

The Ontological Generality: Recovery in Triadic Community with a Higher Power, Neighbor, and Self

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The purpose of this article is to examine the spirituality of recovery in Alcoholics Anonymous (AA) with a focus on the triadic community of God (Higher Power), neighbor and self. This triadic nexus is termed the “ontological generality,” and is interpreted as an aspect of perennial theo-philosophy. AA is interpreted as an experiment in human fulfillment through the right love of self as integrated into this triadic community. Our approach relies on the methods of the humanities.

KEYWORDS *Love, community, triadic, spirituality, recovery, helping, altruism*

INTRODUCTION

Following the major spiritual traditions, Alcoholics Anonymous (AA) prescribes a triadic relational nexus between a Higher Power, self, and others (neighbor). AA is thus consistent with what Aldous Huxley (1945/1990) termed the “perennial philosophy,” articulated among others by Jesus of Nazareth who, drawing on Jewish tradition, taught that human fulfillment is optimal when we creatively adhere to the double-love commandment:

“You shall love the Lord your God with all your heart, and with all your soul, and with all your mind.” This is the greatest and first commandment.

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And a second is like it: “You shall love your neighbor as yourself.” On these two commandments hang all the law and the prophets. (Matthew 22:37–40)

Here God, neighbor, and self are interwoven in a triadic community of being that defines what I have termed the “ontological generality” (Post, 2012). By this I mean that at the very deepest level of our being, we may each be fundamentally oriented toward God, neighbor, and self. Abiding in this triadic structure would then allow true fulfillment.

Fulfillment is a unique word. It comes from the Old English *full fyllan*, or literally to “fill up fully” or to make “fully filled.” Its opposite is emptiness, and a related restlessness. The term *fulfillment* allows for an extraordinary dialogue between theological and psychological discourse ranging from Augustine to Victor Frankl (1984), from Pascal to Huxley. In Ephesians 3:17–19, St. Paul hoped that his fellow believers “may be filled to the measure of all the fullness of God.”

Alcoholism is an attempt at fulfillment though imbibing a substance that fills in a fleeting and partial manner. It provides some degree the sense of inner freedom and wholeness of which the mystics speak poetically, but in the end makes a mockery of the cup that only God can fill.

The fulfillment that comes from living in accordance with the double-love commandment is captured in the Hebrew word *shalom*, which refers to a profound inner peace, well-being, and wholeness that comes from loving God with all our heart and soul, as well as our neighbor as self. When our loves are properly ordered (*ordo amoris*) within this triadic framework, we find this fulfillment inevitably because this is how our very being is oriented at the spiritual level. Following Kierkegaard (1847/1962), in his book *Works of Love*, there is nothing wrong with love of self. The problem is that we love ourselves wrongly, or in other words, outside of the triadic structure we do not love ourselves optimally.

Thesis: Recovery from Alcoholism is to be Found When the Sufferer Abides in the Ontological Generality of Triadic Love

The ontological generality is described at the intersection of two axes: (1) the human axis of love of neighbor and of self and (2) the divine axis of love for God and of God’s love for self and other. Are the benefits to the alcoholic of serving others (the 12th Step) greater in intensity and duration when 1 and 2 converge in the life of the agent, as definitive of the ontological generality? Does the agent’s self-reported experience of a Higher Power increase as he or she becomes increasingly diligent in contributing to the lives of other alcoholics? Does the agent’s love of self increase when 1 and 2 converge, manifesting in better self-care and stewardship, in part because the alcoholic

deems himself or herself to be more valuable in this triadic context than outside of it?

AA is the ideal context for the study of the ontological generality in relation to health and fulfillment. *Alcoholics Anonymous* (AA World Services, 1939/2001), subtitled *The Story of How Many Thousands of Men and Women Have Recovered from Alcoholism*, is called the “Big Book” in AA circles. First printed in 1939 (now in its 2001 4th edition), the opening segment of this spiritual-moral treatment manual begins with the words “We of Alcoholics Anonymous.” The essence of the program is captured in the passage, “we work out our solution on the spiritual as well as an altruistic plane” (p. xxvi). And from this triadic framework of two planes a new fulfillment becomes possible, including many core spiritual virtues and ultimately sobriety itself.

This idea of the ontological generality is not peculiar to AA. Rather, it reflects an aspect of spiritual experience that is widely affirmed and perennial. For example, the Institute for Research on Unlimited Love (www.unlimitedloveinstitute.com) has focused on the broad context of the American experience of God’s love (and love for God) with regard to its impact on the love of neighbor and on emotional well-being of the self. Secularism aside, here are the stats for the question, “Do you feel God’s love for you directly” as asked in a scientific national survey and published in Matthew T. Lee, Margaret Poloma, and S. G. Post (2012), *The Heart Of Religion*:

Never/not asked: 17.4% ($n = 210$)
 Once in a while: 13% ($n = 156$)
 Some days: 10.5% ($n = 126$)
 Most days: 14.1% ($n = 170$)
 Every day: 35.6% ($n = 427$)
 More than once per day: 9.3% ($n = 112$).

This adds to 99.9% due to rounding ($N = 1,202$ completed responses, with seven nonresponses). The survey had 1,208 respondents, but only 1,202 answered this particular question (four refused and three indicated that they didn’t know or couldn’t remember). In terms of the substantive importance of the experience of divine love for benevolence, findings from this survey showed that the 9% ($n = 112$) who feel God’s love more than once per day are the highest givers of time, energy, and money in service of the neighbor.

So the ontological generality with its three-love matrix is quite familiar in America spiritual culture, and it is also common across other cultures, although it may be differently articulated. The Higher Power can, for example, be an impersonal energy rather than a personal being, as in Buddhism, although in Hinduism it can be either. It is surely at the center of all the great world religions Eastern and Western. Far from archaic irrelevance, abiding in the triadic nexus of God, neighbor, and self may be the prototype for human progress.

On the horizontal axis (or “plane”) of self and neighbor, the idea that helping others has benefits to the agent is also a part of American consciousness. It is fairly well established that the horizontal axis has benefits for the agent. In 2010, for example, the United Healthcare/Volunteer Match Do Good Live Well Study (see www.dogoodlivewell.org/UnitedHealthcare-VolunteerMatch-DoGoodLiveWell-Survey.pdf), an online survey of a national sample of 4,582 American adults age 18 years and older, was conducted by Taylor Nelson Solfres (TNS), the world’s largest custom survey agency, from February 25 to March 8, 2010. These remarkable facts stand out:

- 41% of us volunteered an average of 100 hours per year in 2009 (males 39%, females 42%; White 42%, African American 39%, Hispanic 38%) (69% of us donate money)
- 68% of volunteers agree that volunteering “has made me feel physically healthier,” 92% that it “enriches my sense of purpose in life,” 89% that it “has improved my sense of well-being,” 73% that it “lowers my stress levels,” 96% that it “makes people happier,” 77% that it “improves emotional health,” 78% that it helps with recovery “from loss and disappointment”
- Volunteers have less trouble sleeping, less anxiety, less helplessness and hopelessness; better friendships and social networks, and sense of control over chronic conditions
- 25% volunteer through workplace, and 76% of them feel better about employer as a result.

So it is that the “spiritual as well as an altruistic plane” working in combination and simultaneously for the good of the agent appears to be an understandable dynamic for large numbers of Americans.

AA AS TESTING THE ONTOLOGICAL GENERALITY

AA is an experiment in the ontological generality. Theo-philosophically, addiction is the breakdown of triadic community between God, neighbor, and self. Recovery involves developing or restoring this community. The 12 Steps are essentially a “how to” approach to the generality.

The Steps assert that little good can happen in the life of an alcoholic until a community is established between self, other, and God. The dynamic of a Higher Power has always been considered a crucial aspect of recovery. Columnist David Brooks of the *New York Times* (June 28, 2010) quotes the self-reported experience of Bill W., not previously a believer, as he experienced a white light that he interpreted to be the presence of God. Bill described what occurred in his hospital room at a New York City detox center on his fourth day of treatment: “It seemed to me, in the mind’s eye, that I was on a mountain and a wind not of air but of spirit was blowing. And

then it burst upon me that I was a free man.” Bill W. never drank again after that spiritual experience of December 14, 1934. But Bill (Bill W., 1988) also came to realize that he could never recover without the additional element of helping other alcoholics like himself in the context of mutual aide, and thus he intuited the ontological generality.

Not everyone in AA is equally spiritual, and only some report the intense spiritual experience like that of Bill W. Yet there is a great deal of spirituality among AA members. Some come into AA with a strong spiritual history that is still vital and active in their daily lives. Others come in no longer spiritual or religious but having been so earlier in life. There are those who have never been spiritually or religiously engaged in the past, but their involvement with AA brings them to spirituality as they are affirmed and seek to acculturate to this healing community.

AA is a system that seems to harvest the very best salutogenic aspects of the ontological generality, protecting it from cult-like distortions, self-promotion, and the will-to-power for the most part. Of course the imperfections of human nature cannot be entirely eradicated by any structure.

The triadic flow of mutual love that constitutes the inner dynamic of the membership in the ontological generality may be restorative not only for the addict, but for many of those who in various ways have struggled with stress and malaise. The ontological generality always includes a horizontal (self and other) component, and a vertical (self and Higher Power) component. If valid, we would thus expect to see some health benefits along both relational axes, but perhaps even greater benefits when these are in synergy, as the AA model implies.

To cite a key passage again, the “Big Book” reads, “We of Alcoholics Anonymous.” The essence of the program is captured in the passage, “we work out our solution on the spiritual as well as an altruistic plane” (AA World Services, 1939/2001, p. xxvi). Nowhere is the word *I* to be found because self-preoccupation is considered the root of the problem. Grandiosity is replaced by anonymity and humility. Any solution lies in the “we” of fellowship centered on a Higher Power, and the recognition that “I” cannot rescue myself (p. 201). As the “Big Book” emphasizes, “Selfishness—self-centeredness! That, we think, is the root of our troubles” (p. 62). We must be rid of this by becoming “less and less interested in ourselves, our little plans and designs” (p. 63), and more interested in what we can “contribute to life” (p. 63). Moreover, “Our very lives, as ex-problem drinkers, depend upon our constant thought of others and how we may help their needs” (p. 20). Still, our helping others in need must be based in “a sincere desire to be helpful” (p. 18). All of this prosociality, however, is clearly positioned under the sacred canopy of a Higher Power.

This spirituality achieves several important things. First, such a Higher Power functions to create an absolute quality to abstinence, which becomes more than a mere human contrivance or a matter of “relative” value. Ab-

stinence is therefore non-negotiable. Second, reliance on a Higher Power takes the place of alcohol in filling the emptiness or incompleteness within. This theme of spiritual emptiness and the misplaced efforts to find fulfillment through things other than God's love can be found in the perennial wisdom of most spiritual traditions. Third, this spirituality frees the self to concentrate on contrition and service. Fourth, the spirituality of AA is completely democratic and nonhierarchical, resembling the open polity of Quakerism and other spiritual movement emphasizing the equal status of all members.

Progress is made by the daily pruning of egocentrism: "Above everything, we alcoholics must be rid of this selfishness. We must, or it kills us!" (AA, 1939/2001, p. 62) The "Big Book" refers to selfish resentment, dishonesty, self seeking, and unkindness, among other manifestations. Prayer and meditation are prescribed as spiritual practices necessary to remain "in contact" with a Higher Power and the will of God for our lives. The 12th Step, "Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs" (AA, 1939/2001, p. 60) is vital.

AA literature speaks of these as four interwoven principles: surrender, reliance on a Higher Power, redemption, and service. Each principle constitutes a transition away from egocentrism to a connectedness with a Higher Power and with others that constitutes an expansion of being in the direction of the ontological generality. Overall, the 12 Steps constitute a technology of spiritual transformation that implements what the Jewish thinker Martin Buber described as a shift from one way of being in the world ("I-It") to a better way ("I-Thou"). According to the first, *I* relates to others only insofar as they contribute to my selfish little agendas; according to the second, *I* relates to others as valuable in themselves. Clearly, in "I-Thou" the self flourishes in a way that it cannot under the dictates of selfishness.

The four principles enunciate aspects of the ontological generality as follows.

1. Surrendering the inflated self

The "Big Book" stresses that the solution lies in the "we" of fellowship centered on a Higher Power, and the recognition of the fact that "I" cannot improve myself alone (AA World Services, 1939/2001, p. 201). Sobriety is all about "we" and "our" within a context of spirituality and mutual helping.

Humility derives from the Latin *humos*, or "earth." Humiliated and humbled by the lack of any effective agency in solving his or her addiction, the alcoholic has no other option than to surrender agency to something in this universe that has more power than the self—a Higher Power, however defined. There is no place for grandiosity, but only anonymity.

Surrender also means becoming a part of a group with which one deeply identifies. This movement from self- to group identity allows for the

reversal of the peer pressure to drink. Birds of a feather flock together. American society accepts and even celebrates the consumption of alcohol, making those who abstain from drinking into deviants. AA is therefore a countercultural community that must be intense and insular to succeed with its healing mission. Most adults as well as teens need compliments and affirmations from others when they are trying to overcome unhealthy behaviors. In AA, people surrender themselves to a “we” that protects them against the dominant culture.

2. Reliance on a Higher Power

AA understands that the alcoholic must have a connection to a Higher Power, which alone is powerful enough to fill the void that was previously flooded with alcohol.

Of course, in any AA group not everyone is equally spiritual, and certainly one does not find that all members have had the intense spiritual experience that Bill W. reports. Yet there is a great deal of spirituality among AA members. Some come into AA with a strong spiritual history that is still vital and active in their daily lives. Others come in no longer spiritual or religious but having been so earlier in life. There are those who have never been spiritually or religiously engaged in the past, but their involvement with AA slowly or perhaps more dramatically brings them to spirituality as they are affirmed and seek to acculturate to this healing community. Spirituality in AA is completely nonhierarchical, for it is a profoundly democratic culture where the “priesthood of all believers” asserts radical equality.

It is counterfactual to downplay the role that reliance on a Higher Power plays in AA. This reliance achieves several important things. First, such a sacred canopy functions to create an absolute quality to abstinence. Abstinence is not merely a human contrivance or a matter of “relative” value in AA that can be negotiated and perhaps set aside under certain conditions. On the contrary, abstinence is an absolute, based on a covenant with a Higher Power. Second, reliance on a Higher Power takes the place of alcohol in filling the emptiness within. The Enlightenment-era French philosopher Pascal referred to as a “God-shaped hole.” There is a spiritual emptiness that afflicts many lives in our modern society and culture, and this emptiness drives many people to despair if it is not resolved by God’s accepting and healing love. In Western theology, Augustine based his observations of the human condition on the experience of “restlessness,” asserting that the human person can only come to “rest in Thee,” or in coming to find acceptance and inner healing in knowing and experiencing God’s accepting love. This theme of spiritual emptiness and the misplaced efforts to find fulfillment through things other than God’s love can be found in the writings of western spirituality ever since. We are always aware of this estrangement at some level, however much we try to distract ourselves from

it through materialism, hedonism, fundamentalisms, the “will to power,” or drink. Third, this spirituality centers the self on something higher than itself, and thus attentiveness to others through contrition and service can flow.

3. Redemption

The process of taking a moral inventory, offering apologies, and making amends lies in the center of the 12 Steps and should never be undervalued. Call alcoholism a disease of narcissism (psychiatry), solipsism (philosophy), or sin (theology), the language game does not matter. The alcoholic is often hopelessly selfish and unconcerned about the damage that he or she inflicts on others through such self-indulgence. Recovery thus involves a sincere moral inventory, meaningful apologies to those harmed, and amends where possible. This aspect of the 12 Steps is in general understudied. Close related to this process of moral discernment is service, the disinhibition of altruistic capacities. Service and redemption also interact within the 12-Step program. When an alcoholic shares his dark secrets and past experiences with alcohol, he reaches a fellow sufferer like “no one else can” (AA, 1939/2001, p. 89). Transforming past mistakes to good (i.e., redemption) also occurs when an alcoholic faces the wreckage of his past and mends the bridges he burned with others.

How does egocentrism manifest in an alcoholic beyond drinking, understood to be a mere symptom of the disease of alcoholism? The “Big Book” refers to selfish resentment, dishonesty, self-seeking, and unkindness, among other manifestations.

The focus on selfishness is a difficult message for the alcoholic. One recovering alcoholic from the Akron/Cleveland area with 16 years of sobriety states that new members of AA often try to avoid this message about selfishness: “Newly sober alcoholics avoid AA members who reference this fact and the Big Book.” Furthermore, they are “more likely to see this code as a way others should be treating them.” It takes times for new members of AA to fully accept a message that encourages responsibility and accountability, yet they must do so if they are to succeed with AA. Such moral inventories are never easy but are made more so by the support and encouragement of others who share their stories of self-absorption.

4. Service

To be vital, reliance on a Higher Power must be “accompanied by self sacrifice and unselfish, constructive action” (AA, 1939/2001, p. 93). Members of AA understand that they help other alcoholics, they help themselves. This principle clear in the purpose statement of AA: “Our primary purpose is to stay sober and help other alcoholics to achieve sobriety” (AA, 1939/2001, p. 100). There is a relevant aphorism: “If you help someone up the hill, you

get closer yourself.” Taking on the active role of helping others navigate a malady with which one has personally struggled helps the helper stay on the path of recovery. The agent serves as a role model who “walks the walk.” There is certainly a deep sense of meaning and purpose in such a role, and these assets can create a powerful new self-identity as a “wounded healer,” one who assists others from one’s own reservoir of first-hand knowledge.

The 12th Step reads, “Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs” (AA, 1939/2001, p. 60). The “Big Book” is abundantly clear: the emphasis is on other alcoholics, but it is also somewhat more general at a secondary level.

The word *constant* indicates that this concern with helping other drinkers must become an enduring daily practice to keep the disease of addiction in remission. “Helping others is the foundation stone of your recovery. A kindly act once in a while isn’t enough. You have to act the Good Samaritan every day, if need be” (AA, 1939/2001, p. 97). The treatment of alcoholism’s root cause lies in a shifting away from self—a shift achieved in part through the active helping of other alcoholics.

AA literature teaches the alcoholic to apply the spiritual principle of service in all his affairs, to practice “tolerance, patience and good will toward all men” (AA, 1939/2001, p. 70), and to “place the welfare of other people ahead of his own” (AA, 1939/2001, p. 94).

What motivates the alcoholic to help and to continue helping others? Dr. Bob Smith, AA cofounder with Bill Wilson, offered four motives:

a sense of duty; it is a pleasure; because in so doing, I am paying my debt to the man who took time to pass it on to me; because every time I do it, I take out a little more insurance for myself against a slip. (AA, 1939/2001, p. 181)

The AA-related help provided is free from expectation of social reciprocity from the recipient.

It is important for him to realize that your attempt to pass this on to him plays a vital part in your own recovery. Actually, he may be helping you more than you are helping him. Make it plain he is under no obligation to you, that you hope only that he will try to help other alcoholics when he escapes his own difficulties. (AA, 1939/2001, p. 94)

AA is quite nuanced about motivations in helping others. In the “Big Book” we read, “Though they knew they must help other alcoholics if they would remain sober, that motive became secondary. It was transcended by the happiness they found in giving themselves for others” (AA, 1939/2001, p. 159). AA emphasizes a genuine and authentic motive to help others and yet affirms strongly the internal benefits for the agent of helping. As one old

AA brochure from the Cleveland Chapter titled *The Four Absolutes* (no date available) puts it:

How many of us make hospital calls simply because we think we need to stay sober? Those who think only of their own reward and who reflect little on the question of doing the fellows at the hospital some genuine good, are missing the boat. We know, for we used to make hospital calls in much the same way that we took vitamin pills. (pp. 8–9)

Helping others might begin with selfish motives, but experience will teach that such motives must deepen in order for real benefits to come.

AA as Prototype

Is the ontological generality of AA implementation an archaic artifact to be buried in the name of progress? Or does it reveal an aspect of human “whole” fulfillment that is rather a prototype for the future of the care of the self in an era when many of the spiritual-religious traditions that explicitly teach self-stewardship have atrophied (Sorokin, 1954/2002)? Can the ontological generality that is so successful in AA come to the rescue of a great many lives that are lived in what Henry David Thoreau termed “quiet desperation”? I do not just have in mind other illness groups, but people generally speaking. Might the ontological generality be the ultimate key to preventive medicine? Imagine how much destructive and self-destructive behavior could be avoided? The Seventh Day Adventists, for example, are the longest lived and healthiest subpopulation in the United States, as are spiritually active Jews. Both traditions include the ontological generality and associated teachings on diet, hygiene, and the care of the self. Might AA be a signpost toward health that our modernized secular societies could benefit from broadly considered?

THE ONTOLOGICAL GENERALITY AS HEURISTIC KEY INTO RECOVERY

There are many heuristic keys into why AA is effective for those individuals who decide, on the basis of an elective affinity, to stick with it rather than contribute to the considerable attrition rate during the first year. No one shoe fits all, and clearly there is a period of just trying AA on for size. Some people will react against AA almost immediately because they are highly secular, not interested in this or any form of “group therapy,” or worried about the rigidity of these mysterious 12 Steps. There is an intensity about the AA fellowship that does not resonate with the strict individualist who would prefer one-on-one therapy. In many ways, joining AA on a sustained and deeply immersed

basis is like joining a new religious movement, but without the hierarchy or cult of personality. It might be equated with a sectarian movement, then, with a high esprit de corps.

For those who are freely drawn to the hospitality, enthusiasm, and 12th Step helpfulness of its core membership, and who wish to commit to AA on the basis of elective affinity at a serious level of longer term engagement, there is always the possibility of a relapse, but in general these individuals sustain their sobriety relatively well over the decades. In case a member does relapse, his or her AA peers will make visits in the hospital rehab unit, showering that member with gifts and conversation and encouragement. I encountered the following case:

SK, 32 (white), is in the hospital room. On her table is a copy of *The Grapevine* magazine, the popular venue of AA. There is a security guard in her room. AA members visit her daily, and the room is filled with cheerful balloons, cards, and 12-Step literature. This was the 12th Step in action and it was the only support that SK had.

SK states,

Well, my AA friends are so reliable. Every day they visit me, they try to inspire me, they share their stories of relapse with me so I don't feel like a failure. I was dry for 4 years and went to AA meetings pretty much every morning. But there is a lot of pressure on me right now. I live up around here but my parents pay my rent. They are alcoholics too. But in June my mom says they can't continue to pay my rent anymore because they are just trying to survive themselves. I lost two jobs in the last year, and when I lost the second one six weeks ago I started partying. I am trying not to think about it. Right now I have enough problems. Here I am, drinks and drugs and in the ER. But my AA friends, they have all experienced a few relapses, so they know where I am at and they have a lot of hope. More than I do, actually. Hope has to come from them right now, which is good for me because I don't have it myself. I am praying all the time. I want God's help in getting back to where I was. Oh yeah, I have to get back to being sober and I will.

SK's only hope was the support of her AA community in the valley of her relapse.

What is it about AA that is doing the work of recovery? I assert that it is in large part the ontological generality, which always includes a horizontal (self and other) component, and a vertical (self and God) component (Levin & Post, 2010). But it is a complex story as the manifestations of the ontological generality are varied, like spokes emerging from the hub of a wheel. Let us delve into this a little more deeply and consider some of the dynamics involved. Let me suggest six aspects of the ontological generality that are of significance, though there are surely more that I am missing:

1. The Experience of Divine Love

Most long-term members of AA do testify to some reconciliation with a Higher Power (a.k.a. “God,” “Ultimate Reality,” “Ground of Being,” “The Absolute”) that fulfills them and displaces the need for alcohol. In AA, healing occurs through reliance on a Higher Power, however understood. Spirituality and prayer are clearly operative in AA along each of the Steps. Divine love is often experienced in the form of a sense of being accepted unconditionally by a Higher Power who forgives, and this in turn encourages members of AA to pass on such acceptance to their fellow alcoholics.

2. The Care of the Self

One triad of the ontological generality is the care of the self. We live in a culture and a time when the care of the self is foundering at many levels outside of the love of God and neighbor. It may be difficult to care for self unless there are reasons beyond the self to do so. The care of the self within the ontological generality is a stewardship that is grounded in a deep appreciation for the love one receives from God and others, which so greatly enhances one’s sense of significance and dignity. Why abide by healthy lifestyle behaviors and refrain from self-harm if one’s life is focused merely on self? The self is not meaningful enough to care for itself. Salutogenic meaning in the deep sense that one’s life is more than an exercise in fleeting emptiness is found in the mutual love of the ontological generality.

Spiritualities and religions can enhance health and prevent disease through the care of the self (e.g., self-control in diet and sexual activity, the eradication of smoking and substance abuse, physical exercise and other positive health practices, nonviolence), but this is care grounded in the ontological generality. We referred to the Seventh Day Adventists, who are particularly long lived, and to certain Jewish populations. To select a purely symbolic number, let us say that 95% of the health benefits of spirituality and religion have to do with the care of the self.

We need a global program in spiritual flourishing and the health of body, mind, culture, and society. Let us reconceptualize and re-create the field anew at a global preventive level. Can we really begin to understand how certain spiritualities and religions do promote health in certain regions of the globe? Is there a future in which the value of the care of the self and the care of the other under a sacred canopy can be much better appreciated, cultivated, and acknowledged? Prevention and responsibility are the future.

Has there been a decline in the care of the self in the United States, or in other countries across the globe? What are the deeper spiritual, cultural, individual, and community underpinnings of good care of the self? What is the history of self-care? Have the traditions of self-care broken down? Are

there features of modern society that work against self-care? Is the ontological generality our hope for a paradigm shift that can bring down health care costs through prevention and self-care?

The care of the self is a topic that no health care reform program can afford to ignore. It might be estimated that about one third of health care expenditures in the United States result from patient noncompliance (or nonadherence), and another one third from destructive and self-destructive behaviors of all kinds. Many people take little or no responsibility for their health, expecting physicians to fix with a pill problems rooted in long-standing unhealthy behaviors. Everyone wants access to health care, but this will never succeed without good care of the self. This is a care of the self that requires not only good physical habits, but good emotional habits.

3. Spiritual or “Positive” Emotions

Positive psychology in general has avoided spirituality and health. Yet spirituality and religious traditions are the primary contexts in which, for many people, positive emotions have their home. In other words, positive emotions flourish in authentic traditions of the ontological generality. Of course, in distorted or false traditions, hatred and contempt can come to an unfortunate dominance.

Let me distinguish, for example, optimism from hope as “spiritual” positive emotion. This is more than semantic quibbling. Hope leans into the future with a deep trust that something good will come. It is so much more than mere optimism, which is mostly a present-tense gloss that lacks the depth of hope and that withers when tested. Hope has to go through trials and hard times and so frequently is taught and conveyed through spiritualities and religions. If things are going smoothly for a while in life, optimism is good enough and we do not really need hope. Hope is about firmly asserting a purposeful energy in the face of adversity. We can be optimistic and content without having to hope. Hope involves more personal reflection and sheer courage than optimism, and it takes practice. We can speak of the strength to hope, but not of the strength to optimism. How do we help others to be hopeful in hard times? Hope is by nature a lot more irrational than rational. It is a passion for the possible, or even for impossible impossibilities. We live betwixt and between reality and our dreams, and the world needs dreamers. Hope leans forward or there is no hope at all. Hope is a practice, a habit, a virtue. Core goals and dreams require tenacity, and hope must be stubborn or there will be no miracles in our lives. Where does hope come from? From community or relationships, from within, from an inspiring role model, from helping others, from God? Let me suggest that for many people, hope is deeply ensconced in the ontological generality.

4. A Deeper Tranquility that Protects Against Stress

The ontological generality creates a secure attachment for the individuals with is otherwise existing in conditions of “separation anxiety,” adrift from the “secure” bases that allow life to be navigated well, especially in its challenges. Attachments theorists believe that all of life can be understood as a journey in overcoming separation anxieties. As infants thrown into the world, we seek parental attachment, and as adults we seek marriages of genuine attachment and communities of secure giving and receiving of tender loving care. We seek this as patients in the relationships we have with physicians, nurses, and other health care staff. Theologically, the fact that across the globe the vast majority of people seek ultimate security in a relationship with a Higher Power indicates that, because in the final analysis all secure attachments in a finite lifespan with whither, we need to feel loved by God, however defined, just as we need to feel loved by others. Human tranquility, serenity, and inner peace are to be found in the ontological generality, in a continuous *communitas* between God, self and other. Might the vast majority of any associations between religion and health be the result of the fact that religions at their best provide the ultimate secure base in a temporal and frail mortal existence?

5. Eschatological Visions of Social Status Inversion

In AA, all distinction in class and social status disappear entirely. Within the context of the ontological generality, we are all equal. This is not just equality with regard to the promise of eschatological equality and even prophetic reversal of status in the future. In the Kingdom of God, the first will be last and the last will be first. But as a partly realized eschatology, the Ontological Generality in the form of a *communitas* of mutual love between God, self, and other has already radically eclipsed the social hierarchies of a distorted world of bullying, abuse, classism, racism, sexism, hypercognitivism, and the like. This suggests that especially for people of lower socioeconomic class, or who are in various ways oppressed in a world of exploitation and injustice, health benefits may be the result of the alleviation of low-status realities in the outside world through a spiritual-religious restoration of elevated status at least within the community of believers.

In the late 1960s there began a famous study of men in the British civil service. Called the Whitehall Study, it was directed by Dr. Michael Marmot, director of the International Center for Health and Society at the University of London. Data showed that rates of mortality—from all causes, and separate from other risk factors such as smoking or drinking—consistently and steadily decreased as men’s civil service grade increased. Every single man had equal access to health care, but the men on the lowest rung of the ladder have

3 times the mortality rate as those in the highest rungs. A 25-year follow-up showed that this connection persisted after retirement and even among men in the 1980s. Marmot (2004) concluded that stress might be the hidden factor. The lower your status, the more stressed you feel, and you are treated with less respect, and have less control over your life. So mortality is linked with hierarchical status, and rank matters (Marmot, 2004).

Following this theory, it could be the case that because some spiritualities and religions offer a strong sense of equality, and even a reversal of social status in the Kingdom of God, they may buffer mortality rates for those who are otherwise in low-status positions in society.

6. The Encouragement of Altruism

Maria I. Pagano has led the study of helping behaviors of alcoholics with a range of 16 to 25 years of continuous abstinence from alcohol. Although helping others in general was rated as significant in contribution to sobriety, considerably higher benefits came from increased helping of other alcoholics in the context of AA (Pagano, Zeltner, Jaber, Zywiak, & Stout, 2009). Earlier, Pagano, Friend, Tonigan, & Stout (2004) examined the relationship between helping other alcoholics to recover (the 12th Step) and relapse in the year following treatment. The data were derived from a prospective study called Project MATCH (Alcoholism Treatment to Client Heterogeneity), which examined different treatment options for alcoholics and evaluated their efficacy in preventing relapse. Two measures of helping other alcoholics in AA (being a sponsor and having completed the 12th Step) were isolated from the data. Proportional hazards regressions were used to separate these variables from the number of AA meetings attended during the period. The authors found that “those who were helping were significantly less likely to relapse in the year following treatment.” Among those who helped other alcoholics (8% of the study population), 40% avoided taking a drink in the year following treatment; only 22% of those not helping had the same outcome. Imagine, helping others doubles the likelihood of recovery from alcoholism in a one-year period!

Service can take many forms, one of which is sponsoring another member into AA and the 12 Steps. Sponsoring is typically not done until the sponsor has been sober and a member of AA for a year or more, because sponsoring is a very significant responsibility and form of service. But service can involve all the small things needed to make an AA meeting succeed, from being a greeter at the door to cleaning up the room after a meeting. A key aspect of service is being willing to give one’s testimony at an AA meeting to inspire others and contribute to the group ethos. It is possible to visit other alcoholics in detox clinics or in prisons, or to simply provide some companionship and attentive listening to a friend or colleague who may be struggling with alcoholism. It does seem clear that the potency of benefits for

those engaged in service is greater when they are serving another alcoholic (Pagano et al., 2009), and this is certainly the emphasis in AA. But still, service “in all our affairs” is stressed in the 12th Step, and there are less pronounced benefits in serving others outside of AA in general helpful behaviors.

Obviously, living under the sacred canopy of the ontological generality moves the self away from narcissism, solipsism, and sin. “I” becomes less important than “Thou.” In a study that goes back to 1983, Larry Scherwitz and his researchers (1983) at the University of California analyzed the speech patterns of 160 “type A” personality participants (i.e., always in a hurry, easily moved to hostility and anger, high levels of competitiveness and ambition). His data showed that the incidence of heart attacks and other stress-related illnesses was highly correlated with the level of self-references (i.e., “I,” “me,” “my,” “mine,” or “myself”) in the participant’s speech during a structured interview. High numbers of self-references significantly correlated with heart disease, after controlling for age, blood pressure, and cholesterol (Scherwitz et al., 1983). The researchers suggested that patients with more severe disease were more self-focused and less other-focused. They recommend that a healthier heart can result when a person is more giving, listens attentively when others talk, and does things that are unselfish. There is something about being self-obsessed or self-preoccupied that seems to add to stress and stress-induced physical illness.

Health benefits in religion may be most easily explained with reference to the de-selfing that encourages altruism (Post, 2007) in the intersection of the vertical and horizontal dimensions of the ontological generality. Members of congregations typically engage in helping activities, such as working on a Habitat House project, or feeding the hungry.

Ralph Waldo Emerson, in his famous essay on the topic of compensation, wrote, “It is one of the most beautiful compensations of this life that no man can sincerely try to help another without helping himself.” The 16th-century Hindu poet Tulsidas, as translated by Mohandas K. Gandhi, wrote, “This and this alone is true religion—to serve others. This is sin above all other sin—to harm others. In service to others is happiness. In selfishness is misery and pain.” The 9th-century sage Shantideva wrote, “All the joy the world contains has come through wishing the happiness of others.” Proverbs 11:15 reads, “those who refresh others will be refreshed.” Martin Buber described the moral transformation of shifting from “I-It” to “I-Thou,” from a life centered on self as the center of the universe around whom, like the sun, all others revolve. This “I” relates to others only as means to its own ends. But the spiritual and moral self of “I-Thou” discovers “the other as other,” and relates to them in compassion and respect. There is still an “I” of course, but a deeper and better I; science now shows a happier and healthier “I” as well. Every major religion recommends the discovery of a deeper and more profound human nature, designated in various ways as the “true self.” In Acts 20, we find the words, “‘Tis better to give than to

receive,” and these echo down into the Prayer of St. Francis. Now science says it’s so.

THE EXAMPLE OF THE SOBRIETY GARDEN

Behind Bellevue Hospital on 1st Avenue and 28th Street in New York City lies an amazing garden about 80 yards long and 60 yards deep. It is called The Sobriety Garden. I visited it on May 6, 2010, after giving a Grand Rounds Lecture for the Department of Psychiatry at New York University Medical School in the Langone Medical Center just a couple of blocks north. It was early afternoon and sun was shining on a beautiful day. The Sobriety Garden was started about 20 years ago by patients recovering from alcoholism and drug addictions. One of them, James, showed me around. He was so wonderfully excited about this amazing Garden, which has become such a benchmark for recovery with so much popular support and *New York Times* attention that New York University has never been able to plow it over and build a new parking lot on the land.

Recovering alcoholics and addicts feel so good about contributing to such a beautiful garden, replete with wonderful huge sculptures, fabulous benches designed with stone sheep bases, fantastic little shacks here and there build elegantly by hand, charming pathways with careful stone inlay, and remarkably lovely gardens everywhere. Many recovering addicts were out and about, planting and caring for what they were growing. This was a real community of growers, and they spoke explicitly of planting seeds in the ground as analogous to planting seeds of sobriety in themselves and in others. It was all so generative in that the “old-timer” alcoholics and addicts who had been straight for a decade or more take the new patients under their mentorship, teaching them about all the creative symbolism of the Garden and the importance of mutual support. This was grassroots mutual aid and community self-help at its best. As they say, “When I help others I help myself.” These old timers knew well that their own health and success depended on their becoming role models for others struggling with exactly what they struggled with. Carl Jung would call these the “wounded healers.”

James showed me the details of this amazing place, this oasis of creativity nestled alongside the FDR Drive. He took such joy in every nook and cranny and pointed out in the distance a young physician and her patient sitting on a bench under a pine tree. James had his special vocation of helping others whose circumstances and pain he knew himself first-hand in a powerful narrative of continuing recovery that really never ends. Here he was maintaining his own health by sharing himself with fellow travelers. He took delight in the beauty of this spot, however surrounded by concrete slabs and towering buildings. It was a Garden of Eden, a Lourdes of sorts, a sacred place and special place of healing. Everyone has helping tasks and creates the

spirit of community that they need to become healed and whole. Here they use their creativity to help others by building an environment of overwhelming beauty and closeness to the earth. James tells me that in the Garden he brings others with alcoholism into a whole new world of self-giving, of respect, of kindness. The website is www.friendsofthesobrietygarden.org

That afternoon, as I headed for Penn Station to get the train out to Stony Brook, I thought about how this was also a Garden of Resilience. Here people were reborn into self-giving community from the radical selfishness of addiction. They were focusing on the here and now, not on the past, and they were deeply enmeshed in sustaining interpersonal relationships of helping and in patterns of green creativity. The Garden of Sobriety is more important to this community of recovering individuals than any other medicine, for it is a prescription that involves them to their very core as active agents of change and service. I thought of the newness of being that springs from the earth in all that they grow, and of how they equated that with their own newness of being. For now they were living as much for others as for self, and this was their salvation.

This was a place where the hidden gifts of helping others just jumped off the page of life! It will remain a symbol of helper therapy for me, and I will return with my journal to make observations. Anyone who steps into Bellevue off 1st Avenue need only walk down the hallways for a hundred yards or so to step out into this Garden of Sobriety, which is a place where patients and families can walk and enjoy the out-of-doors as recovering helpers enjoy watching the smiles on their faces. Whatever terrible stresses these helpers have known in their past lives as they have struggled against addictions and drink—homelessness, poverty, incarceration, rejection, the loss of loved ones—here they are resurrected into a new world and can live freely in giving and hope.

CONCLUSIONS: THE ONTOLOGICAL GENERALITY WON'T GO AWAY

The ontological generality has been described as perennial, which is to state that it does not and will not go away. Sir John Templeton (Templeton & Dunlap, 2003) once wrote, “Our souls long for relationship with God—by whatever name we call the Creator of all there is” (p. 6). This persistent longing of human nature is now the subject of various explanatory models. Pascal Boyer (2001), for example, advances an argument for the permanence of a religious inclination that is grounded in sociology and evolutionary psychology. His *Religion Explained* challenges the positivist’s assumption that belief in a Creative Presence could be set aside in the human future. Andrew Newberg (Newberg, D’Aquila, & Rause, 2001) described the ways in which the human brain appears “hard-wired” for spiritual and religious

experiences in his work titled *Why God Won't Go Away: Brain Science and the Biology of Belief*. Although views of human nature vary, especially with regard to what is essential or inessential to it, these scientific works demonstrate with varying degrees of success that spirituality may well be engrained in human nature.

We do see periods in which certain intellectual circles set these sorts of speculations aside. But as Huston Smith (2001) argues, questions about ultimate reality and ultimate meaning are grounded in humanness and resist abolition:

Wherever people live, whenever they live, they find themselves faced with three inescapable problems: how to win food and shelter from their natural environment (the problem nature poses), how to get along with one another (the social problem), and how to relate themselves to the total scheme of things (the religious problem). If this third issue seems less important than the other two, we should remind ourselves that religious artifacts are the oldest that archeologists have discovered. (p. 211)

Smith described a modern “tunnel” that attempts to suppress “Big Picture” thinking: the floor is scientism, the left wall is higher education, the roof is the media, and the right wall is the law. But the human rational inclination to raise metaphysical questions cannot be suppressed, argues Smith, and it now increasingly explodes through the tunnel. Indeed, considerable numbers of scientists are themselves now asking metaphysical questions.

So also the human capacity to find life more fulfilling through helping others does not go away. Members of AA understand that as they help other alcoholics, they also help themselves. This principle is clear in the purpose statement of AA: “Our primary purpose is to stay sober and help other alcoholics to achieve sobriety” (AA, 2001, p. 100). There is a relevant aphorism: “If you help someone up the hill, you get closer yourself.” There is a deep sense of purpose in such a role, and a powerful new self-identity as a “wounded healer,” one who assists others from one’s reservoir of first-hand knowledge.

The ontological generality is “ontological” or built “into our being.” If alcoholics can care better for themselves when they connect with a Higher Power and with the neighbor who is a fellow sufferer, then what about other populations? AA was the first modern salutogenic experiment in with the ontological generality as a therapeutic modality. The 12 Steps have spread into several hundred other populations, from Overeaters Anonymous to Gamblers Anonymous, with varying degrees of success. The ontological generality is operative outside of 12 Step contexts, such as in hospice care where clinical pastoral care encourages those who are in the final phase of life to reconcile with God and with neighbor. Might the ontological generality

be relevant to human recovery much more broadly? Could it be the key to better preventive care of the self?

AA is a success story for those who resonate with it and apply it over the years. Does the ontological generality upon which the 12 Steps are constructed point back to some outmoded image of human fulfillment that we can now jettison as archaic and useless? Or does it point us forward to images of human fulfillment and increased health in which the dual axes of spirituality and helping others combine in a synergy of energy and practice that can serve all humanity well, reduce health care needs and costs, and contribute greatly to human progress in a time when the care of the self has need for a new foundation?

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REFERENCES

- A.A. World Services. (2001). *Alcoholics Anonymous* (4th ed.). New York, NY: American Book-Stratford Press. (Original work published 1939).
- Bill W. (1988). *The language of the heart*. New York, NY: Cornwall Press.
- Boyer, P. (2001). *Religion explained*. New York, NY: Basic Books.
- Brooks, D. (2010, June 28). Bill Wilson's Gospel. *The New York Times*. Retrieved from <http://www.newyorktimes.com>
- Frankl, V. (1984). *Man's search for meaning*. New York, NY: Pocket Books/Simon & Schuster.
- Huxley, A. (1990). *The perennial philosophy*. New York: Harper Collins. (Original work published 1945)
- Kierkegaard, S. (1962). *Works of love*. Trans. H. and E. Hong. New York, NY: Harper & Row. (Original work published 1847)
- Lee, M. T., Poloma, M. M., & Post, S. G. (2013). *The heart of religion: Spiritual empowerment, benevolence, and the experience of God's love*. New York, NY: Oxford University Press.
- Levin, J., & Post, S. G. (Eds.). (2010). *Divine love: Perspectives from the world's religious traditions*. Philadelphia, PA: Templeton Press.
- Marmot, M. (2004). *The status syndrome: How social standing affects our health and longevity*. New York, NY: Henry Holt and Co.
- Newberg, A., D'Aquili, E., & Rause, L. (2001). *Why God won't go away: Brain science and the biology of belief*. New York, NY: Ballantine.
- Pagano, M. E., Friend, K. B., Tonigan, J. S., & Stout, R. L. (2004). Helping other alcoholics in Alcoholics Anonymous and drinking outcomes: Findings from Project MATCH. *Journal of Studies on Alcohol*, 65, 766–773.

- Pagano, M. E., Zeltner, B., Jaber, J., Zywiak, W. H., & Stout, R. L. (2009). Helping others and long-term sobriety: Who should I help to stay sober? *Alcohol Treatment Quarterly*, 27, 38–50.
- Post, S. G. (Ed.). (2007). *Altruism and health: Perspectives from empirical research*. New York, NY: Oxford University Press.
- Post, S. G. (2012). The ontological generality in spirituality and health. In J. Levin & K. G. Meador (Eds.), *Healing to all their flesh: Essays in spirituality, theology, and health* (pp. 186–218). Philadelphia, PA: Templeton Press.
- Scherwitz, L., McKelwain, R., Laman, C., Patterson, J., Dutton, L., Yusim, S., . . . Leachman, R. (1983). Type A behavior, self-involvement, and coronary atherosclerosis. *Psychosomatic Medicine*, 45, 47–57.
- Smith, H. (2001). *Why religion matters: The fate of the human spirit in an age of disbelief*. San Francisco, CA: Harper San Francisco.
- Sorokin, P. A. (2002). *The ways and power of love: Types, factors, and techniques of moral transformation*, with an “Introduction” by S.G. Post. Philadelphia, PA: Templeton Press. (Original work published 1954)
- Templeton, J. M., & Dunlap, R. A. (2003). *Why are we created? Increasing our understanding of humanity's purpose on earth*. Philadelphia, PA: Templeton Foundation Press.