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# NEPTIC-PSYCHOTHERAPEUTIC TREATMENT AND SUBSTANCE (AB)USE

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## **Abstract**

The article proposes a model, in the Orthodox tradition, for treating pathology that embraces a cognitive, conative, and behavioural approach in the framework of neptic-psychotherapy.

*Keywords:* Orthodox *praxis*, patristic, self-control, therapy

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## **1. Introduction**

In reaction to the ever-increasing compartmentalization and fragmentation of modern societies, (both East and West), interest abounds regarding methods of holistic healing [1, 2]. Contemporary worldviews, which are entrenched in individualism and which are mysticalogically pathological, in that they deny, or fail to perceive the mystical connection or relationship between spiritual and/or psychic meaning and purpose, and the physical world, (including events, actions, or behaviour), separate the individual from both community and ontic reality [3-6]. This spawns an alienating and distressing social order, bereft of communal character, which offers little opportunity for intercommunion and/or connectivity, resulting in general dissociation, i.e., the internal and mental process that severs the connection between an individual's thoughts, memories, feelings, actions, and/or sense of identity and responsibility, and erodes the possibilities for attaining full personhood and true self-consciousness in terms of spiritual, psychological, emotional, and social achievement [1, 2, 7]. The results are devastating and lead to cognitive dissonance and/or distortions, including: (a) selective abstraction, i.e., the focus on one event or situation at the exclusion of all others; (b) arbitrary inference, i.e., drawing conclusions that are not supported by facts; (c) personalization, i.e., attributing personal intent to an event and/or situation; (d) polarization, i.e., perceiving and/or interpreting events or situations in 'all' or 'nothing' terms; (e) generalization, i.e., the tendency to see things in 'always' or 'never' categories; (f) demanding expectations, i.e., personal opinions or preferences that are transformed into rules that must be obeyed; (g)

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catastrophizing, i.e., the perception that something is utterly terrible or awful; and (h) emotional reasoning, i.e., the perception that feelings are facts [1, 2, 7-9]. These distortions are often accompanied by reduced self-capacities, including (a) characterologic difficulties associated with identity, emotional, and attachment and/or relational schemata, etc. and (b) inadequately developed affect and/or tolerance regulation skills. In turn, these phenomena, (accompanied by genetic and environmental factors) are a fertile breeding ground for substance (ab)use. Ultimately, humanity is sick and in desperate need of a Divine remedy. However, this sickness is not solely neurological or psychological, but ontological, (i.e., it touches the very being), and eschatological, i.e., it points to the genuine need to move beyond 'ordinary' reality to epistemic reality through energetic union with the Divine.

## 2. Framework

In the face of the reality of this ontological and eschatological 'now', and transcending the terms of psychological normality, homeostasis, and/or adaptive behaviour [1, 7], Orthodox neptic-psychotherapy proposes a balance, in which there is a synergy between the Divine and the earthly, i.e., between the discursive intellect and the heart, as a direct result of an interactive cooperation between the human mind and the human transcendent apperceptual power or spiritual faculty referred to as the *nous* [1, 10]. This is over and above the normal, homeostatic, and/or adaptive condition that emerges from the therapeutic resolution of tension between destructive and constructive elements, (i.e., between pathology and health, and/or maladaptive or adaptive aspects of the *psyche*, or soul), the personality, and the restoration of emotional, psychological, and psychic equilibrium [11-13]. Neptic-psychotherapy is therefore the holistic method established in the apophthegms, or maxims, of the Holy Fathers, i.e., Orthodox saints and teachers of the first millennium, for the (a) healing of the *psyche*, of spiritual, behavioural, and/or psychological disorders and pathologies; (b) restoration of spiritual and mental health; (c) achievement of true 'self-consciousness' and full personhood; and ultimately, (d) overcoming substance (ab)use, through contemplative prayer and neptic-psychotherapeutic interventions [1, 3-6, 8, 9].

Neptic-psychotherapy then refers to the healing of the total person [1, 3-6]. In contrast to Western psychological systems, which are called primarily, (with the recent exception of Seligman's Positive Psychology), to cure pathological anomalies [14-16], the neptic and practical theology of the Orthodox Church addresses the causes that engender these pathologies [17-19]. Pathologies have an ontological origin and Orthodoxy insists that these be treated existentially [11-13]. Neptic-psychotherapy transcends Western psychological therapies because it is derived from the living experience of the Divine Energies, i.e., of God, who in His essence is totally beyond human ken and knowledge. It involves a transcendent *a priori* avowal of all that 'is' and that which 'is not' [7, 11-13]. It is content beyond content, reality beyond existence

or non-existence, ontology beyond ontology, and cognition beyond cognition [7]. Consequently, neptic-psychotherapy does not explicitly refer to clinical practice and to specific cases of pathology, but rather to the general state of humanity after the fall, in which the human *nous* was darkened, and death and corruption entered the world [7]. Through this darkening, wo/man, by his/her own free will, violates his/her true nature to the point that s/he is alienated from hope, and falls into immortal death, indissoluble dissolution, and endless end of pathologies, including substance (ab)use, which are in reality existential maladies. S/he sinks into an ontological and eschatological nadir in the perversion of his/her immortality, the disruption of his/her union with God, and Divine potential [7, 3-6]. Through neptic-therapeutic treatment, wo/man is able to deal successfully with the darkened *nous* and to solve all existential problems completely and comprehensively [20-22].

Neptic-psychotherapy is therefore primarily directed to solving problems of ontological origin [7]. However, having stated this, the vast numbers of people that have received inner healing throughout the centuries through the practice of this therapeutic science would suggest that there are indeed, diagnostic and clinical, as well as existential, applications [3-7]. This proposition, of course, contravenes both scientific and religious trends in the West. Although neptic theology previously existed in Western Christendom, it was supplanted by Scholasticism, which identified *nous* with *logiki*, existential knowledge with intellectual knowledge, and theology with metaphysics. This ultimately created the chasm between science and religion in the West [8]. In contrast, as previously stated, the neptic-psychotherapeutic method of the Orthodox Church, while spiritual, is also indeed scientific, (i.e., it is based on two thousand years of observable, empirical, and measurable evidence). All those who have been transformed are the evidence that the Orthodox Church intervenes in society in a salvific way, and it is with this purpose that the Orthodox Church serves, and can continue to serve mankind - even those bound by the modern-day plague of substance (ab)use - through her neptic and hesychastic theological tradition [3-6]. The efficacy of this salvific intervention has been corroborated by recent empirical studies, which confirm that neptic-psychotherapy can be used to effectively treat depression and anxiety, as well as other pathologies [1, 2].

### **3. The Neptic-Psychotherapeutic treatment guide**

The *Neptic-Psychotherapeutic Treatment Guide for People with Substance (Ab)use Disorders*, adapted and revised from the US *Substance Abuse and Mental Health Services Administration* model [SAMHSA, 2012, available at <http://www.kap.samhsa.gov/products/manuals/tips/index.htm>], therefore provides a concrete and structured approach for implementing the neptic-psychotherapeutic model, and for treating adults who (ab)use, (or who are dependent on), stimulant drugs [2, 23, 24]. The model is open, spiritual, and holistic, and incorporates empirically tested and practical principles and

elements of Prayer/Meditation, Fasting, Psycho-Education, Relapse Prevention, Cognitive-Behavioural Therapy, and Family Therapy approaches, in addition to 12-Step Program support, and other treatments, many of which can be found directly in the writings of the Holy Fathers of the Orthodox Church, e.g., *Exomologetarion of Nikodemos the Hagiorite*, who lays down the conditions for sin-relapse prevention [25-27].

The manual uses step-by-step descriptions to explain the treatment process [28]. These descriptions are methodical because the treatment model is complex and detailed [2]. The method is designed to enable clerical or lay Therapy Facilitators (TFs) to implement the neptic-psychotherapeutic approach without long-term and protracted training. However, TFs are encouraged to have a first-hand 'experience' of neptic-psychotherapy, and to apply the model in their own lives [1, 2, 29].

The neptic-psychotherapeutic approach provides a structured treatment experience for clients, who participate in an intensive Orthodox 'Jesus Prayer' meditation curricula and an Orthodox fasting module (see Appendix A and B) which are initiated immediately upon induction into the program), and who attend in-patient or outpatient individual and/or group treatment sessions each week; and, if the treatment is residential, daily disciplines or chores are also included [2, 30, 31]. The individual and/or group sessions provide: (a) psycho-education, including information and handouts; (b) skill-developing opportunities in the structuring substance-free lifestyles; and (c) immediate and long-term support to achieve and maintain abstinence from drugs and/or alcohol [2, SAMHSA, 2012]. The intensive phase of treatment incorporates various counseling and support sessions, including (a) Individual/Family, (b) Early Recovery Skills, (c) Relapse Prevention, (d) Family Support, and (e) Social and Post-Treatment sessions - either individual and/or in group (the latter continue after the intensive phase of treatment ends) [2, SAMHSA, 32-34].

### ***3.1. Individual/Family sessions***

In neptic-psychotherapeutic intervention, the relationship between TF and client is central to the treatment dynamic, and each client is assigned a TF as s/he enters the program [SAMHSA, 2012]. This same TF will accompany the client throughout his/her treatment process [35]. After the client's initial interview with a qualified therapist, who provides the TF with (a) a vm/GARF and vm/GAF (to determine the client's psychological and social functioning) and (b) an assessment of where the client stands in the Change Cycle, the TF meets with the client (individually) to determine his/her eligibility/suitability for the program, and then proceeds to meet with the client and his/her family for three 50-minute sessions [2, 36]. These sessions are crucial, i.e., they assist in keeping the client in treatment and recovery. Family participation also enables the TF to address family relationships and to understand how the family system can influence or affect the recovery process [32, 37, SAMHSA].

### **3.2. Early recovery skills sessions**

Clients attend eight Early Recovery Skills (ERS) 50-minute group sessions, i.e., two per week for the first month of treatment. Each session is led by a TF. The ERS sessions teach clients the skillset for establishing abstinence from drugs and/or alcohol. The fundamental messages are: (a) The client can change his/her behaviour in ways that will make it easier to ‘stay abstinent’, (b) the sessions will provide the client with the strategies and practical tips to maintain abstinence, and (c) the client also needs the support of 12-Step or alternative mutual-help groups to benefit fully from treatment [2, SAMHSA]. The techniques used in the ERS group sessions are cognitive-behavioural and emphasize ‘how to focus’. The sessions constitute a forum in which the TF can work with each client to assist him/her in establishing his/her own initial and personalized recovery program. Each session has a clear and definable structure, which are essential to counter the high-energy and/or out-of-control feelings commonly associated with early recovery [SAMHSA, 38].

### **3.3. Relapse prevention sessions**

Relapse Prevention (RP) sessions are a central component of the neptic-psychotherapeutic method [SAMHSA, 2012]. There are 32 sessions during the 16 weeks of primary treatment [39-41]. Each session lasts approximately 90 minutes and addresses a specific topic or problem. The sessions constitute a forum in which people with substance (ab)use disorders can share information about relapse prevention and receive assistance in coping with the issues related to recovery and relapse [2, SAMHSA, 42]. The messages include: (a) relapse is not a random occurrence, (b) the relapse process has predictable patterns, and (c) signs of impending relapse can be identified. These are taken from the writings of St. Nikodemos the Hagiorite. The RP sessions allow for mutual client assistance under the guidance (and within the constraints provided) by the TF [2]. Clients in danger of relapse can be redirected, and those in recovery can be encouraged. Some examples of the 32 session topics include: (a) triggers, (b) boredom, (c) sex and recovery, (d) high-risk situations, recognizing stress, (e) managing anger, etc. [2, SAMHSA].

### **3.4. Family education sessions**

Twelve 90-minute weekly Family Education sessions are held during the initial 16-weeks of the program. The sessions provide a nonthreatening environment and present a broad spectrum of information regarding drug and alcohol (ab)use, addictive behaviour, treatment, recovery, and the ways in which a client’s substance (ab)use and/or dependence affects family members as well as how family members can support a client’s recovery [2, SAMHSA]. The group format includes PowerPoint slides, discussions, and panel presentations. The TF invites family members to attend these sessions. At times, a history of

negative interactions within a client's family prior to treatment can result in the client's emotional reaction to any family involvement in the recovery process. However, the possibilities of treatment success increase considerably if significant others become educated about the changes that are likely to occur within relationships as recovery proceeds [2, SAMHSA, 43]. The TF therefore educates clients and encourages involvement of his/her family members and/or significant others during the 12 Family Education sessions.

### **3.5. Social support sessions (and continuing care)**

Clients begin attending the Social Support sessions at the beginning of the last 4 weeks of primary treatment and continue attending these sessions once a week for another 36 weeks of 'Continuing Care' [2, SAMHSA]. Social Support group sessions help clients learn or relearn socialization skills. Clients in recovery who have learned how to stop using substances and how to avoid relapse are ready to develop a substance-free lifestyle that supports their recovery; the Social Support sessions assist clients in learning how to re-socialize (in a familiar and safe environment) with other clients who are further along in recovery [32-34, SAMHSA]. These sessions are also beneficial to the more experienced clients, who often strengthen their own recovery by serving as role models and staying mindful of the basic tenets of abstinence [2]. The sessions are led by a TF, but occasionally they may be broken into smaller discussion groups led by a client-facilitator, i.e., a client with a stable recovery history. Social Support and Continuing Care sessions focus on a combination of discussion of recovery issues being experienced by group members and discussion of specific and one-word recovery topics, such as (a) patience, (b) intimacy, (c) isolation, (d) rejection, (e) work, etc. [2, SAMHSA].

## **4. Conclusion**

The Orthodox tradition proposes a model for treating pathology that embraces a cognitive, conative, and behavioural approach in the framework of neptic-psychotherapy [2]. This approach is consistent with much of the more effective theory, practice, and methods developed by modern social scientists. The cognitive, conative, and behavioural aspects or practices of the various interventions require direction by spiritual therapists, and *synergy* on the part of the wo/man who is treated, in conformity with Orthodox *praxis*. The Patristic triad of *askesis*, *nepsis*, and *hesychia*, as a method of healing the ill *psyche* of the spiritual, behavioural, and psychological disorders and pathologies that lead to addiction, is realized by both the effort of wo/man to change and move towards God, and the Energies of God moving in wo/man to bring about that change [1, 2, <http://www.stnicholaspx.org/2004/06/02/a-collection-of-articles-on-the-jesus-prayer/>]. The model provides the following potent framework: (a) investigation to determine the aetiology of the spiritual, behavioural, and psychological disorders and pathologies that lead to addiction; (b) analysis to

understand the mechanisms by which wo/man moves from the point of causative and contributory factors in the ‘cycle of temptation’ to undesired conduct, and from there to the development of the spiritual, behavioural, and psychological disorders and/or pathologies that lead to addiction; and (c) neptic-psychotherapeutic interventions based on the Holy Scriptures and the writings of the Holy Fathers as a method of obtaining the desired change [1, 2, 44].

Within the context of the healing of the *psyche*, the Holy Fathers offer five clusters of interventions - referred to in modern terminology above - to disrupt the ‘cycle of temptation’ that leads to addiction [1, 2, 45, 46]. Accordingly, the individual must: (a) maintain focus on God through prayer, fasting, remembrance of death and judgment, study of Holy Scripture, and especially the unceasing practice of the ‘Jesus Prayer’ or ‘Prayer of the Heart’; (b) guard his/her thoughts and self-talk, challenging them, using the teachings of the Holy Scripture, the life of Christ, and constantly focusing on the goal of becoming one with God; (c) avoid toying with evil thoughts in the imagination, not allowing these thoughts to create an image in the imagination, and especially not allowing the imagination to combine them with the senses through challenging images in the same way that distorted cognitions and self-talk are challenged; (d) dispel pride and embrace humility through understanding self-concept in the light of wo/man’s relationship with and position before God and not according to the values of the world; and (e) practice self-control, which is to be strengthened in an incremental fashion, beginning with such ascetic practices as fasting [1, 2, 47-49]. The Holy Fathers of the Orthodox Church have given us the necessary tools to combat the plague of substance (ab)use, it only remains for us to utilize their methodology.

## **APPENDIX A**

### **INDIVIDUAL MEDITATION CURRICULA**

The following psychosomatic technique or curricula, described by Saint Nicephorus the Hesychast and Saint Gregory of Sinai, is to be followed each day during the intensive phase of treatment.

#### **MORNING, AFTERNOON, AND EVENING PRAYER/MEDITATION CURRICULA**

1. Stand alone in a quiet place.
2. Begin by saying the following prayers:  
In the name of the Father, and of the Son, and of the Holy Spirit. Amen.  
Holy God, Holy Mighty, Holy Immortal, have mercy on us. (*3 times*)  
Glory to the Father, and to the Son, and to the Holy Spirit, now and ever,  
and unto the ages of ages. Amen.  
O Most Holy Trinity, have mercy on us. O Lord, blot out our sins. O  
Master, pardon our iniquities. O Holy One, visit and heal our  
infirmities for Thy name’s sake.  
Lord, have mercy. (*3 times*)

Glory to the Father, and to the Son, and to the Holy Spirit, now and ever, and unto the ages of ages. Amen.

Our Father, Who art in Heaven, hallowed be Thy Name. Thy Kingdom come, Thy will be done, on earth as it is in Heaven. Give us this day our daily bread, and forgive us our trespasses, as we forgive those who trespass against us; and lead us not into temptation, but deliver us from the evil one. Amen.

Lord, have mercy. (*100 times, with a full prostration after each 'Lord, have mercy.' for the morning and afternoon curricula, and 12 times for the evening curriculum*)

3. Close the door, draw the curtains, and darken the room.
4. Take up the *chotki*, i.e., prayer rope.
5. Sit on the floor (with legs crossed) or on a very low stool.
6. Raise the mind above every transitory object.
7. Place the left hand upon the chest (on your heart).
8. Press the chin against the chest.
9. Turn the bodily eyes, and the entire mind, upon the centre of the body.
10. Breathe deeply and slowly for 2 or 3 minutes.
11. Then regulate breathing to a normal pace.
12. Compress the inhalation of air passing through the nostrils as to not breathe easily.
13. Explore the visceral self, or inward parts, in search of the heart.
14. Explore the powers of the soul that gather in the heart.
15. Take the mind and lead it into the heart by the path of breathing.
16. Inhale while softly saying the words: 'Oh Lord Jesus Christ'.
17. Exhale at the words: 'Son of God'.
18. Inhale at the words: 'Have mercy upon me'.
19. Exhale at the words: 'A sinner'.
20. Lock the mind on the words of the prayer and think of nothing else.
21. Using the *chotki* repeat the prayer 100 times using steps 16, 17, 18, and 19.
22. When assailed by vain thoughts, say the words of the prayer in a loud voice.
23. Hunt down spiritual enemies by making the sign of the cross, until all distraction is put to flight.
24. Resume the prayer, remain attentive, and hold it in the heart.
25. Apply towels soaked in water to cool the places where there is blood-congestion/paresthesia.

## **APPENDIX B**

### **FASTING MODULE**

In the *Fasting Module*, the participant will abstain from food in accordance with the *Fasting Calendar* during the intensive phase of treatment. The following are examples of the four possible types of days indicated on the *Fasting Calendar*.

Example 1: Days with gray shading and the words 'Fast Day'

The *Fasting Calendar* indicates a *Fast Day*. On this day, the participant will abstain from all foods prohibited on *Fast Days*, including meat and meat products [examples - beef, pork, lamb, poultry, products that contain beef gelatin, commercial breads and crackers that contain lard, etc.], dairy products [examples - butter, eggs, milk, cheese, yogurt, and items containing dairy whey, milk extracts, etc.], fish [examples: tuna, codfish, sardines, trout, shark, etc.], olive oil [examples - commercial salad dressings, etc.], wine and alcoholic beverages [examples - wine, whiskey, brandy, rum, port, liqueurs, etc.] as indicated in the *Fasting Guidelines Table* under *Foods PROHIBITED on Fast Days*. The participant may consume any of the foods listed in the *Fasting Guidelines Table* under *Foods PERMITTED on all Fast Days*, that is, shellfish, vegetables and vegetable products, grains and cereals, fruits and nuts, and beverages, such as juices, beer, malt drinks, sodas, and teas [examples - lobster, shrimp, crab, oysters, scallops, clams, mussels, leafy vegetables, beans, carrots, lentils, peas, potatoes, pumpkin, soya, squash, tofu, vegetable gelatins, vegetable oil, rice, wheat, barley, cereals, flour, bread, pasta, apples, oranges, plums, bananas, almonds, cashews, peanuts, coconuts, juices, beer, malt drinks, sodas, teas, etc.].

The amount of food consumed and the frequency of eating must also be regulated. No food should be eaten between meals, and at meals, reduced quantities should be consumed.

Example 2: Days with gray shading and the words 'Fast Day' and 'Oil and Wine Permitted'

The *Fasting Calendar* indicates a *Fast Day* with *Oil and Wine Permitted*. On this day, the participant will abstain from all foods prohibited on *Fast Days*, including meat and meat products, dairy products, and fish. However, the participant may consume olive oil, wine, and alcoholic beverages [in moderation]. The participant may also consume any of the foods listed in the *Fasting Guidelines Table* under *Foods PERMITTED on all Fast Days*, that is, shellfish, vegetables and vegetable products, grains and cereals, fruits and nuts, and beverages, such as juices, beer, malt drinks, sodas, teas, etc. The amount of food consumed and the frequency of eating are not regulated.

Example 3: Days shaded in gray with the words *Fast Day: Oil, Wine, & Fish Permitted*

The *Fasting Calendar* indicates a *Fast Day* with *Oil, Wine, & Fish Permitted*. On this day, the participant will abstain from all foods prohibited on *Fast Days*, including meat and dairy products. However, you may consume olive oil, wine (and alcoholic beverages in moderation), and fish. The participant may also consume any of the foods listed in the *Fasting Guidelines Table* under *Foods PERMITTED on all Fast Days*, that is, shellfish, vegetables and vegetable products, grains and cereals, fruits and nuts, and beverages, such as juices, beer,

malt drinks, sodas, teas, etc. The amount of food consumed and the frequency of eating are not regulated.

#### Example 4: Days in blank

The *Fasting Calendar* is blank. This signifies a contraindication for fasting. All foods may be consumed. The quantities and frequencies of food consumption are not regulated.

Any deviation from the instructions in the *Fasting Guidelines Table* will be deemed as non-compliance. The participant will meet with the counselor to discuss compliance and any difficulties that s/he may be facing in the Treatment Program.

#### PLEASE NOTE:

On 'FAST DAYS', the amount of food consumed and the frequency of eating must be regulated. No foods are taken between meals, and at meals, reduced quantities are consumed [i.e., the faster leaves the table before s/he feels full].

On 'FAST DAYS' in which *Oil, Wine, or Fish* are permitted, the quantity and frequency of meals are not restricted.

ALCOHOLIC drinks are not served at the rehab centers.

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