

The Shadow Paradigm in Recovery Pascal Scoles, DSW, LCSW

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Abstract

In recovery, the Shadow Paradigm is the accumulation of an individual's life events, including frustrations, fears, and common adversarial behaviors. A person's Shadow Paradigm shapes their life experiences and determines their worldview. The ability to cope with stress and adversity and return to a normal state of daily functioning by avoiding negative consequences of one's behavior is usually related to a person's shadow paradigm. Favorable resolution of a person's Shadow is often one's capacity and opportunity to navigate and negotiate their way to psychological, social, cultural, and physical resources that sustain a positive outlook on all of life's experiences. Building a resilient, healthy life is related to a person's propensity to command and shape their Shadow Paradigm. One's capacity to manage: Denial, Projection, Rationalization, negative Acting Out Behavior while minimizing Enabling and Codependent behaviors determines an individual's ability to deal with adversity effectively. Change is often related to an individual's capacity to manage, adapt and integrate new knowledge that facilitates a more positive, productive view of their past and how it influences a person's recovery in the present and future. If one stops old behaviors without new activity, he/she is doomed to failure. The ability to cope with stress and adversity and return to a normal state of daily functioning by avoiding negative consequences of one's behavior is usually related to a person's shadow paradigm (1-3).

The Shadow

The Shadow was a term that Carl Jung borrowed from Friedrich Nietzsche. This idea represents the hidden part of an individual that exists in all human beings (4-5). Generally, most of us believe we are good and kind people. However, some parts of us are repressed inherited instincts such as violence, anger, and hate that sometimes we hide. The shadow archetype, a primitive mental image inherited from the earliest human ancestors, and is present in our collective unconscious, does not exist only in individuals or groups of people (sects, religious groups, political parties) but can also have a shadow archetype, a collectively inherited unconscious idea, a pattern of thought, image, etc., universally present in all individuals. At any given moment, these groups can show their "dark side" to justify violent acts against humanity. The more we repress the Shadow (negative aspects of our personality), the more destructive, insidious, and dangerous they become. According to Jung, when we hide it, it can "project" itself and appear in the form of neurotic or psychotic behaviors. Likewise, Jung identified two typologies within the shadow archetype. The first is the personal Shadow. We all have this one, with all our minor frustrations, fears, selfishness, and typical negativity. The other is the impersonal Shadow. It contains the most archetypal essence of evil and accompanies genocide, merciless killing, etc. Unfortunately, man is no doubt less good than he imagines himself or wants to be.

Everyone carries a shadow, and the less it is embodied in the individual's conscious life, the blacker and denser it is. If an inferiority is conscious, one always has a chance to correct it. Furthermore, it is constantly in contact with other interests to be steadily subjected to modifications. But if it is repressed and isolated from consciousness, it never gets corrected. It is, moreover, liable to burst forth in a moment of unawareness. Thus, it forms an unconscious snag, blocking the most recent attempt (6-12).

The Paradigm

The Paradigm refers to a clear set of concepts, patterns, or suppositions used in clinical practice. It represents a person's belief system, something of one's accumulated habits, and the entire outlook towards the world. In short, what makes you who you are today, is your Paradigm. It results from your childhood and your parents, teachers, and society's contributions to your personal development. A person's Paradigm shapes their experience in the world. We see all things only according to our worldview. If you took the last twenty to thirty years or more to become who you are today, it is only reasonable to expect that you will give appropriate time, maybe even a lifetime, to make changes in your Paradigm (13). In general, the Shadow Paradigm is the accumulation of an individual's life events, including frustrations, fears, and common adversarial behaviors. A person's Shadow Paradigm shapes our experi-

ences in the world and determines our worldview. In reflecting on drug use and the avoidance of positive knowledge, states, we often come across people who say that they have turned to drugs with a desire to die little by little. Even when the physical death of the individual is not an issue, psychic death is still constellated. One often turns to drugs because of the insignificance, senselessness, and flatness of one's present life—a dead and senseless thing fueled by solely reflex action (p.63).

Recovery Resilience

Building a resilient, healthy lifestyle is related to one's ability to manage and shape one Shadow Paradigm and impact one's inferiorities, unacceptable impulses, and negative behaviors, which are painful to admit. It appears that the healing process is the result of a goal-directed, action-oriented person being able to interact with individuals, groups, families, and communities that either promote well-being or protect them against the negative influence of many different risk factors (14-29). Positive well-being is often one's capacity and one's opportunity to traverse and negotiate one way to psychological, social, cultural, and physical resources that sustain a positive outlook on all of life's experiences. For example, in a wellness model, the focus is no longer primarily on problems but emphasizes solutions and the facilitation of a holistic sense. A person's core values, such as hope, community partnership, collaboration, leadership, cultural competence, and transparency, become the functional pathway to recovery. This pathway is embedded in an understanding of the change process and a person's commitment to solutions. Although individuals typically move back and forth between various stages of change and cycle through different rates, all difference is circular or spiral, not linear. Many individuals cycle through the different settings several times before achieving stable change and finding their commitment to recovery. Healthy individuals manage the difficulties of regulating negative emotions and demonstrate sensitive reactions to a stressful life. Counter to this idea, dysfunctional people believe that there is no end to their unpleasant daily stressors and tend to have higher stress levels. In general, resilient people possess positive emotions, and such feelings, in turn, influence their responses to adversity.

Many self-help approaches to resilience draw mainly on the theory and practice of cognitive-behavioral therapy and the general field of positive psychology. Much of the positive psychology movement has its roots in Abraham Maslow, Alfred Adler, and Carl Rogers's Humanistic works. Self-actualization embraced by Maslow and Adler is a belief in an individual's universal search for meaning. Maslow's developmental hierarchy begins with the most basic physical human needs and ends with an individual movement toward self-actualization. Maslow believed that our conditions exist in a hierarchy; therefore, one cannot address self-esteem or self-actualization unless the underlying physiological and social needs are, to some extent, satisfied. The structure considers basic physiological needs without ignoring a person's capacity to succeed beyond their instinctive beginnings. Jung reflecting on natural origins believed that they were like "innate templates" in the brain that let some perceptions enter while screening others.

The assumption underlying Maslow's hierarchy is that the lower the need, the greater its strength, the higher the condition, the weaker its priority. Higher demands are less necessary for sur-

vival. The higher requirements, such as self-actualization, depend on more significant opportunity and freedom of expression than pursuing the basic physiological or safety needs. Maslow's developmental model has relevance to resilience. If resilience is the ability to sustain a positive outlook on all of life's experiences and have a life with meaningful love and affection, the abuse of alcohol and other drugs, at best allow the individual to try and manage one's basic physiological needs (food, clothing, and shelter) while neglecting the higher demands that lead to self-actualization. The constant struggle for basic needs reinforces a life of emotional and economic insecurity. The reality often strikes one that many chemically dependent individuals are caught in a cesspool of addiction and despair. Partly due to their circumstances, but mainly due to a circle of poverty, racism, and societal neglect, it becomes easy for behaviorally challenged individuals to find "cheap grace" or become "self-actualized" for a few days or a few hours by taking mind-altering substances. Many practitioners believe that the constant focus on basic needs and a public policy of inadequate healthcare and minor or no marketable work skills are significant contributors to the high relapse rates. If one cannot gain mastery over the basic needs, food, clothing, and shelter, it becomes increasingly challenging to feel that you control your life. Without the thought of having some control over life events, it is not straightforward to build self-esteem and find a formal process reflecting resilience. The absence of alcohol or other drugs from one's body is only the beginning of recovery resilience. To sustain a life of positive well-being, one must embrace a philosophy that the distribution of energy in consciousness can form a new psychic balance that encourages and, to some extent, creates both internal and external harmony (positive Shadow Paradigm). If personality is to become a path rather than harden into pathology, we need to learn to work with ourselves as we are, without aggression or blame. This means creating conditions that encourage the personality structure to break open from within, revealing the essential qualities of our being hidden within it.

Many people in recovery stop substance use and abuse but cannot visualize a satisfying life without alcohol or other drugs. Instead, they live a life of endless meetings that fill time, avoiding people, places, things, and situations without re-entering society's mainstream and enjoying one's sobriety. Successful recovery is embedded in a collaborative and healing environment that embraces and integrates various therapeutic activities into a person's public and private life. Recovery must be a time to enjoy work, live in a community, participate in physical and recreational activities, gain more knowledge through education, etc. Sobriety cannot be an end in itself; it must be a means to serenity. Self-help groups will continue to be a significant factor in a person's recovery but not the only path to a life of sobriety. Studies on resilience indicate that the primary factors in modifying the harmful effects of adverse life situations, like addiction, is to have relationships that:

- (1) provide care and support,
- (2) create love and trust, and
- (3) encourage and, to some extent create, both internal and external balance between a person's family and community.

If this balance leads to an individual's capacity to make realistic plans, have a positive self-image, develop practical interpersonal skills, and manage strong feelings and impulses, they are consid-

ered resilient. distinguished three contexts for resiliency as a protective factor:

(1) personal attributes, including outgoing, bright, and positive self-concepts.

(2) close bonds with at least one family member or an emotionally stable parent.

(3) receiving support or counsel from peers and community. Other factors that promote resilience are:

- ✓ The ability to cope with stressful challenges effectively.
- ✓ Having excellent problem-solving skills.
- ✓ Having the ability to seek help from others.
- ✓ Believing that there is something one can do to manage one's feelings and cope with life.
- ✓ Having a social support network.
- ✓ Being able to Self-disclose trauma to loved ones.
- ✓ Having a sense of one's spirituality.
- ✓ Having an identity as a survivor, not a victim.
- ✓ Helping others (giving back).
- ✓ Finding positive meaning in one's trauma.

In building resilience in life, the American Psychological Association (APA) suggests:

- * Maintaining -positive relationships with close family members, friends, and others.
- * Avoid seeing crises or stressful events as severe problems.
- * Accepting circumstances that cannot be changed (Serenity Prayer in recovery)
- * Developing realistic goals and moving towards them.
- * Taking decisive actions in adverse situations.
- * Looking for opportunities for self-discovery after a struggle with loss.
- * Developing self-confidence.
- * Keeping a long-term perspective and considering the stressful event in a broader context.
- * Maintaining a hopeful outlook, expecting good things, and visualizing your wishes.
- * Take care of one's mind and body, exercise regularly and pay attention to one's own needs and feelings (<https://www.apa.org/topics/resilience/>).

Finally, an individual's positive, resilient outlook in conjunction with our shadow paradigm shapes our experiences in life and determines our worldview. An integrated successful worldview has to do with managing: Denial, Projection, Rationalization, negative Acting Out Behavior while minimizing Enabling and Codependent behaviors.

Denial

Denial is one of the Shadow experiences used by individuals seeking recovery. Sometimes, individuals use Denial to protect substance use, act irresponsibly, justify or hide negative behavior, and ignore treatment issues. Denial is like repression (threatened and painful thoughts are excluded from awareness) but quite different. It is a way of distorting what the individual feels, perceives, and thinks about a situation. For example, Shadowboxing is a way of defending oneself against reality by minimizing feedback from the environment. It allows the individual to continue; by selectively perceiving what information gets registered in his/her self-defined fact. The more the ego distorts or fantasizes about their inner and

outer reality, the more damage is done to an individual's ability to own their Shadow. states the concept well when he said, "things in the world that most disturb and upset me about others are my shadow qualities which are now perceived as out there" (p.12). The shadow boxing of Denial is viewed as a type of resistance. indicate that Denial is unwilling to cooperate, accept responsibility, face one's problems, or take constructive advice.

Denial defends oneself against reality by minimizing feedback. It allows the individual to continue; by selectively perceiving what information gets registered in his her self-defined fact. The more one distorts or fantasizes about their inner and outer reality, the more damage is done to an individual's ability to take ownership of their negative behavior. Many individuals use Denial to protect substance use, justify or hide inappropriate behavior, avoid treatment issues and preserve self-esteem in the face of negative feedback (<https://www.verywellmind.com/denial-as-a-defense-mechanism-5114461>). The expression of Denial gets manifested by:

- Blaming: The individual blames other people for their problems.
- Disagreeing: The individual disagrees with a suggestion that is made by peers and professionals regarding constructive alternative behaviors.
- Excusing: The individual makes excuses for his/her behavior.
- Claiming impunity. The individual claims that he/she is not in any danger from his/her current behavior.
- Minimizing: The individual suggests that the family and community exaggerate risks or dangers and not be so bad.
- Pessimism: The individual makes statements about himself or others that are defeatist or negative in tone.
- Reluctance: The individual expresses reservations and reluctance about information or advice given.
- Unwillingness to Change: The individual expresses a lack of desire or an unwillingness to change.

Inattention: The individual indicates that he/she has not been paying attention to their recovery plan. Often, it is the provider of services who is "in denial," "resistant to change," "pessimistic," etc., and not the person receiving services. When providers of service fail to take into consideration the need for an assessment that honors culture in all its forms, maximizes strengths instead of challenges, and puts the person receiving services and his or her supporters in the driver's seat when developing plans of care, a dynamic that promotes failure is created.

Projection

Projection is a mechanism of attributing to others our Shadow (negative) desires and impulses. For example, people in recovery can blame much of their boredom, lack of meaningful work, poverty, racism, etc. Although many of these issues are contributing factors to their substance use experience, one must be able not to allow those negative life experiences to infuriate, disturb or continue to justify one's inability to humanize the Shadow and become more resilient and develop grit, a positive, non- cognitive trait based on an individual's perseverance of effort combined with the passion for a particular long-term goal (30).

Projection can help the individual feel as though they are protecting themselves. Using Projection as a coping method, the individ-

ual can set their inner conflicts aside by pushing them outward and focusing on something else. Projections are familiar with recovering addicts and can help in some cases, but otherwise, they could become destructive. When used as a coping method, Projection can enlighten the individual to the behaviors that bother them and set negative emotions aside to begin the healing process. When used as a defense mechanism, it can distort the reality of the people they are projecting to and allow them to deny rather than face their negative traits. <https://amphetamines.com/what-is-projection-and-how-does-it-affect-your-recovery-efforts/>

Rationalization

Rationalization is the individual attempting to find acceptable reasons for not complying or engaging with his/her recovery plan. This is when an individual tries to find or explain away unjustifiable behavior or soften the negative connection with life's disappointments. Working through a person's negative experiences involves a commitment to a person-driven recovery plan and embraces positive virtues, potentials, and capacities (<https://www.healthline.com/health/mental-health/defense-mechanisms#defense-mechanisms>). Projection and Rationalization are frequently associated with Denial. Projection is a self-destructive mechanism of attributing to others our harmful desires and impulses (ref). People receiving services can blame much of what happens to them on boredom, lack of meaningful work, poverty, racism, etc.

Although many of these issues contribute to their addiction, one must be able not to allow those negative life experiences to infuriate, disturb or continue to justify one's inability to humanize the Shadow (shadow-hugging). By "humanizing the Shadow" allows the individual to avoid lowered self-esteem or depression that usually results from accepting responsibility for his/her actions. Rationalization attempts to find acceptable reasons for not complying with their recovery plan for many individuals active in their addiction. This type of irrational behavior is an individual's attempt to discover or explain unjustifiable behavior or soften the blow connected with life's disappointments. Working through a person's experiences involves a commitment to a person-driven recovery plan and reflects an understanding that embraces positive virtues, potentials, and capacities. This upbeat, supportive model is revealed in a person-directed care model. The individuals receiving services are the primary care driver of those services. They have choices in what services are provided, and care is individualized to meet their own needs, wishes, and desires. A person-directed care model empowers individuals and communities to select their recovery support team and invite family members and other natural supporters in the family and community to be involved. This positive support experience means realizing all people, regardless of their circumstances, have the power to change their lives and can partner with their recovery team in doing so. Tools for Transformation Series: Person First Assessment and Person Directed Planning). When there is a lack of therapeutic integration between the individual and the community, it will find expression in individual pathology and community dysfunction. In many ways, valuable helpers such as community leaders, counselors, politicians, peer specialists, etc., can easily be viewed as "counselors of the Shadow" since much of their effectiveness is directly related to their ability to be compassionate neutralize life's destructive forces. One can reduce the adverse effects of negative life events by con-

fronting reality and providing a more transcendent view, diminishing the Shadow's influence in everyday life. (<http://en.wikipedia.org/wiki/Shadowboxing>)

Acting Out Behavior

Acting out behavior means that individuals decide to do an activity they desire even though they know that self-destructive behavior contributes to their continued use or abuse of substances. Because they know that what they are doing is not helpful to their recovery, they will often hide it. In recovery, the term "acting out" can refer to an individual's display of previous destructive relapse behaviors. The individual knows deep down that their behavior is damaging, but they will continue with the substance use. They may well believe that substance abuse is acceptable because they have no other way of dealing with their frustrations.

To effectively manage acting out behavior, one must understand and become sensitive to certain inhibitory behaviors such as enabling and codependency. Essentially, to "enable someone" means to behave knowingly in such a way as to make it possible for that person to continue to use chemicals without having to pay the natural consequences. Any person who intentionally acts in such a way as to protect the alcohol/drug user from the realistic effects of his or her behavior might be said to be an enabler. The Partnership for a Drug-Free America describes enabling as "behaviors by any person that allow people with substance use problems to avoid the negative consequences of their actions." Examples of promoting behaviors include:

- Paying the addicted person's bills when drugs have used up all their money.
- Covering up for addiction-related problems at the person's workplace.
- Making excuses or simply remaining silent in the face of inappropriate or destructive behaviors.

Codependency Behavior and Enabling Behavior

Codependency is a preoccupation and extreme dependence (emotionally, socially, and sometimes physically) on a person or object. Eventually, this co-dependence becomes a pathological condition that affects their behavior in all other relationships. Codependency Behavior stated occurs when the codependent individual believes that a person's behavior reflects them. Thus, the individual views inappropriate behavior on the significant other as a threat to their self-esteem. Codependency and Enabling Behaviors may be and often are found in the same person. Enabling refers to specific behaviors, whereas codependency refers to a relationship pattern (<https://www.tlcrecovery.support/codependency>).

Reflecting on the above shadow paradigm and a person's resilience, there must be:

1. A continuous interplay between our thoughts, emotions, and physical and emotional state of health and well-being.
2. A concept of primary responsibility for our life and thus for our health.
3. An appreciation that the mind and the emotions play a large part in creating "disease" also can be employed in the healing process.
4. An understanding that the body/mind has an intelligence of its own. Each cell has the wisdom and inclination to carry out

its function, which may be negatively or positively influenced consistently by the messages received.

5. Accepting that the body/mind speaks to us can be our teacher if we are willing to learn. For example, pain, discomfort, and disease provide information about conflict and disharmony.
6. An essential consideration that the symptoms of illness at various levels, including the mental, physical, emotional, and spiritual levels.
7. A recognition that the inner Self or the Self is always seeking to grow spiritually.
8. A reduction or elimination of conflict is facilitated by a willingness to pursue these actively states and by self-awareness.
9. A thought that illness may be the necessary by-product of a deeper level of healing. As we heal holistically, we go through periods of detoxification that are experienced as temporary discomfort.
10. An acknowledgment that each of us must get to know our body/mind better than anyone else. By learning to listen within, we also become our own greatest healers.

In conclusion, the Serenity Prayer is a call to action on a person's Shadow Paradigm for many individuals. It reflects the best of our thoughts and behaviors. By asking, "What can I change and what can't I change?" one begins to devise an action plan. For things we cannot change, our task is to work on accepting them. Next, we must determine what action is necessary to support such change and then find the courage to do it for something we can change. The process sounds simple but is not. That is why it requires serenity, a state of being where people are untroubled by the ups and downs in life.

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