, divine, source, spirit helpers and guides, energy and light. The STM practitioners work with herbs, plants, sounds, chanting, drumming, holistic cleansing and movement focusing on spirit and energetic charges, frequency, vibration, and intention. This model works with the client to get into their full power, equilibrium, balance, and harmony. Within the STM model are other healing modalities or submodels: mediumism, shamanism, hypnotherapy, regression therapy (past life), soul retrieval, extraction, homoeopathy, and journeying. The two models construct successful recovery differently and use different methods in their therapy sessions. However, overarching themes and subcategories suggest that the models overlap in a variety of ways when working with clients to achieve and define successful recovery.

RECOMMENDATIONS

Programs designed to improve the addiction recovery success in individuals would benefit from incorporating frame theory in the construction of their program as words and framing used in recovery and healing settings are important resources that individual clients need to perceive successful recovery. Following the trends of previous research, findings in this project suggested that addiction treatment professionals provided tools to clients in the community and words, language, and meaning affected practitioners working with clients on changing addictive behavior. The language use also came with obstacles regarding individuality and client’s interpretation and own definitions of success may change case to case. The language and words were important if they were potentially tied to triggers. Counselors and practitioners were aware the words mattered in sessions with clients, and it was
important to understand what words work specifically for clients as well as knowing what words to stay away from.

The theoretical background suggests that meanings are not automatic, but change is created through dialog and interactively-based interpretive processes, which is what this research gathered more empirical data on. Health and addiction recovery programs should be aware of the theoretical implications in which framing is used to conceptualize and assign meanings that individuals then use to interpret and construct their reality. Interpretive frames help individuals integrate language used in addiction recovery models that may perform a transformative function, as see in both models with the use of metaphor.

The teaching of coping and healing skills, including relevant knowledge, thought pattern identification, spiritual attachment awareness, and reframing experiences should be acknowledged in programs and future research. This research data helps provide a foundation to advance knowledge in related fields and serves as a stepping stone in advancing addiction research and sociological and health behavior theory: A key value being the ability to reach target populations impacted by addiction and expanding on frame theory used in recovery and healing settings encouraging more positive results and outcomes for individuals. Though dependent on the individual, internalized success was visible through therapists observing clients no longer needing treatment.

Without therapists creating a safe space for engagement, healing would not have flourished into successful recovery for clients. Through community, program participants gained additional empirical sources, which helped solidify transitions toward more language awareness. Engaging with research showed individuals were
part of a larger discussion and helped develop an affiliation with their perspective field. Internal definitions of success highlighted one’s development within the model and was needed to successfully recover.

Program evaluation examining the impact of different recovery and healing models is another avenue future research should consider exploring. Therapists and clients may provide a different perspective on successful recovery transitions. Clients who have not achieved successful recovery could shed light on what is not beneficial in different recovery models and what is needed to positively impact more individuals. Future research may also consider exploring addiction recovery models in different states outside of Colorado. Understanding how intervention and recovery settings work across fields can facilitate a more qualitative understanding about what language is working in addiction recovery and healing.
REFERENCES


APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVAL
DATE: November 13, 2018

TO: Ashleigh Pulling
FROM: University of Northern Colorado (UNCO) IRB


SUBMISSION TYPE: Amendment/Modification

ACTION: APPROVAL/VERIFICATION OF EXEMPT STATUS

DECISION DATE: November 13, 2018

EXPIRATION DATE: November 13, 2022

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNCO) IRB approves this project and verifies its status as EXEMPT according to federal IRB regulations. We will retain a copy of this correspondence within our records for a duration of 4 years.

If you have any questions, please contact Nicole Morse at 970-351-1910 or nicole.morse@unco.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNCO) IRB's records.
APPENDIX B

INTERVIEW GUIDE
Interview Guide

Demographic Information
Name:
Pseudonym:
Age:
Gender Identity:
Racial and/or Ethnic Identity:
Highest Level of Education Completed:
State/Region:

1. How did you first get involved in this recovery/healing (CBT/SMT) method?
   a. How long have you been a practitioner of this method of therapy?
   b. What are your beliefs about what successful (treatment/healing) is?
   c. Can you walk me through a session of the recovery/healing process?

2. What language is used most in this recovery/healing (CBT/SMT) settings?
   a. How is successful (treatment/healing) spoken about in this setting?
   b. Are there any key words that you use to help define successful recovery/healing?

3. What is your understanding of ‘successful’ addiction recovery behavior?
   a. How does this method of recovery/healing help shape someone's behavior?
   b. How does this setting shape the way you talk about re ‘success’?
   c. Do you believe the language used in this setting impacts a person’s ability to successfully recovery/heal?
   d. What does successful recovery/healing look like?

4. What do you believe was the most or least influential piece of information said to you about successful recovery?
   a. What, if any, influence has the term “success” had on your understanding of what it means to recover?
   b. What advice do you have for someone trying to start a new program?
   c. What would an ideal recovery/healing program look like?

5. Other comments:
APPENDIX C

CONSENT FORM
Project Title: Exploring language construction and the meaning of ‘success’ in Cognitive Behavioral Therapy and Shamanic Therapeutic Mechanism recovery settings.

Researcher: Ashleigh Pulling, M. A. Student in Sociology  
E-mail: Ashleigh.Pulling@unco.edu

Research Advisor: Harmony Newman, Ph.D., Department of Sociology  
Email: harmony.newman@unco.edu

Purpose and Description: The purpose of this study is to explore how language is used in addiction recovery and healing settings and how “success” is defined.

You will be asked a variety of questions pertaining to the addiction recovery and healing setting and your experiences of language used within the setting.

Precautions have been put in place to maximize confidentiality and to protect your anonymity. You will be assigned an alias that only the primary researcher will know. All data, including contact information and consent form, will be kept in the research advisor’s locked office on campus.

There are no foreseeable risks to participating in this study outside of those experienced in every day conversations with peers.

Participation is voluntary. You may decide not to participate in this study. If you begin participation, you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference.

If you have any concerns about your selection or treatment as a research participant, please contact Nicole Morse, IRB Administrator, Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; Nicole.Morse@unco.edu.

____________________________________________  ________________  ____________
Participant’s Signature  Date

____________________________________________  ________________  ____________
Researcher’s Signature  Date